

**A Fair Deal: A Study on Children and Young People with Very Challenging Behaviour** is a collection of presentations and research reports on children and young people with very challenging behaviour in Malta.

The aim of this project organised by the Office of the Commissioner for Children was to draw up proposals of how children and young people with Very Challenging Behaviour may be helped in a dignified and respectful manner.

Very Challenging Behaviour has been defined as “*Behaviours of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which seriously limits the person’s access to ordinary settings, activities and experiences*”.

“Together we acknowledged that there exists a real problem of children and young people who are showing very challenging behaviour and for whom there seems to be no co-ordinated plan of care, treatment and rehabilitation....”

Four summer months of hard work followed and the reports were drawn up and handed to the final working group to put forward proposals based on their findings.”

***Ms Sonia Camilleri, Commissioner for Children, Malta***

“What is striking about the report is the evident commitment to creating and sustaining a dialogue between different professions, the children and young people themselves and communities from which they come.”

***Prof Paul Cooper, University of Leicester, England***

*See it My Way: Children and Young People with Very Challenging Behaviour / Mil-Lenti Tiegħi: Tfal u Żgħażaġh b’Imġieba Diffiċli Hafna* is the Child-Friendly version in both English and Maltese.

 A publication of the  
Office of the Commissioner for Children - Malta

 **APS** bank



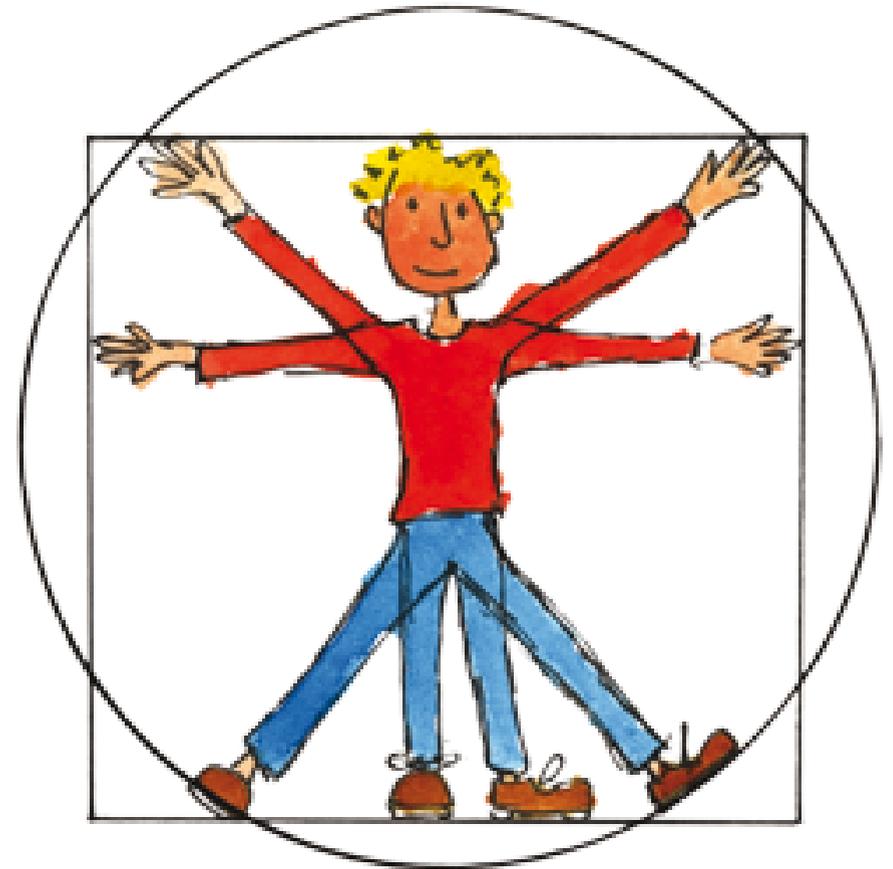
**A FAIR DEAL**

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**Kummissarju għat-Tfal**  
Commissioner for Children

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Published by the Office of the Commissioner for Children

Address: Office of the Commissioner for Children  
Palazzo Ferreria, Republic Street, Valletta, Malta  
www.tfal.org.mt

Produced by Media Centre Publications  
Printed at Media Centre, Blata I-Bajda, Malta

First published in 2006

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ISBN 99932-0-444-7  
978-99932-0-444-2

This publication has been partly sponsored by APS Bank.  
Illustration Front Cover: Vitruvian Boy, Sebastian Tanti-Burlò.

A Child-friendly version of this publication has been issued under the title "See it My Way: Children and Young People with Very Challenging Behaviour".

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## Message from the Commissioner for Children

Ms Sonia Camilleri

The proposals  
which I believe  
are excellent,  
the sole work

**The proposals, which I believe are excellent, are the sole work of the professionals directly involved with these children and young people.**

**I**t was less than 10 months ago that the project on "Children with Very Challenging Behaviour" was launched by the Office of the Commissioner for Children at a Seminar carrying the same title.

On that day, six experts in the field put forward the situation as seen and experienced in the areas of Education, Health, Social Services, Justice, Residential Care, and Correctional Facilities.

Together we acknowledged that there exists a real problem of children and young people who are showing very challenging behaviour and for whom there seems to be no co-ordinated plan of care, treatment and rehabilitation.

The project was aimed at encouraging professionals to come together and put forward proposals that would address the problem. In true Maltese fashion, generous offers came forward from professionals who volunteered to take part in the five working groups that were to study how big the problem is; what kind of solutions were offered in Malta in the past 50 years; what services are currently being offered; what other countries are doing in similar situations; and above all... what the children and young people themselves have to tell us about their situation.

Four summer months of hard work followed and the reports were drawn up and handed to the final working group to put forward proposals based on their findings.

This group, made up of professionals coming from university, the judiciary, education and social services and the Church had one thing definitely in common: they knew the children and young people under study from first hand experience, and their concrete proposals, backed with a wealth of research, testify this.

In the whole process, my chosen role was that of motivator and co-ordinator.

The proposals, which I believe are excellent, are the sole work of the professionals directly involved with these children and young people.

On behalf of the children and young people I would like to thank them. •

## Aknowledgements

Alfred Bezzina	Daniel Mercieca
Angela Abela	Daniela Mercieca
Anna Maria Grech	David Schembri
Magistrate Anthony Vella	Dorienne Coleiro
Fr Antoine Farrugia sdb	Forough Hessabi
Arthur Azzopardi	Frans Circhop
Astrid Camilleri	Hilary Schembri
Audrey Borg	Joanne Battistino
Bernard Caruana	Joe Pace
Bernice Gauci	Joe Saliba
Bryan Magro	Josephine Leguesse
Carmel Bezzina	Josephine Muscat
Carmel Cefai	Josette Stensen
Carmen Zammit	Joyce Callus
Catherine Schembri	Karen Ciantar
Charlene Vassallo	Lara Tonna
Chiara Borg	Sr Magdalene Cauchi
Christine Bonnici	Malcolm Micallef
Cyrus Vakili-Zad	Malcolm Tortell

Marcel Pisani	Mikela Gonzi
Marceline Naudi	Miriam Sevasta
Marian Muscat Azzopardi	Roderick Agius
Mariella Camilleri	Rosette Portelli
Mariella Cordona	Rosienne Farrugia
Marion Saliba	Ruth Farrugia
Marisa Cannataci	Fr Silvio Bezzina mssp
Marjoe Abela	Tessa Anastasi
Marthese Cini	Therese Micallef
Marthese Matusiak	Veronica Montanaro
Mauro Farrugia	Vicky Grech
Micheline Sciberras	Fr Victor Zammit McKeon
Michelle Camilleri	Viviene Cassar

The Commissioner for Children would like to thank the above professionals for the generous work that they put into the drawing up of this report and the unrelenting dedication and commitment that they have shown towards this project.

The Commissioner for Children also thanks the children and young people whose drawings were used in this publication. All the drawings were submitted for a competition organised by the Office of the Commissioner of Children, with the theme of 'Children's Rights' in November 2004.

The Commissioner for Children extends her thanks to the numerous individuals who contributed by giving interviews which enabled the working groups to carry out their research.

Finally, the Commissioner would like to extend her heartfelt thanks to Carmen Cassar, Office Secretary, for the secretarial backup and Daniela DeBono, Research, Development and International Relations Officer, for co-ordinating the project.

## Biographies

### Chairpersons of Working Groups



**Mr Marcel Pisani** has extensive experience in managerial positions. He has been active for a long time in voluntary organizations and was one of the founding members of the National Parent's Society for Persons with Disability. He was President of this NGO for 20 years. Mr Pisani is also the Chairman of the Board of Trustees of the Foundation for Respite Care Services which manages Dar il-Kaptan. He is the Chief Operations Officer of the Agenzija SAPPORIT.



**Ms Marian Muscat Azzopardi** is a member of the Council for Children which is a consultative body of the Commissioner for Children. She has degrees in Human Rights, Children's Rights and Social Policy, and has extensive academic experience both in Malta and abroad. She lectures at the University of Malta in Social Policy and Social Work, and works in the Department of Social Welfare Standards.



**Fr Antoine Farrugia SDB** is a Salesian of Don Bosco and a social worker with experience in residential services for children in Malta and in Ireland. He believes that there is a need for change in these services in Malta to become more specialised and personalized, if they are to address in a better way the needs of those who are suffering or who have not as yet found a service which addresses their needs. Fr Farrugia is currently working towards this aim with the Care Team of St. Patrick's.



**Mr Malcolm Micallef** has experience with children with challenging behaviour. He worked for 4 years with Fejda, 2 years with Formula One and 2 years in the Outreach service of the Agency APPOGG which caters for adolescents with behavioural problems. He is currently employed at Malta College for Arts, Science and Technology (MCAST). He has degrees in Social Work, a Post Graduate Certificate in Education and a Masters in Business Administration.



**Ms Mikela Gonzi** has a degree in Psychology and is currently working at the Agency SEDQA with the Secondary Prevention team. She has had the opportunity to work with young people through voluntary work at St. Patrick's Residential Home, the Missionaries of Charity and Merhba Bik.

## Biographies



**Dr Marceline Naudi** received a first degree from University of Malta (1980), a Master's Degree from University of Bradford (U.K.) (1990) and her doctorate from Manchester University (U.K.) (2004).

A social worker by profession, her practice (in England, Ireland and Malta) has included work with children and young people in care and their families, ex-offenders, homeless people, persons with mental health support needs and survivors of domestic violence. She now lectures in Social Work at the University of Malta, having responsibility for anti-oppressive social work practice teaching as well as student placements. She is also active in the issues of women's rights, and domestic violence, as well as wider equal opportunity issues.



**Fr Victor Zammit McKeon** was ordained priest in 1969. Between 1969 and 1974 he was Private Secretary to His Grace the Archbishop Sir Michael Gonzi, and Chaplain of the Young Christian Workers. He was then the Parish Priest of Our Lady of Lourdes, Paola, and consequently Parish Priest of St. Gregory's Church, Sliema till 1993. Fr Zammit McKeon has held various posts on the Council of the College of Parish Priests. Between 1993 and 2003 he occupied the post of Director Church Homes for the Elderly, and since 1998 has been Director Central Office "Ejjeu Ghandi" (Children's Homes).



**Dr Ruth Farrugia** studied at the University of Malta, University of Strasbourg, Ecclesiastical Tribunal, Malta and Mediterranean Academy of Diplomatic Studies. Dr Farrugia is an advocate and senior lecturer at the Faculty of Laws, University of Malta responsible for Family Law, Child Law and related Human Rights law as well as visiting lecturer and examiner for other faculties and institutes, locally and abroad. She has been the Legal Consultant to UNHCR and is a Consultant to the Commissioner for Children and the Malta Emigrants and Refugees Commission.



**Magistrate Anthony J Vella** graduated with a degree in Doctor of Laws from the University of Malta in 1991, and worked as a lawyer for twelve years before being sworn in as Magistrate in 2004. He currently presides over the Juvenile Court, amongst other duties, and is still actively involved as a volunteer in philanthropic and religious organisations. He is married and has one child.



Introduction  
**Children Must be Seen and Heard:  
 The Challenge of very Challenging Behaviour**

Prof Paul Cooper  
 University of Leicester, England

**What is striking about the report is the evident commitment to creating and sustaining a dialogue between different professions, the children and young people themselves and communities from which they come.**

The authors of this publication face up to the serious and worrying problems of very challenging behaviour in children and young people in Malta, whilst at the same time acknowledging that effective attempts at dealing with and preventing these problems require close and supportive engagement with the children and young people themselves, as well as their families and communities.

There is evidence in this report of some successful intervention already taking place in Malta, as well as a commitment for developing these services further. What is striking about the report is the evident commitment to creating and sustaining a dialogue between different professions, the children and young people themselves and communities from which they come.

At the heart of the report is the chapter by Gonzi et al, which listens to the voices of children and young people. Their honest and sometimes critical responses are an important resource for informing the development of services. They tell us a great deal about how their young lives have often been blighted by experiences of loss and longing. This helps us to understand the hostility and anger that characterises children and young people with very challenging behaviour. They also tell us, however, how much they value their relationships with supportive and empathic adults, who are the staff in an institution that some children feel to be stigmatising. These insights in themselves are significant because they tell us something about the complexity of these children and young people's experience.

If the provision continues to develop in a likewise empathic and 'child-centred' way, then I have every hope that the problem of very challenging behaviour among children and young people in Malta will receive the best possible response. •



## REPORT OF FINAL WORKING GROUP

Dr Marceline Naudi

**One of the major implications that emerged from this study is that for any service to be effective the child needs to feel as understood as possible.**

Fr Antoine Farrugia sdb, Ruth Farrugia, Mikela Gonzi, Malcolm Micallef,  
Marian Muscat Azzopardi, Marcel Pisani,  
Anthony J. Vella and Fr Victor Zammit McKeon

Following the conclusion of the 5 working groups (History of Services; Current Services; Services Abroad; Statistics; Listening to the Children) a Final Working Group was set up in order to synthesise the main recommendations which emerged from the various sub groups. This Final Working Group met several times, and discussed the individual reports at some length. It was agreed that the aim was not to come up with one solution but rather with multi-faceted recommendations, whilst simultaneously attempting to remain 'practical', especially with regard to use of resources. Nevertheless, it remains clear that resources are required and have to be made available if this problem is to be tackled in a serious and effective manner. On discussion of funds already being deployed by government in favour of children with very challenging behaviour (CVCB), it was agreed that redirection of costs was one way towards better service provision for this service-user group.

Many of the recommendations below were found to be in common in several of the sub groups.

### 1. Rights of the Child<sup>1</sup>

**One point which came out loud and clear from the final working group was the importance of the 'Rights of the Child'. It was agreed that Children's Rights was to be the prime motivating factor in developing services.**

Children's wish to be heard emerged several times in the research of the working group that 'listened' to the children (Article 12.1 *Convention on the rights of the child*, U.N. General Assembly, 1989). One of the major implications that emerged from this study is that, for any service to be effective, the child needs to feel as understood as possible. Services for children are to ensure that the child's right of a place in a family and

<sup>1</sup> Throughout this report Child/ren indicates under 18 year olds.

forming secure lasting attachments is respected. All persons involved should recognise that separating the child from their family members gives rise to anxiety and to a sense of loss and longing which can hardly ever be compensated for. Recognising this, acknowledging it and perhaps even speaking about it with the child, could help the child to feel better understood. Attachment and significant relationships in the service emerged as major needs that the children have. It is clear that when such relationships are based on trust, respect and good communication, the child consequently perceives the staff in a positive light.

Every effort therefore needs to be taken to avoid a paternalistic approach. In this respect, a competence-related balance needs to be sought that eases the characteristic tension between the child's need for protection against harm and the child's participation rights. Teenagers, for example, can be offered the possibility of choice when it comes to the decision of accessing/selecting services. In this context, the 'best interest of the child' is the underlying principle of our recommendations.

## 2. Inter-Agency Forum

It was found that in the past, many of the valid efforts made suffered from the lack of overarching-long term strategic planning that takes into account the complexity of sensitive issues. Subsequently, some useful plans that had been made were not implemented. The dire need to have a multidisciplinary holistic approach to the pressing issue of the care of children with very challenging behaviour has been recognised and addressed in various ways in the past fifty years.

It was therefore recognised that in order to plan effectively, both for the present and the future, an '**Inter-Agency Forum**' is to be set up. This forum will be responsible, amongst other things, for coming up with a strategy and developing forward planning, that is, a '**Master Plan**'. This would include an evaluation of the effectiveness of existing services and identification of the existing gaps, with the aim being, to strengthen the existing net and see how current services can be adapted and therefore better used before creating other services. It has to be acknowledged,

however, that certain services are perpetuating the problems rather than delivering solutions. What cannot be adapted to the needs of today should be done away with and new solutions actively sought. As stated above, feedback from service-users, that is, listening to the children, should be paramount in forming the evaluation and revision of services.

Several findings in the studies imply that it is vital that services work hand in hand to assist the child. This is especially the case when the support system fails to support the individual child, who ends up slipping through the net when there is too much red-tape and when procedures restrict or slow down the possibility of assisting the child effectively. The Inter-Agency Forum should assist this process on an ongoing basis.

It is clear that the Forum is not to just address the symptoms, but go for the causes. Prevention should be a hallmark of the overall system endorsed by the Master Plan. Services should address the causal factors that lead to children developing and exhibiting very challenging behaviour. Gaps need to be brought to the attention of policy makers for the provision of financial, legal and social support, in an official manner.

The goals of the Master Plan should not be limited merely to how children behave in specific services, but rather how they behave across contexts. Thus, a multi-systemic approach is necessary where one works with the family, the school and the other contexts in the child's life. Protection and support for children need to address these issues in the light of the stage of development of the service users and not across the board. Services are to respond to children's particular needs not vice versa. Community based child-and-family social work teams and services are to be favoured.

In the short term, given the current pressures on the system, the setting up of a small number of Units for teenagers and for very difficult children can be a practical, hopefully temporary, stop-gap measure which could later be modified and integrated within the services envisaged by the Master Plan.

Very importantly, there is a need for both **Church** and **State** to reflect upon the findings of this report since they are the two major players in the field in our country, together with other NGO's. Together, they should seek to set up this forum and see to the Coordination of Services in a spirit of partnership. Legislation and constant communication and inter-agency cooperation would be necessary to realise some of the agreed measures and to reduce the possibility of piecemeal work and children passing through cracks in the system, as is happening at the moment.

### 3. Early Identification and Intervention

It was agreed that the group to be targeted would consist of those CVCB who are falling through the gaps of different systems and who are already exhibiting, or are on the way to assuming, delinquent behaviour – children who are already in trouble and those not yet in trouble, but who are already not 'fitting in', and may potentially get into trouble later.

One factor that emerged very strongly in the discussions of the Final Working Group was the need for early identification of children who are likely to become CVCB and the need for appropriate interventions, prioritising the targeting of children from as young an age as possible<sup>2</sup>. Hence, it was agreed that there is a need to raise awareness among professionals, particularly educational professionals (including training for teachers), of those factors that contribute to the development of very challenging behaviour in children, with particular emphasis on mental health problems in the family, early childhood trauma and rejection by the mother. The importance of Primary Intervention at all levels, especially school, family and community, was stressed. At the same time it was pointed out that the level of tolerance of the system towards children needs to increase (the cut off point of the definition of 'challenging behaviour' differs according to the level of tolerance of the system). It was suggested that a more effective accountability structure within the institutions that children pass through would be helpful.

<sup>2</sup> It was noted that some babies exhibit behaviours which can be considered to be precursors of VCB.

The importance of a common assessment by a multi-professional team of each child at risk, prior to admitting the child to a service, was similarly stressed, as was the creation of an Individualized Support Plan (ISP). It is evident that having clear aims, care plans and goals are necessary pre-requisites for any service to be effective. This requires assessing the child, having clear guidelines, policies and procedures, preparing action plans that are tailor-made to fit the needs of the child and following-up the child throughout in order to enhance the quality of life and to ensure community inclusion.

The conclusions of the study imply that, to address the issue of challenging behaviour, there needs to be a shift in focus. We can no longer aim at eliminating the challenging behaviour without first addressing the individual child's needs. Hopefully, this will then result in eliminating the undesirable behaviour as a natural consequence.

### 4. Education

Education was considered to be a vital sector of the overall 'Master Plan'. A need was felt to place further emphasis on the bullying policy for schools and the need to provide support for children who have been bullied. The discussion around this sector further questioned why some pupils change schools so often and whether this can be reduced, as well as what can help them to better integrate in the new schools.

It was agreed that strategies need to be in place whereby children with very challenging behaviour can be kept 'included' in schools. The following guidelines are suggested:

- i. tackling CVCB's academic problems with reading and writing to be made a priority;
- ii. attention to the management style of Heads of Schools;
- iii. consistent expectations of behaviour by all staff through clear behaviour policies;
- iv. attention to creating a warm, welcoming and stimulating physical environment;

- v. attention to building ties with the parents – seen as partners in the education of the children;
- vi. creating ‘nurture groups’, run by staff trained in the use of specific techniques, to meet the needs of younger CVCB who have emotional, behavioural and social difficulties;
- vii. support for staff finding innovative ways of keeping CVCB included in the school;
- viii. schools need to resist expelling a child even if this calls for greater resources;
- ix. specialist support to school personnel, through other services (e.g. Learning Support Units);
- x. multi-disciplinary approaches (like SENT);
- xi. the provision of alternative education centres offering an adapted curriculum with a more hands-on approach to learning and a range of extra-curricular activities (pupil referral units) – care should be taken so that these are used as a last resort and so that they are not used as a measure for segregating the children from the mainstream.

Furthermore, the need for Media Education to counter the exaltation of violence, cannot be underestimated.

It has been pointed out that some of the above recommendations have already been made in the report ‘For All Children to Succeed’, however, we choose to reiterate, since they also emerged from the working groups. This further reinforces their validity.

## 5. Services

Lessons from the past stress that a service that is being utilised in a satisfactory manner should not be terminated unless a better alternative is available. Furthermore, once a worthy initiative is started, the resources needed to carry it through should be made available. No programme should be started without identification and commitment of resources. It is regrettable to note that in the past, even though there was faith in,

and willing contributors to various plans/programmes/recommendations, these have repeatedly stalled for reasons that do not relate directly to the intrinsic value of these initiatives. We need to strive to ensure that this phenomenon is not repeated.

One thing that bears repeating is the importance of having services that are tailored to the needs of the individual young person and not the needs of the provider of the services. Flexibility needs to be an essential part of the programme. Small, targeted and tailor-made programmes are more likely to succeed in addressing the needs of these young persons than large scale programmes.

The importance of family to children has emerged as a very strong theme and therefore needs to be emphasised. Children spoke about feelings of loneliness, longing and frustration at not being with family members (except in some cases of abuse in the family). Development of the community based services should therefore be considered first, followed then by residential services. It is also clear, as has been stressed above, that one of the priorities has to be better coordination of existing services – community, family, school and residential services – in order to come up with better service delivery all round, whilst acknowledging that basic structures for some of the programmes already exist. An effective balance of both community-based and residential services must be found.

Whatever the service, it should have a pleasant environment that is warm and welcoming to the child or adolescent. The atmosphere should give a feeling of safety and comfort, whilst at the same time allowing the child some personal and private space. Stigmatisation is to be avoided as much as is possible. It is also important that a service gives space to the child to voice his/her opinions and suggestions, possibly to participate in choosing or planning the timetable and the activities, to have ownership in what is happening and to feel part of the service. It is essential that staff adopt an approach that allows children to speak, that listens to the children, and that gives space for discussion, venting out feelings and dealing with conflict (as mentioned above). Moreover, the care plan and

service should provide the child with things to do – with a number of activities, groups and a timetable that fills up his/her time in a proactive and useful way.

### **5.1 Individual Services**

Regardless of where the child is being accommodated, i.e. with his/her family, foster placement, residential home etc, these will require services for treatment and follow up and not just for assessment and diagnosis. Several issues will need to be addressed with the child, including for example, peer pressure and self-control. Children need to be provided with the skills to make the right decisions, to consider short-term and long-term consequences and to cope with their situations. A number of children have several issues (e.g. related to family, cognitive, social, behavioural, emotional and mental health) that need to be addressed professionally. Opportunities to discuss, speak about and work on such issues, need to be provided for the child both through individual sessions and group sessions. This implies that work must be carried out hand in hand with psychologists, social workers, youth workers, family therapists, psychiatrists and so on. Dynamic Assessment and Cognitive Behavioural Therapy were both found to work in services abroad. Individual mentoring was found to be a powerful therapy when carried out appropriately, both in Malta in the past and abroad.

### **5.2 Family**

Keeping in mind the strength of the emphasis expressed by CVCB to being with their families, services catering for families of CVCB are similarly to be considered alongside other services, wherever appropriate. These could include Parent Management Training, Functional Family Therapy and Multisystemic Therapy as is found abroad. Intensive work with the family needs to be done by social workers and other professionals focusing on strengthening the family, giving parents the skills to nurture their children, identifying the strengths and weaknesses and addressing the latter.

### **5.3 Community-based**

Whenever at all possible, the child should be supported within his/her own family through community-based support services since our aim is to help young persons to reintegrate within society as ‘useful’ members. We need to invest in small, community-based services, helping children to be normalised not stigmatised. These could range from development of Youth Centres and activities in different localities, especially during school holiday-time, to support and shelter (on a drop-in basis), community mental health services, and a community-based crisis intervention service within the home (crisis intervention teams, which can also be used to intervene in crises within residential group homes). Support services within the community are to be more accessible, visible and available at all times. Services such as mentoring, counselling and family therapy need to be found within the community to be drawn upon when needed. After-school services are to be provided as well as day treatment centres. Good case management that draws on different available service delivery options would be needed to tailor individual programmes for individual CVCB.

Community based work is to include working with environmental impoverishment and not just the child, since the problem lies not just in the child but also in the system – working in the context of the root of the problem not just its manifestation. This could include work to strengthen the current educational system as is mentioned above as well as work with the whole family (also mentioned above). We need to afford the child and his/her carers the support required.

### **5.4 Residential<sup>3</sup>**

Although in the past, in the context of service delivery at the time, secure units offered a satisfactory service, preference for a smaller ‘family type’ service delivery has been expressed since the fifties. Hence, one strong recommendation which came out in several of the working groups was the need for specialised fostering or multidimensional treatment foster care, with the appropriate support for the carers. Being within a family

<sup>3</sup> Fostering is being considered under residential services as part of a potential range of out-of-home placements.

structure, rather than in a residential home, would enhance the possibility of communicating on an individual basis, of the child feeling valued and seen as a unique individual with specific needs, and of developing meaningful relationships. These are a few of the helpful factors that would satisfy the child's expressed needs within a family context.

Having said that, it is acknowledged that some CVCB will need to be accommodated within a more formal residential setting. Hence, whilst we need to have less indiscriminate reliance on long-term residential care, we still need to ensure that a range of good-quality residential services is made available. Residential Centres could be differentiated according to purpose and function, with specialisation of roles amongst the existing Group Homes and development of programmes for children with specific difficulties. Furthermore, children who do not have challenging behaviour should not be placed in a service that addresses such behaviour. Rather they should be placed in an alternative setting, which addresses the needs of that child. For example, someone who can no longer remain in the original family due to abuse, should be placed in an alternative context (e.g. with foster parents or in a group residential home) and not in a service that is meant to address very challenging behaviour.

The following are therefore suggested:

- i. The provision of various residential group care settings;
- ii. Separating the ages of children accommodated, as appropriate (one main issue is the apparent need for a residential service for children who are too old to be in a children's home but yet too young to live independently);
- iii. Distinguishing between types of problems and therefore the approach adopted, thus managing the Centres differently so as to provide services tailored to the children's different needs: some offering a highly structured environment, while others offering family-style domestic settings;
- iv. The provision of a range of Therapeutic programmes offering treatment not just containment, with less reliance on High Support services;

- v. Setting up a psychiatric treatment setting with strict admission criteria;
- vi. A secure treatment setting for children with psychosocial difficulties;
- vii. Setting up a treatment facility for adolescents struggling with vice;
- viii. Setting up a residential service specifically for young people with disability;
- ix. Babies should not be admitted into care. Rather, support should be provided so that children can be reared within their own or another family;
- x. Need for alternatives for young people whose behaviour lands them in court (YOURS is the current service in Malta but there is a lack of statistics and qualitative study to evaluate its effectiveness; it is often viewed as prison; it was furthermore agreed that it is not good practice to place 14 year olds with older criminals.)

Other examples from services offered elsewhere include Secure Training Centres, Wilderness Camps and Crisis Intervention Centres. Boot camps were specifically not included in the report on services abroad because they are not evidence based and there is no proof of their success. Furthermore, the children's report makes it clear that boot camps would not be appropriate since the children emphasised the importance of a nurturing relationship with staff. Whilst children appreciated the importance of discipline and structure, they should not be exaggerated and an element of flexibility is important. Structure and discipline are important but not *sufficient* in themselves.

The Children's report concluded that existing residential services based on regimental and rigid schedules and rules would do well to evaluate their effectiveness. The study implies that service-leaders need to ask the following questions:

- How are the rigid rules helping the individual child?
- Are there other approaches which could be used to address the challenging behaviour?

- Could they be instilling a sense of rebellion and anger in the child?
- How effective is this being with the individual child?

It is necessary to find a balance between maintaining structure and rules and allowing for flexibility according to the child's needs, age, maturity and care plan. Staff, parents and children need to know what the service is catering for. The findings in the children's study suggest that the child needs to be clear as to what is acceptable and unacceptable, and what happens when the rules are broken. The child needs to know why s/he is in the service and how the service is helping him/her.

The study also implies that it is fundamental for the staff to be continuously aware of the existing dynamics of the community. The professional staff needs to know how the residents get on together, what conflicts they have and what relationships exist between them. Action must be taken when necessary, and support should be given to the children when they feel helpless and have difficulties in getting on with the others.

## **6. Professionals**

Efforts in the past have been hindered by a lack of financial and human resources. The human and financial cost of successful initiatives is necessarily high.

### ***6.1 Training and Resources***

Human resources involved in programmes need specialised training that addresses the emotional, psychological, social, educational, entertainment, economic, rehabilitative and reformative needs of these young persons. Adequate staff training must be provided. This was backed up by the children themselves and should improve flexibility even within the present mix of services.

One suggestion is for the provision of specialised courses (possibly in-service) for professionals who have obtained their first degree (e.g. social

workers; teachers), and that, people from the field should contribute to this training together with established academic institutions (such as the University of Malta). Part of this training could be workshop-based and hands-on and is to include behaviour management.

A further suggestion was for professionals to participate in training or familiarisation visits abroad as well as international conferences.

### ***6.2 Accountability and Structures***

Adequate supervision and adequate working conditions should result in less turn-over and burn-out, leading to greater stability. Better working methods and networking (as suggested above) would maximise scarce professional and structural resources. Ongoing specialised training will also help support staff to better maintain positive relationships with the children in their care. Such training and supervision could help the professional staff recognise the hardships that the children are going through and better understand their feelings of frustration, rebellion, anger, loneliness, loss, longing and at times claustrophobia.

Line managers need to ensure that all the members of staff that have been employed in the various services have the right characteristics and aptitude for working with CVCB.

### ***6.3 Caring for professionals***

Current, as well as past, working conditions for professionals in this field have left much to be desired. These bring about high staff turnover and therefore the loss of knowledge gained from experience. Conditions of work of those who will be recruited to work in this area need to be good enough to ensure the recruitment and retention of suitably qualified personnel (pay; opportunities; training; supervision; support from other professionals; horizontal development).

## 7. Legislation and Judicial System

### 7.1 *Children Act*

The need for an adequate legal framework that supports and gives a legal backing to child-centred service delivery has been articulated since the fifties and continues to be a major lack in the system. A comprehensive legal framework is needed to give legal backing to:

- i. child-centred services and programmes;
- ii. voluntarily admitting a child in care;
- iii. outlining the responsibilities of parents, service brokers, providers and the State towards the more vulnerable of its citizens;
- iv. action in providing for termination of parental rights when appropriate;
- v. legislating in favour of those providing foster care;
- vi. regulation of international adoptions.

A further suggestion was made for the possible setting up of a Youth Justice Board to deal with issues related to child delinquency.

### 7.2 *Care-orders and Court orders*

The children who were interviewed for this study clearly and forcibly expressed the need for the efficient working of the whole system of care-orders and their implications, especially when this concerns how often they can meet and spend time with their family members. The gap between what is supposed to happen and what actually happens with regard to the time delay in getting answers from the Board needs to be reduced and the roles of social workers and the Board should be clearly outlined (training plus clear written guidelines/procedures).

During the discussion of the working group it emerged that currently there is no appropriate place where children on care-orders for control purposes could be sent. This interferes with the judiciary's ability to give such an order even when it is desirable. It was further pointed out that community support services for children on care-orders for control purposes should be available, which would allow young people a choice

(as emphasised above) and extend a legal obligation to cooperate with the professionals involved. The whole care orders structure requires an overhaul including amendments to effect a shift towards the increased role of the judiciary in issuing, monitoring and terminating a care order.

Furthermore:

- i. Judicial review of care-orders is to be established;
- ii. Separate residences for children sentenced to care-order for control purposes need to be made available, not YOURS or other detention centres;
- iii. Care-orders are to be made applicable to all minors up to 18 years of age;
- iv. Legal proceedings for voluntary placements of children in care are to be applied<sup>4</sup>.



*Daniela Cassar Mallia – Safi – 10 years*

<sup>4</sup> CHAPTER 16 of the CIVIL CODE, Title IV OF PARENTAL AUTHORITY - EFFECTS OF PARENTAL AUTHORITY IN REGARD TO MINORS, Articles 132 to 134, especially 134 as here cited: 134. (1) It shall be lawful for the parents, if they are unable to control the child, to remove him from the family, assigning to him, according to the means of the parents, such maintenance as is strictly necessary. (2) In any such case, the parents may also, where necessary and upon obtaining the authority of the court of voluntary jurisdiction, place the child, for such time as is stated in the decree, in some alternative form of care, which the court will according to circumstances consider suitable, to be, at the expense of the parents, cared for and treated in such manner as the court may deem conducive to the discipline and education of the child. (3) The demand for such authority may be made even verbally; and the court shall make the necessary order thereon without any formal proceedings, and without giving its reasons therefor.

### 7.3 *Juvenile Court*

With regard to the Juvenile Court, the following recommendations are made:

- i. To hear cases involving minors under 18 years<sup>5</sup> of age;
- ii. Separation of cases involving co-accused minors;
- iii. All cases in Juvenile Court to be heard summarily;
- iv. Training for court staff and judiciary in relation to CVCB;
- v. Facilities for video conferencing and play area;
- vi. Attendance in Court of Probation Officers, Appogg and Education social workers;
- vii. Community Service order extended to 14-year olds for a maximum of 50 hours;
- viii. Specialised Police squad, from Victim Support Unit;
- ix. YOURS to be divided by age, e.g. for under 15's and over 15's, and by location.

## 8. Records, Research and Evaluation

The working group charged with the collection of data regarding the current incidence of CVCB, encountered difficulties in this regard. The lack of information available with regard to statistics, etc, was in itself significant and it was agreed that a strong recommendation should be made for a standardized legally enforced system in which data is stored and maintained across all services offering support to children. The data is to be available for public consumption in a format that meets both the Data Protection requirements (existing services should be correctly informed about data protection so that this law is applied as it should be) and the freedom of information rights of citizens.

<sup>5</sup> It is to be noted that in its concluding observations after considering Malta's initial report to the Children's Rights Committee in June 2000, the Committee stated that: "49. The Committee welcomes the establishment of a special rehabilitation programme for girls in conflict with the law (e.g. Fejda) and it is encouraged that a similar programme is being considered for boys. Nevertheless, concern is expressed at the low age of criminal responsibility (9 years); at the assumption, contained in the State party's legislation, that a child aged between 9 and 14 years could act with "mischievous intent"; and at the exclusion of children aged between 16 and 18 years from the juvenile justice system.

It was noted that the sub group's figure of 1.5% incidence of all children being considered as exhibiting VCB is low compared to the EU average. However, it needs to be emphasised that this figure does not represent the true situation due to lack of forthcoming information from existing services. Furthermore, it was suggested that gender difference in the way VCB is exhibited may partly account for lower incidence in females (girls may not be as easily identified as boys).

A further recommendation was for ongoing extensive research with sufficient legal backing to access existing and future data to compile the necessary statistics:

- i. to ensure that minimum standards of quality service provision are maintained as established;
- ii. to monitor history of the children transiting from one service to another;
- iii. to compile a history profile of each child accessing services to ensure that no child falls out of the service network;
- iv. to identify alternative service provision which is client-needs led.

Further research still needs to be undertaken to determine the extent of the problems and the effectiveness of the various interventions in the Maltese context.

Limitations, progress and changes should be recorded, assessed and revised continuously. This implies the need for ministries to co-ordinate their resources, research and ideas in a way that minimises overlap and promotes synthesis towards addressing such issues. Furthermore, on-going evaluation of programmes should be an integral part of any service delivery. It was also suggested that pilot projects should be carried out to ensure that any adopted programmes are evidence based and relevant in practice to the local context.

It was also noted that an added resource which currently appears to be under-used is the dissertations/theses of both graduate and undergraduate students housed in the Melitensia Section of the University of Malta

library. Various studies have been carried out over the years from the basis of different disciplines (social work, psychology, law, education, management, etc.), which offer information and insights on CVCB. Whilst acknowledging that the level and quality may differ, in a climate of scarce resources, it is a pity not to make use of research which already exists.

Finally, in line with our emphasis on prevention and early identification/intervention, it was pointed out that some babies exhibit behaviour which can be considered to be precursors of VCB. It is therefore suggested that a tracer study should be carried out with babies placed in care, so that we can learn how to improve prevention.

### **Conclusion**

Much information has been gathered by the working groups and we have attempted to synthesise the main points of each into this final report. It has been a daunting task and whilst we have done our best within the time available we acknowledge that the final product is not perfect.

However, important points have been raised and need to be listened to. The most important one of all is that we need to listen to the children and learn from them. They are all different so we need to have a range of flexible services which can be drawn upon to cater for their individual needs. We also have to understand their pain and where it is coming from, and we need to address those causes too, both for the present and the future children. The rest should all then fall into line.

A lot of time and effort have gone into the various sub-groups reports as well as this final working group report. It would be a great pity if this did not lead to action of some sort! We must stop failing our children! Let us please act NOW. •

## Presentations at Project Launch



**Opening Speech**  
Project Launch Conference  
10<sup>th</sup> June 2005

**Ms Sonia Camilleri**  
Commissioner for Children

**In many cases, these children  
and young people are not  
in need of a psychiatric  
hospital or prison.**

**T**oday, together, we are launching a project about ‘Children and Young People with Very Challenging Behaviour’.

The aim of this project is to draw up a number of proposals of how we can help these children and young people in a dignified and respectful manner.

These proposals will then be presented to the Government.

It is a project that I am coordinating but which you, professionals in the children’s field, will be working at.

*What do we understand with ‘children with **very** challenging behaviour’?*

First of all, a ‘child’, according to the Commissioner for Children’s Act is, every person who has not yet reached the age of eighteen.

One of the most comprehensive definitions which I would like you all to keep in mind, even during the workshops, is:

*“Behaviours of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which seriously limits the person’s access to ordinary settings, activities and experiences”.*

*Who are these children and young people?*

Every one of us here, in their field of work, has met children who have challenging behaviour, children who disrupt classes, children who are disrespectful of adults, and so on. But our project is not about children who generally exhibit challenging behaviour, but about **very** challenging behaviour. These are children and young people who hurt themselves, others, and those who care for them. They are children and young people who have not found a way of living in society and with those around

them. Here we are going to be speaking about children and young people who exhibit such challenging behaviour that, at times, they are excluded from schools, from children's homes and from their own homes, because of their uncontrollable behaviour.

All of us would like to find some easy solution to be able to establish a dialogue with them, to help them grow and live well in society. But, many times, these are children and young people hurt by this same society, and they are not yet ready to accept it or adapt themselves to it. These are children and young people who we find in homes, in schools, in organisations, in children's homes and in all places where there are children and young people.

*And where do these children and young people go?*

Some of them manage to escape through the system and disappear in their villages and towns. Others are sent to two special Government schools if they are boys, or to children's homes if they are girls. The speakers will be describing these institutions at a later stage. A question that is raised is, when even these institutions are not adequate, where do these children end up?

Currently, the institution hosting children with very challenging behaviour of every age, even if they are not sick, is Mount Carmel Psychiatric Hospital. Mount Carmel Hospital is accepting these children because there is no other programme appropriate for them. When these children and young people commit a crime of a more serious nature, they end up in prison.

In many cases, these children and young people are not in need of a psychiatric hospital or prison, and even though they do go to these places, it does not mean that they come out better than before. In fact most of them find themselves back in these institutions after some time.

*Why?*

The project that we are launching today will be around five months and a half long and will try and see who exactly are these children and

young people, why they exhibit behaviour which is so difficult, what they need more than we are offering them, and above all, how can we help them grow into mature and healthy citizens who can live a normal happy life.

I have embarked on this project to bring together your experience and resources, hoping that this will help in solving a problem that we know is with us. I know that proposals have been submitted to the Government both from the Church and Agency APPOGG, but till today all we have is a small pilot project, of a few hours a week, that Agency APPOGG and SEDQA are starting together.

We have till World Children's Day, the 20th of November 2005, to study the problem and draw up suggestions for its solution.

I ask of you to keep in mind children with the most serious of behavioural problems. If we try and look into every type of challenging behaviour, we will not be able to come up with proposals that will solve the problem, a problem for which we have come together today to address.

Thank you •



## Children with Very Challenging Behaviour: The Education Sector's Perspective

Ms Micheline Sciberras

Policy Coordinator, Ministry of Education, Youth and Employment

### **I**ntroduction

Children and young people with very challenging behaviour are those individuals who present a considerable management problem to the school. This includes referrals relating to severe disruptive, destructive or aggressive behaviour, which often involves actions that present a danger to the individual self and to others or significantly interferes with the general functioning of the class/school.

This challenging behaviour could be due to a variety of reasons including emotional difficulties, dysfunctional family background, neurological conditions (eg, ADHD, Pervasive Development Disorder, Autism, etc), neurosis and psychosis (eg, Depressive Disorders, Schizophrenia), etc. Such challenging behaviours include aggression (e.g., hitting, kicking, biting), destruction (e.g., ripping clothes, breaking windows, throwing objects), self-injury (e.g., head banging, self-biting, skin picking), tantrums and many other behaviours (e.g. running away, eating inedible objects, rocking or other stereotyped movements).

Characteristically, challenging behaviour puts the safety of the person or others in some jeopardy or has a significant impact on the person's or other people's quality of life.

A brief surf through the net searching for the latest update on the subject immediately boggles the mind with regard to the numerous titles we seem to label these children and young persons with; 'conduct disorder', 'behavioural problems or difficulties', 'behavioural disorder', 'challenging behaviour', 'emotional and behavioural difficulties', etc.

Many children present persistent conduct problems, but not all meet the criteria for Disruptive Behaviour Disorder (DSM-IV, Diagnostic and Statistical Manual of Mental Disorders from the American Psychiatric

There is obvious  
a range of oth  
services offer  
to all children

**There is obviously a range of other services offered to all children which also benefit children and young persons with very challenging behaviour.**

Association). It is relevant to examine the group of challenging behaviours known as Disruptive Behaviour Disorders, which include:

- Oppositional Defiant Disorder (ODD).
- Conduct Disorder (CD).
- Attention Deficit Hyperactivity Disorder (ADHD).

These three labels describe closely related and overlapping patterns of difficult behaviour, which retain some distinctive and unique features. All these disorders can have a significant impact on the development and long-term wellbeing of a child, therefore, early detection and management in the primary school years is essential to improving the child's long-term outcomes.

Many here present are both apt and capable of explaining in great detail the definition of each of these categories. My task here today will be to concretely present the types of challenging situations we are facing in our schools, the services we offer and finally to look into the difficulties we are encountering and possible ways of addressing such difficulties. As a Ministry and a Division we look forward to the discussion here today, and are certain that listening to diverse opinions and experiences can only be food for thought. It is our aim to improve the quality of service provision for all students.

### Who is the Challenging Child in the School Context?

- Both boys and girls manifest challenging behaviour, although statistics show a tendency of a greater number of boys manifesting such behaviour.
- Are of any age, but mainly in the secondary school sector.
- Frequent all types of schools.
- Are from any location.

### Common Traits

- Habitual absentees
- Lack of motivation
- Social and/or family problems
- Trouble with authority

- Unable to fit into mainstream environment
- Aggression
- Anti-social behaviour
- Mental illness

## Services Available

### 1. Special Schools and Centres

#### *a. Mater Dei*

The school caters for emotionally disturbed adolescent boys who are of school age. The aim of the school is to help students develop self-esteem; to maximise their learning potential; to help the students re-integrate into mainstream schools; and to empower them to change and move forward in life. Students and parents are offered a warm, welcoming and safe environment. Each student is provided with an individual behavioural plan which details ways of changing anti-social behaviour. Parents are offered guidance so as to help them deal with their children when they are at home. The following table portrays the number of students attending the school.

Year	Number of Students
2000	15
2001	10
2002	9
2003	10
2004	17
2005	16

Students attending Mater Dei in scholastic year 2004-2005 ranged between 11-16 years olds. (Statistics provided by Mater Dei School, Msida)

#### *b. St. Patrick's Craft Centre*

The Centre was set up in 1985. It caters for boys between the ages of 13 and 16 years of ages. The aim was that this centre would cater for male students who had great difficulty in remaining in mainstream schools, but were obliged by law

to attend school. The Centre has a small staff complement and the aim is to try and create a family atmosphere where everyone plays a part and shares in all the work. This is done to give the students a sense of belonging and a sense of team spirit, so that when the time comes for them to start their working life, they will understand that everyone has a part to play. To address the problem of financial difficulties for some of the families, and also to give some tangible initiative for attendance, the sum of Lm1 per day for attendance is given to the students. In scholastic year 2004-2005, there were 38 students attending the school, aged between 16 years and over. (Statistics provided by St Patrick's Craft Centre)

## 2. School Social Work Service (SSWS)

- a. Services Available include home visits, school visits, assessment of cases, formulation of action plans with client and family, social work intervention, group meetings with parents, case conferences, monitoring of students, multi-disciplinary intervention and support students at Juvenile Court.
- b. In scholastic year 2004-2005, the SSWS worked with 54 students manifesting challenging behaviour (statistics provided by the School Social Work Service).

## 3. School Psychological Services

- a. The number of referrals regarding very challenging behaviour made to the School Psychological Services were 67 in 2004-2005.
- b. There were different types of assessment and interventions ranging from informal assessment (classroom observation, individual contact), psychometric assessment, behaviour management programmes, counselling and therapy, consultation with family, consultation with school, liaison

with other professionals and agencies, multi-disciplinary assessment and follow up through the Special Educational Needs Team programme (SENT) and monitoring and follow up. (Statistics provided by the School Psychological Service)

## 4. Inclusive Education Sector

Students with very challenging behaviour may be statemented and recommended the provision of facilitator service. The following table shows the number of students over the last 5 years that were provided with a Facilitator in Mainstream schools.

### a. Primary Sector

Year	Boys	Girls
00-01	15	3
01-02	21	4
02-03	22	6
03-04	31	9
04-05	79	19

### b. Secondary Sector

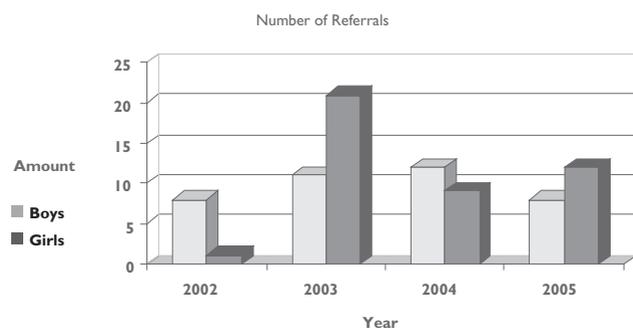
Year	Boys	Girls
00-01	8	2
01-02	11	2
02-03	10	3
03-04	10	4
04-05	22	8

(statistics provided by the Inclusive Education Sector, Education Division)

## 5. The National Board for School Behaviour

Following the publication by the Ministry of Education of the Good Behaviour and Discipline policy for schools in 2002, the National

Board for School Behaviour was set up. The aim of this Board is to find possibilities of remedial actions for students who are reported from excessive behaviour with the ultimate target being, to possibly alter their behaviour and reintegrate these students into their schools so as to contribute positively to society. The Board accepts referrals of students from Heads of School in cases where the behaviour of such children is extremely unacceptable, in spite of actions and services offered by the school and the Education Division. Referral to the Board is seen as a last resort, when the child's presence in the school is affecting negatively other children. The Board hears cases related to excessive misbehaviour. The student and parents are given a chance to express themselves, as are other professionals who are involved in the cases.



Year	Boys	Girls	Primary School	Secondary School	Boys/Girls Centre	Total
2002	8	1	2	4	3	9
2003	11	21	1	31	0	32
2004	12	9	10	11	0	21
2005	8	12	3	17	0	10

*(statistics provided by the National Board for School Behaviour)*

### 6. Parenting Skills Courses

Several courses are held at school level for parents. The aim of such courses is to inform parents about positive parenting skills, and how

to put them into action when stressed. Some parents themselves may have had poor parenting as children and benefit from such programmes that help them learn alternative ways of relating to their children and in managing negative emotions as they arise.

### 7. General services

There is obviously a range of other services offered to all children which also benefit children and young persons with very challenging behaviour, such as:

- a. Class tuition
- b. Complementary Education
- c. FES programmes
- d. SpLd
- e. Anti-Bullying Services
- f. Guidance and Counselling Services



Amy Anne Spiteri – Qawra – 11 years

**Difficulties Encountered**

- *Dysfunctional families that are resistant to change*
- *Families who see no wrong in student's behaviour*
- *Families who have no value in education and lack of cooperation*
- *Multiple family problems*
- *Dealing with mental illness*
- *Long waiting lists*
- *Insufficient support services (clinical, psychiatric support, family therapy, etc)*
- *Insufficient human resources*
- *Pressure from school to expel child*
- *Schools that have to cater for the well being of all children see the need to expel*
- *Lack of educational placement for girls*
- *Use of YPU as there are no other alternatives*

**Way Forward*****Need for Early Intervention***

Service of early intervention teachers does exist, however, there is great need for work with families to start from the early days of the educational experience, even in pre-school years. Difficult behaviour in preschool children can usually be controlled effectively with consistent behaviour management from all those involved with the child. Intervention with this age group allows professionals to work with a child who does not have an entrenched pattern of social and peer difficulties and school problems. A consistent approach across the range of agencies involving professionals and parents produces the best results.

***Investment in Human Resources***

Lack of human resources is a reality. While it is crucial to maximise the output of resources that are available, investment in human resources is a must. This can be done both locally and abroad, and investing in short and long courses.

***Review of Inclusive and Special Education Sector***

Last December, a Working Group was set up to review the whole sector. The mandate of this group was to analyse the strengths and weaknesses of the system, and to put forward concrete proposals to better the quality of education.

***Introduction of Learning Zones and Learning Centres in Schools***

One possible way forward would be to set up learning zones in schools. Students, who for valid reasons are not coping with the class environment, would be provided with educational provision outside the class, but within the school. This measure would be resorted to after all possible interventions have taken place to keep the student in the class. The aim is to offer a programme that caters for the needs of the student, with the ultimate target of reintegrating the student into the class. For those students who still manifest difficulty in the mainstream school, there is also the possibility of developing learning centres. In such serious cases, the child is referred to an out of school learning centre for a stipulated period. The ultimate specific objective here once again would be the student's reintegration into the mainstream. The centre would offer an individualized programme for an agreed period of time. •



## THE WAY I LOOK AT THEM

Sr Magdalene Cauchi  
Social Worker, Ursuline Children's Home

**We must hug them and tell them that we love them and thus encourage them to let us know when something is worrying them.**

I am Sr Magdalene Cauchi. I work as a Residential Social Worker in the Ursuline Sisters' Homes. I would like to share with you some thoughts about children with very challenging behaviour according to what I have experienced through working and living with children.

We hear a lot about children with very challenging behaviour and I often hear people say, "These are a product of today's society". This might be either true or false. There is a divergence of opinions. A challenging behaviour can be manifested in many ways:

- They lie a lot.
- They infringe rules repeatedly.
- They quarrel even with adults in an aggressive manner and without any reason.
- Temper tantrums which cause is out of proportion with the aggressive and destructive behaviour they show.
- They behave very badly especially with persons with whom they are acquainted and who they love most.
- They feel they are always right and others are always wrong: "It's his/her fault!" "It's your fault!"
- They are a danger to themselves and/or to others: they reach out of windows, they cross the road carelessly, they search for knives and other instruments with which they can do some damage, they punch on glass panes.
- They do not feel sorry for the wrong they have done.
- They are excluded from school because nobody can control them and they are continually disrupting the class.
- Their sexual behaviour is exaggerated, inappropriate and beyond their age.

In the short time I have at my disposition, I'm not going to discuss the origin of this type of behaviour, but I'm going to share with you some

of my experiences with these kinds of children and give some suggestions about what we can do in the future.

I am recollecting a four year old boy. He is an intelligent and very independent boy, he knows how to play, often laughs and can take a joke. He's a little hyperactive in the Kindergarten but otherwise very normal. He likes to draw very colourful pictures. He finds great pleasure in swimming and playing on the sand in summer, while in winter he likes to run about in the open spaces at Ta' Qali trying to catch butterflies and to pick flowers.

I also recollect a six year old boy. He is playing with toys. All of a sudden he takes up a toy-car in his hands, stands up and throws the car forcefully onto the floor and then he jumps on it until he smashes it to pieces. Then he bursts out laughing and starts jumping from the back of the sofa onto a cupboard and back.... If you try to stop him he starts kicking you. It will be better to draw back other children who might be near him or else he vents his anger on them. He might throw a chair at you; hit you with a broom or start smashing to bits whatever comes within his reach. When he is taken out for a ride on his bicycle, if a wheel gets stuck in a hole, he throws himself down on the ground in the middle of the street and starts screaming so desperately that no profusion of tender words and persuasion will serve to make him get up from the ground. If you go near him he will surely hurt you. It takes from two to four persons to pick him up without hurting him or getting hurt by him. This almost happens once or twice a day. When he has been held at least for half an hour, he finally gets tired. He will be sweating profusely as if he has fallen into the water; he lies down face downwards and falls asleep. When he wakes up he is a completely different child, full of tenderness and calm. If he is contradicted (and sometimes for no reason whatsoever), he might explode into another temper tantrum.

*What is the difference between these two boys?*  
These are both the same child!

*What circumstance in his life brought such a big change in him?*

He has been living in a residential home since he was a year and a half. His mother, who was mentally ill, tried to jump down from the balcony holding him in her arms when he was only a month and a half old baby. Her relatives took them to their home and cared for them. The mother had to be admitted to a mental hospital for some time. When she was released from hospital, she was not in a good condition, but she wanted to return to her house and take her child with her. To avoid any harm to the child, the mother was persuaded to voluntarily take the child to a residential Home. He deeply loves his aunt who always took care of him and with whom he lived in the weekends and during the holidays. He calls her "Mummy" even though she tells him that she is only his aunt and shows him photos of his mother. His aunt takes him to visit his mother every Saturday and Sunday. When he is with his aunt he behaves well, but after about half an hour he starts getting restless. Although his mother buys him things he likes, he never accepts them from her. Everybody tells him that his mother loves him, however, he tells her to her face that he does not love her. After having abandoned her son for almost six years because of her mental state, now she wants to have him at home. Once, she took him forcibly. From that day on the boy has changed. The temper tantrums started and the boy was progressively getting worse. Now she wants him by all means and has started legal proceedings. A Care Order has been issued and enforced on the basis of the report compiled by the psychologist who has been following the child for six months. The mother keeps insisting that she wants him back.

This is only one of the many cases I presently have in hand. Some were aggressive from birth, others turned aggressive at the age of two. There is no hard and fast rule when bad behaviour starts to manifest itself. There is no pattern of cases of this type of behaviour. Everyone has his personal history.

*What is the fate of such children?*  
*Have we tried everything?*

We took them to be seen by doctors, psychologists and psychiatrists who try to cure them with medicines. Often, they are prescribed different

medicines because their behaviour goes back to square one or even gets worse. I would like to make myself clear about this point as some children do need some medicines which help them and which they could not do without because of some condition they suffer from. We have entrusted them to High Support Carers who work with them from six in the morning to ten at night at a yearly cost to the Government of about LM10,000 per child. We have compiled every type of assessment which is available. We have given them school facilitators. Some children had to be admitted to the YPU (Young People's Unit) of the Mental Hospital.

I talked about this boy in a particular way, not because he is the most challenging, but because we are trying to deal differently with him. Maybe with lots of patience, love and tolerance, we will succeed to help him. We try to avoid any situation which might bring about a temper tantrum. We find alternative solutions in the way we speak to him, by being always positive rather than negative. We praise his good deeds instead of rebuking him for being negative. We tell him and assure him that we love him even when we feel exhausted by his behaviour. We spend time with him alone so that he can choose whatever he wants to play with, without having to compete with others for it. We play with him without restricting his creativity. When he refuses to pick up the toys, we race him on who will be the first to pick up the red or the yellow ones and always let him be the winner. When he is nervous, we give him the play dough so that he can vent his anger in a positive and creative manner. When it is time to do the homework, we do not force him to do it. That will probably be the time for his bicycle outing. When the children have done their homework, he takes the initiative to bring his schoolbag and does his homework in a jiffy. To keep him away from danger as much as possible, we put away things with which he can get hurt or hurt others. Sometimes we have to change our plans in order to avoid a temper tantrum. We realized that he prefers to know beforehand what he will be doing when he comes back home from school, therefore we plan prior to his arrival and allow him to choose together with us. The more his life is structured, the calmer he is. His greatest worry is the uncertainty he has of his forced return to his mother's home. I think

those are the moments when he loses his temper without any explainable reason. That is why we do not scold him to make him stop. We use lots of love and patience when we hold him not to let him hurt himself or someone else. In moments like these, although he will be crying, shouting and struggling with all his might, in a subdued and firm voice, we keep on telling him that we love him. He finally gets tired and gives up. Even if he chooses to sleep on a sofa downstairs, we will let him do so, and then, when time is up, we will pick him up and take him to sleep in his bed.

Some people tell us that we are spoiling him by our way of doing things. We do not mind such comments. In our opinion no good results are being achieved with all the medicines which are being given to the children in order to correct their behaviour. We are not having better results when we send them to the YPU (and here I would like to affirm that I appreciate the dedication of those who work there). We have to put ourselves in their position and imagine what they are feeling. We must understand what is frightening them. We must hug them and tell them that we love them and thus encourage them to let us know when something is worrying them. We must listen to whatever they lisp and to all they tell us while they are playing and through the way they behave. Their future depends on the way we deal with them in these circumstances. If we are discouraged and we try to get rid of them, we will surely destroy them for ever. If we show them love, stability and security in their life and seek to bring out the good which is in them, we would be equipping them with the necessary tools for a successful future.

A girl was five years old. Her mother spent five years with serious kidney trouble. One day the father decided to spend all his savings to take his wife to England for the necessary cure. One night they departed to go for the cure. The trouble started the moment the girl woke up and did not find her mother. She cried and cried and was heartbroken. She was so shocked that she lost her voice and hardly succeeded to express herself in order to communicate to her aunt, who was taking care of her and her brothers and sisters, whatever she needed to say. After three



Rosella Mallia- Birkirkara – 8 years

weeks, her parents returned from London as there was no remedy for the mother's illness. Unfortunately, the mother died only a few hours after their arrival.

From the morrow, the girl's behaviour was unbearable. She started quarreling with her brothers and sisters, hurting them, pulling their hair and biting them. She was always crying and flying into tantrums. At school she was unable to make friends. Her aunt used to phone a teacher she knew and ask her to give the girl special attention and to keep an eye on her. The aunt, herself a teacher, although feeling very tired, very patiently, used to take her out after school, and buy her a small doll and some sweets. She played with her and taught her brothers and sisters not to be touchy and to see that they would not hurt her if ever she tried to hit them. Whenever she fell into a rage and broke things, she treated her tenderly and thus the situation started to change. She started doing well at school and even participated in sports. At school she, liked hand crafts especially plasticine modeling and pottery. She was growing up

and making friends and even enjoyed going to help other children in an Institute in the neighbourhood. That girl understood what those little children needed and that is what she tried to give them. I know that girl very well because I was that girl.

*What help do we need now?*

1. Whoever cares for these children needs ongoing support, together with help and collaboration from all the professionals who are involved, somehow or other, namely, Social Workers, Teacher and Heads of Schools, Doctors, Psychologists and Psychiatrists.
2. The schools should provide some kind of Nurture Class, where children with behavioural problems follow a curriculum drawn up for their needs, and with teachers properly trained to carry it out. Frequently, instead of working hand in hand with us and help us, schools are suspending these children and thus are destroying them because they are experiencing another 'rejection' in their life. When they are get rid of these children because the parents of the other children are reporting them to the Education Division, they will not be solving the problem, but rather increasing it.
3. The children who live in residential Homes have a name like all children have. Thus, we would be grateful if they are not referred to as "it-tfal tas-sorijiet" (the nuns' children) or "ta' l-istitut" (of the institute) during the school assembly, because these children are being really hurt and bullied by their schoolmates.
4. On their part, Social Workers must work harder with the children's families, because, where parental skills are lacking, the children have to live for many years in the Home. If it is pretty clear that the situation at their home is irreversible, these children should be given a chance to live with another family.

**There is a great need for new places with special programmes to accommodate children with very challenging behaviour.**

1. Any such programme will be successful if it is:
  - **Age Specific** where these programmes will be targeted for children of ages between 3 – 7, 8 – 11, 12 – 15, 16 – 18.
  - **Gender Specific** for children over 8 years old.
  - **Issue Specific** where programmes appropriate for their specific problems can be formulated.
2. Every single one of these programmes must be diligently formulated with a structured and constant time-table, together with a well trained and chosen staff. The children's security will be greater when the duration of each activity is agreed upon beforehand and they know what is expected of them throughout the programme.
3. One must pool existing resources like, for example, the Eden Foundation, the Razzett tal-Ħbiberija, Mediterraneo for therapy sessions with the dolphins and also some other farm where, as part of their therapy, they can learn how to care for animals and grow vegetables and flowers. For this reason, it is imperative that these programmes should be allotted premises in the country-side and near the sea-side. A big garden or fields are essential for every programme, because nature itself will help these children to improve.
4. One needs to pool professionals like psychiatrists, psychologists, teachers, various therapists and others.
5. Throughout these programmes one can make use of various therapies like the therapy with the help of horses, dolphins and other animals. One can use also sand-tray therapy, dance therapy, drama therapy, play therapy and other kinds of therapy called for by the individual needs. One research has shown that there is a high rate of success when these kinds of therapies are used.
6. I firmly believe that a Foundation should be set up purposely for these programmes, being partly financed by the European Union funds. There should be the involvement and the collaboration of the Ministry for the Family and Social

Solidarity together with that of the Ministry of Education (especially where there is a need for a school on the premises and also in the re-integration of the children in their school after they would have finished the programme. •



## Experiences and Challenges of the Vincenzo Bugeja Foundation

Ms Carmen Zammit

Homes' Director, Conservatorio Vincenzo Bugeja

**The residents are encouraged to participate actively and positively in the discussions and contribute constructively in the management of the home.**

### **T**he Organisation

The Conservatorio Vincenzo Bugeja houses two residential units, Programm Fejda and Jeanne Antide Home. These two residences cater for girls between the ages of eleven (11) and eighteen (18) years. After they turn 18, after-care services are provided.

### **The Therapeutic Milieu**

The main aim of the residence is to provide high quality alternative care over a period of time. The residential facility holds up to twelve residents at a time. Programm Fejda offers a 24 hour emergency shelter to girls who find themselves in crises situations.

Programm Fejda offers a therapeutic programme for girls with emotional and behavioural difficulties, which can often be manifested through uncontrollable aggressive behaviour. Most of these girls come from dysfunctional families and have experienced neglect, abuse and rejection for many years.

The service users are offered an integrated learning and living experience within a physical, social, educational and therapeutic environment. The residents lead a structured daily programme, which includes, the formulating of an individual intensive care plan for each resident, group programmes, and the co-management of day to day programmes. The programmes also stress on the importance of extra curricular activities such as sports, drama, art lessons and entertainment.

The ultimate aim of Programm Fejda is to enable its service user to acquire the necessary social and personal skills which would help them to reintegrate positively back into their families, whenever possible, or to be able to live independently or semi-independently, and to contribute positively to society.

## Referrals

Programm Fejda receives three types of referrals:

There are referrals of service users who are protected by a Care Order where the Minister for the Family and Social Solidarity is directly responsible for the girls.

Other girls are referred by a Court Order. In such cases the care plan reflects the decisions taken by the court. If changes in the care plan are required, an application in the Courts is filled requesting these changes. If the Courts give the Care and Custody of the girl to the agency where the girl is placed, changes in the care plan are reported to the Court.

Other girls are referred on a voluntary basis. In these cases, the parents agree that their daughter is placed at Programm Fejda. Close work is carried out with the family and the service user so that the girl is reintegrated within her family in the shortest span of time possible.

Referrals are generally made from the Child Protection Service or Looked after Service of Agenzija Appogg.

## Residents' involvement and participation in the programme

Due to the abuse of power that certain adults have carried out in the past over many of our service users, it is highly desirable that while the girls are in placement they experience some control over their own situations. Due of this and because the programmes belong to them and not vice versa, the residents attend weekly residents' meetings where various issues, especially issues regarding the day to day running of the programme, are discussed. The residents are encouraged to participate actively and positively in the discussions and contribute constructively in the management of the home. Other meetings where the service users can air their views are the staff/residents meetings, regular frequent meetings with the Head of Care and Residential Social Worker, with the Field Social Worker and with other professionals involved in their case. The service users also have the right to call a meeting whenever they have a

problem to discuss, be it within the residential setting or a family related problem.

The residential social worker works in close collaboration with the key social worker and other professionals involved in the case. The majority of the residents manifest aggressive behaviour and can be a danger for themselves, the other residents and the staff on duty. Most of the residents are usually followed by a psychiatrist.

It is the policy of Programm Fejda that the duration of the stay in the residential Home does not prolong more than is strictly necessary. However, due to the lack of a comprehensive assessment of the girl prior to her admission in care and the lack of services such as family therapy, the services of a psychologist and other generic services to the family, the resident's stay in care is not clearly defined on her admission and during her stay in care.

## Reasons for Abscondment

The girls tend to think that they are being punished for the abuse, because when the abusive person is the parent, the girls are taken out of the family home and placed in a residential facility, while the alleged perpetrator remains at home. It is evident that the girls are reluctant to adjust to institutionalization, so they rebel by either not obeying the rules of the home or by absconding.

If the alleged perpetrator is a parent, and the case is taken to court, contact with the parent is stopped immediately as this contact can influence the girl and contaminate her witnessing. However, one often finds that the girls still have an attachment to that parent. The severing of the ties by uprooting the girls can, at times, make them forgive and forget what has happened. They do this in the pursuit of seeing their families again and going back home. When these girls run away they frequently end up at their parents' home, an old friend or a stranger they have met following their abscondment from the residence

From various researches and also through our experience with abused girls, it results that they can mistake sexual abuse for love. The girls have to be taught about how to build healthy relationships between adults and children. It comes as no surprise that when they abscond they might go to adults they hardly know and who have shown them sexual interest. They are again sexually exploited.

### **Major difficulties encountered by the Residence**

The residence encounters difficulties when faced with a girl who manifests aggressive, violent behaviour.

The residence is not equipped to deal with this type of behaviour for various reasons such as the lack of physical space which does not permit to separate the resident from the other residents and ways and means to physically constrain the girl and help her gain control of herself.

When the girl is under the care of a psychiatrist and the girl is completely out of control and a real danger to herself and others around her, she is usually admitted to the Young Persons' Unit at Mount Carmel Hospital for a period of time. On her release from the Unit, she returns to Programm Fejda.

### **Problems encountered during Court proceedings of sexual abuse and Abscondment**

Various difficulties are encountered when a report of sexual rapport is filed with the police. The following are some examples:

1. Once a sexual abuse report is filed, the girls are not allowed any form of psychological therapy because the evidence could be tampered with through counselling and the outcome of the case would be jeopardized. The Court may appoint a psychologist to draw up a forensic psychological assessment report which, in most of the cases, takes a considerable long time and in the meantime, the girl continues to be denied psychological therapy.

2. The girl is not always taken seriously when reporting abuse. This happens because, at times, the girl can be seen as being promiscuous because of her sexualized behaviour. It is known from research that such behaviour stems from enduring years of sexual abuse.
3. If the girl who reports the abuse has a low IQ or has psychiatric problems, the case is reluctantly taken to Court since the girl would not be considered a reliable witness. At times, this is substantiated also by other professionals.
4. When a case of abuse is taken to Court, generally it takes a long time, even more than four years, for the case to be concluded. Thus, if a girl reports abuse when she is still a young child, she might be asked to give witness when she is older, to her psychological detriment.
5. When reporting defilement, such as a child being shown pornographic material, the case is rarely brought to Court because the offender would more often than not be set free with only a warning from the Courts.
6. There are times when the alleged abuser's lawyer presents his case on the girl's present behaviour, which as stated before, could be promiscuous because of the same abuse. Therefore, the result of the case could be jeopardized.

### **Conclusion**

Fejda has now been set-up for nearly nine years and during these years a number of developments, such as better networking with other agencies, a better trained staff and a more structured programme have been accomplished.

However, as highlighted in this presentation, there are still a number of concerns which need to be worked on and improved. With some effort from the different key players, better outcomes for these vulnerable girls who have experienced victimization and trauma could be achieved. •



## A Psychiatric Perspective

Dr Joseph R Saliba

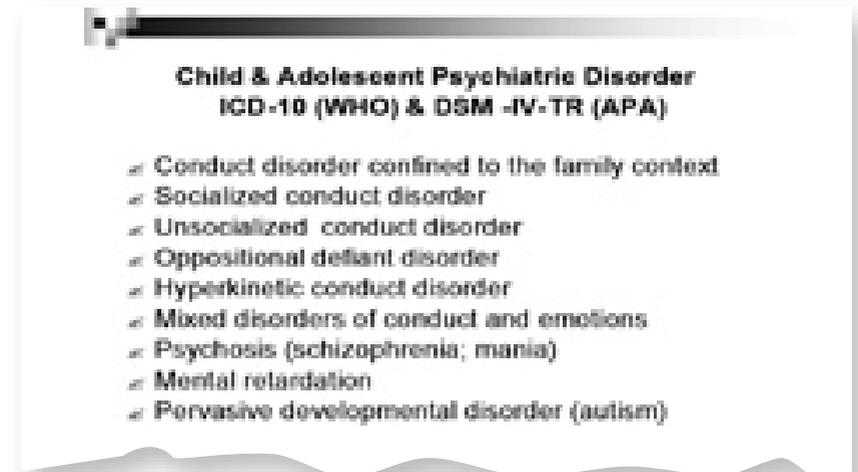
Consultant in Charge – Child & Adolescent Psychiatric Services

There can be no question that it is desirable to prevent such disorder wherever possible, and where not possible to detect and intervene early so as to prevent deterioration, chronicity and later adult and family consequences.

## Children and Young People with Very Challenging Behaviour - Who are these youngsters?

Youngsters with emotional, behavioural and mental health problems that find themselves referred for psychiatric help may be suffering from any of the disorders listed in the child and adolescent sections of international classificatory systems such as the WHO's International Classification of Diseases (ICD-10, Chapter V) or the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-IV-TR). These categories are presented in simplified form in **figure 1**.

Figure 1



All of these disorders may assume varying degrees of severity and we are here concerned with the most severe presentations which manifest as very challenging behaviour.

### What are the Causes?

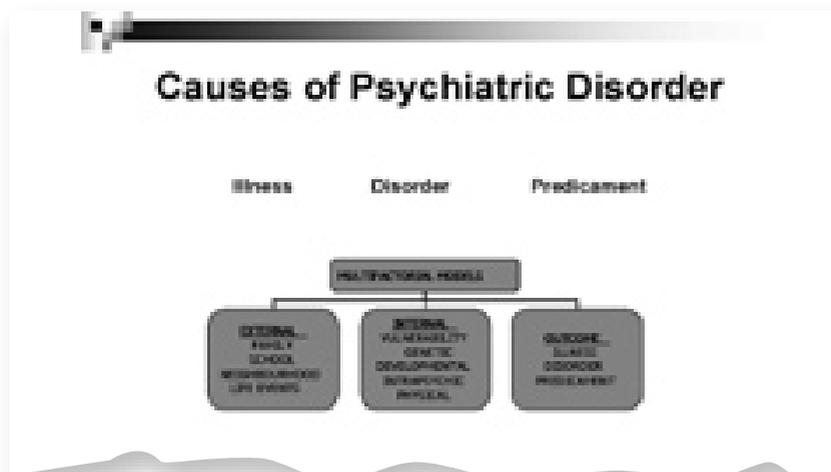
To begin with, it needs to be stated that psychiatric illness (eg schizophrenia and clinical depression) is uncommon in children and only becomes increasingly common around mid to late adolescence.

Psychiatric disorder (eg conduct disorder and emotional disorder) is much commoner during childhood and adolescence. Not infrequently, the psychiatric team is dealing with difficult psychosocial predicaments. Although our topic is that of very challenging behaviour, however effective, early intervention at the stage of stressful predicaments could avert or at least mitigate a course towards escalating disorder, leading possibly to later severe disorder with very challenging behaviour.

The aetiology and course of disorder is determined by a complex interaction between the youngster's internal, psychological, biological and developmental make up and the external environment as depicted in **figure 2**.

There is a complex two-way interaction between the youngster's biological and psychological vulnerability to psychiatric disorder and the immediate environment consisting of parents, siblings and wider family, including their own mutual interaction with each other.

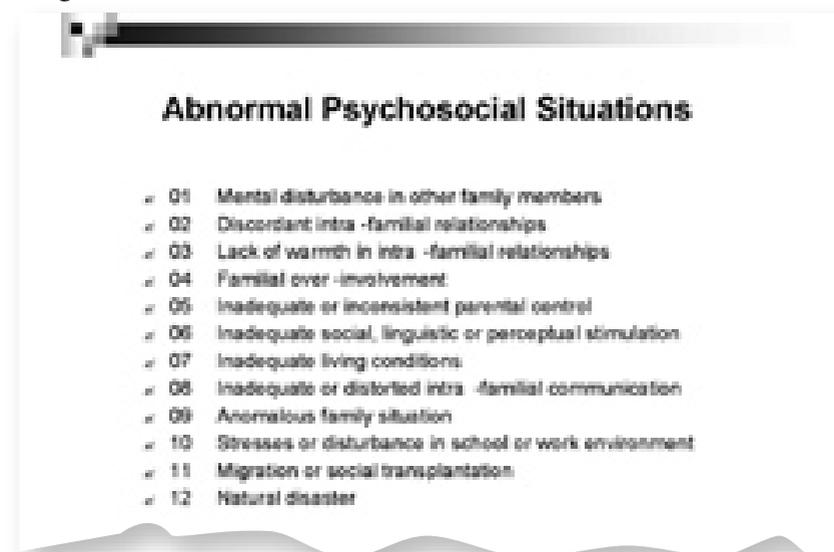
**Figure 2**



These in turn, interact with wider factors such as work, stress, exhaustion, finances, illness and life events. The youngster also

interacts directly with school work and peer influences, which latter may have a positive or a negative influence. Family support systems and appropriate leisure activities exert a protective influence. It is the outcome of this interaction which determines whether the youngster will function normally or alternatively develop a disorder such as conduct disorder, emotional disorder or illness behaviour. This range of abnormal psychosocial situations is clinically categorised as indicated in **figure 3**.

**Figure 3**



**What is the outcome for these youngsters?**

Many youngsters, especially those with mild to moderate disturbance grow up, notwithstanding their turbulent development, to be reasonably normal and well adjusted members of society. However, they often remain more likely to have adjustment problems in one or more of the spheres of conduct, emotional, social, family or occupational functioning. Moreover, there is an increased risk of repeated cycles of damage and deprivation in successive generations.

For some, however, especially most of those with more severe disorder, adolescent disturbance will unfortunately lead on to adult mental disturbance or illness, or to personality disorder, such as severe personality disorder and sociopathy, and to criminality.

### What can be done?

There can be no question that it is desirable to **prevent** such disorder wherever possible, and where not possible to **detect and intervene early** so as to prevent deterioration, chronicity and later adult and family consequences.

Programmes that address psychosocial factors are thus very desirable. These will include **school educational initiatives** about healthy personal and family lifestyles, and promoting family and social stability. Unfortunately, the evidence base for the efficacy of such programmes is not sufficiently robust. However, it is still very sensible to instil the correct social and family values in our young generation as early as the more malleable stage of childhood. Although adolescence is for some, a period of rebellion, however, if handled properly, many young people do return to the basic values that were instilled earlier in life.

An important reason why prevention is not always possible is that there are often crucial biological vulnerability factors within the child or severe adverse social and psychobiological factors in the parents that cannot be corrected and, at best, only mitigated.

Help is available through a number of non-residential agencies that work in co-ordination with each other. Thus the **Child Guidance Clinic** (CGC) located in the CDAU block adjacent to St Luke's Hospital and the **Young Peoples Unit** (YPU) outside Mount Carmel Hospital (MCH) work closely with other agencies such as Appogg, Fejda, St Patrick's and St Joseph's children's home offering multidisciplinary assessment, psychological counselling, working with families and use of medication. Case management is usually handled through review meetings and case conferences.

Although the overwhelming majority of new referrals (over 250/year) are handled at the CGC there are about thirty admissions a year to the YPU. These are youngsters with very severe and challenging behavioural problems who require specialised intervention on a residential basis. They need to have their behaviour initially corrected in a controlled environment with effective "limit setting". They often hail from families which have completely lost control of the youngster, with parents who may be in severe conflict with each other over how to handle the youngster and who are completely exhausted by the problem. The parents often need a complete rest from the situation and a break of the vicious circle before they can reintegrate the youngster home in a gradual and regulated fashion.

The location of the YPU adjacent to MCH has the advantage of ease of access for staff with shared responsibilities and of back up services for youngsters who temporarily cannot be contained at the YPU.

The disadvantage is the stigma attached to MCH. Furthermore, it is a fact that a small but significant number of youngsters who outgrew the YPU without alternative outlets have needed permanent transfer to MCH until they became old enough to access adult rehabilitation services. Also, it would be far preferable to nurse children and young adolescents apart from older adolescents, however both resource limitations (both human and financial) and insufficient youngsters to justify two units have mitigated against this happening. These constitute worrying lacunae in service provision.

Finally, two other related service gaps outside our own remit of provision are the lack of a responsive professional foster parenting service for more challenging youngsters, especially older adolescents, and the lack of effective non-medical residential facilities in the community for longer term care of very disturbed young people. •



**The Juvenile Court**  
Magistrate Anthony Vella  
Juvenile Court

**The choice between these two institutions depends on the young offender's needs and current situation.**

**This, in short, means that the courses of action in situations involving children with such challenging behaviour are very limited.**

**T**he Juvenile Court as we know it today was set up in 1980 by means of the Juvenile Court Act (Cap 287). It is presided over by one Magistrate who is assisted by two Court Assistants chosen by the President, one of whom must always be a woman. Although the court hears criminal cases and is a Court of Magistrates according to the Criminal Code, therefore following rules of criminal procedural law, it is nonetheless a far less formal court than the actual Court of Magistrates that hear cases in the Main Building of the Law Courts in Valletta. Its jurisdiction as a Court of Criminal Judicature is limited to hearing cases involving minors younger than 16 years of age who are accused of committing criminal offences. The punishment that may be awarded upon conviction is that provided for in the Criminal Code (Cap 9) and in the Probation Act (Cap 446) or other specialized law, according to the type of offence committed, and varies from a simple reprimand and admonition, conditional or unconditional discharge, probation order, suspended prison sentence, right up to incarceration. Minors under the age of 9 years are presumed to act without malice, and therefore are hardly ever charged in Court. So we are more often than not dealing with children over 9 years of age, but younger than 16.

Moreover, the punishment meted out must always be reduced by one or two degrees whenever a minor is concerned. The Juvenile Court therefore never awards the full penalty in its judgments, but follows the rule of reduction of punishment as said earlier. This rule applies to all minors under the age of 18, and not only to minors under the age of 16 or only minors charged before it. It is important to note at this stage that minors between the ages of 16 and 18 are charged in the Court of Magistrates, though the punishment is always reduced as stated earlier. However, on the other hand, minors under the age of 16 are not always exclusively charged before the Juvenile Court. This is because it may often happen that such minor would be co-accused of an offence or series of offences with one or more persons who are over 16 years old,

and all these – including the minor – would thus be charged before the Court of Magistrates and their case heard and treated like and together with other criminal cases.

As indicated earlier on, the punishment ranges from a simple reprimand and admonition to actual and effective incarceration. While more often than not a simple conditional discharge or probation order is sufficient for these cases involving children and youths, there are those few cases that merit a great deal more consideration and perhaps a judgment of restraint of one's personal liberty. It is indeed sad to note that there are practically no alternatives to places of detention other than in the Youths section of Corradino Prisons, when it comes to particular crimes or particular young offenders. Up to the level of punishment where probation orders or suspended sentences are awarded and the minors are entrusted in the hands of a probation officer, sometimes with the addition of social workers and/or specialized therapists, quite a lot can be done and indeed has been done to afford help to these young people. However, when all else fails, the Juvenile Court is left with no alternative but to restrain the liberty of the individual concerned and condemn him/her to a period of detention or imprisonment, either in the Youths section of prison (YOURS) or, perhaps worse, at the Young People's Unit in Mt Carmel. The choice between these two institutions depends on the young offender's needs and current situation. This, in short, means that the courses of action in situations involving children with such challenging behaviour are very limited. Serving a term in prison, no matter how short, can be traumatic for a young offender, and more often than not does little or nothing to righten some of the wrongs of that child's past. These children need to be detained in an environment that is conducive to growth and support, not the contrary.

It must also be stated at this stage that during its present course of activity, the Juvenile Court has met with several dedicated and generous professionals involved with such children, and it is undoubtedly due to the dedication and perseverance of these same professionals that some rather serious situations have been averted and controlled. However, this is far from enough. This situation has put and is still putting these

professionals under undue pressure to obtain results with little or no resources to fall back on to. Perhaps it is time to consider setting up residential institutions that can serve as open detention areas for such children, together with other residential facilities that are attended by such children either on a voluntary basis or after due process of law through a court judgment. Such children may need to live for a while in a controlled environment and under supervision, away from their parental home and from other familiar influences and disturbances. The setting up of such facilities would undoubtedly help in no small way in curbing unlawful behaviour by some children, and perhaps even avoid them starting with a criminal record early in life.

In conclusion, the Juvenile Court has an important role to fulfill. It can be seen as one of the structures that young offenders may be brought before, and as such it should work more closely and collaborate with all the institutions involved and the various departments and agencies engaged with youths, to provide perhaps a more holistic approach to such young offenders. Having said this, however, it must also be kept very clearly in mind that the Court is always an independent and impartial organ of the state, and that a balance must always be kept between the rights of the child accused with committing criminal acts, and the rights of society in general. A Court of law is there to protect both, and the responsibility of determining guilt and awarding punishment rests with it alone. This in itself should not hinder the Court's necessary and essential collaboration with other professionals and institutions, but should merely serve to put things in their proper perspective. It is indeed hoped that with more pooling of resources and with the continued generous work shown so far by all parties involved, we can finally afford children and youths with proper attention and care, in order to prevent their committing future criminal offences and respecting their right to dignity and to life. •



## The Young Offenders Unit

Joanna Battistino

Ass. Correctional Manager, YOURS

**T**he Young Offenders' Unit of Rehabilitation Services (YOURS) is a section in the Corradino Correctional Facility which caters for males below 21 years of age. On the discretion of the concerned authorities, older youths can be kept in this section on the basis of factors which ensure various aspects of the inmate's personal security.

Prior to the year 1996, young people who were admitted to the Corradino Correctional Facility used to be placed with the adult inmates, unfortunately, more often than not, to their own detriment. Not happy with this situation, in 1996 the authorities launched a project which, for the first time, saw the setting up a section for male youths, separate from the adult section. A specific rehabilitation programme was created, and correctional officers were purposely chosen and were trained in how to deal with these youths. On its inception, there were only a few youths in the section. As time passed by the number of the inmates began to increase and so one felt the need to place these youths in an adequate setting. For this reason, in 1999, YOURS was transferred to a new wing in the Correctional Facility wherein the young inmates were separated from the adult ones, thus providing a better and befitting environment.

Currently, YOURS caters for 36 inmates and one already feels the need for a bigger section. Statistics compiled since the year 2000 show that, except for the year 2003, there has always been an increase in the number of inmates, both male and female, who were admitted to the Corradino Correctional Facility. On discussing the young people who enter the Corradino Correctional Facility, one should not take into consideration just the number of young people who end up in prison. It is of utmost importance that one understands also which offences are sending these young people to spend a certain period of time in the Facility. Year in year out, the three offences for which the male youths are mostly admitted to YOURS are:

- Armed robbery (including hold-ups)

- Drug possession and trafficking
- Criminal offences against man's personal security like grievous bodily harm, fighting and attempted murder

Doubtlessly, the great majority of young people at YOURS are admitted to the Facility with a drug problem which would have led them to commit the criminal offences previously mentioned.

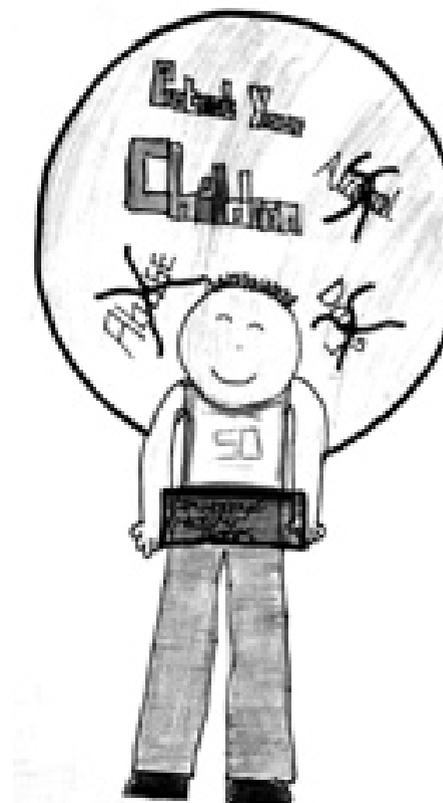
To reach the aim of this presentation, I would like to give you a clear picture of the young people who come to YOURS. This is not a representative statistic, but maybe it can be called "a photo".... A photo of the young people we catered for during last week in the youth section. YOURS catered for 20 inmates whose average age is 21 years. The youngest amongst them is only 15 years old and he is the inmate only who is below the age of 18 years. One of the inmates is married, while five have children.

Most of these inmates were sentenced to attend YOURS, and as I have already pointed out, the criminal offences that brought them here, as inmates, are:

- Armed robbery (including hold-ups)
- Drug possession and trafficking
- Criminal offences against man's personal security

Half of them have still to appear in court, and for a little less than half of them, this is not the first time they ended up in prison.

If one had to look into the aspect regarding cure and intervention, one would find that some of these young people had already received some kind of professional attention. 4 out of 20 inmates were receiving psychiatric care before they were sent to YOURS, 5 inmates had a Probation Order, which presently is terminated, while 5 others are still being followed by a Probation Officer. As regards bad habits, the most common ones are smoking, alcohol drinking and drug-abuse, but a particular inmate considers gambling and theft as his bad habits. Presently, 8 of these 20 inmates are being monitored by key employees from Sedqa and Caritas.



*Alexia Spiteri Binett-Mosta - 12 years*

At YOURS we also have visits from social workers from Appogg, from members of the Youth Fellowship and from MUSEUM members. On its part, YOURS provides its inmates the services of a social worker, a psychologist and a psychiatrist who always give them any help they require. In the near future, group therapy is going to be organized in order to treat the most common problem amongst young people namely: Anger Management. Another sector which throws light on these young people is that regarding education and employment: 15 inmates attended primary school regularly, while 9 attended secondary school. Most, if not all of these 20 inmates had a job prior to their coming to YOURS, but only a few of them were working legally.

Fortunately, nowadays the law can make use of various sentencing options, which it uses as a first preference in cases involving youths. Notwithstanding all this, the population at YOURS is on the increase because:

- the offences committed by young people are rather serious and entail imprisonment;
- although these sentencing options have already been reverted to, young people keep breaking the law repeatedly;

- there are instances where even the court would not know where to send these young people because the home environment in which they live is highly detrimental to them.

This last problem has been with us these last years. The cases are few, but consistent. If this problem is not tackled at once, we will end up sending young people to prison not because of their offences, but rather because there are not the right alternatives.

The truth is that YOURS is a section of the Corradino Correctional Facility, and thus is intended, apart from rehabilitation, as a place to which people are sent and kept as a deterrent and to protect society. Nowadays, maybe much more than before, there is a greater demand for such a place as the offences being committed by minors, are not to be considered 'childish'. For these young people, prison is surely not the final stage, and as regards rehabilitation, a lot can still be done. The fact is that living among these young inmates, there are young people who were brought here because of certain circumstances in their life, and not because of their offences.... Young people who are kept for a long time in detention, presumably innocent but serving their sentence just the same; young people who are in prison because there is nowhere they can go; young people whose familiar surroundings will surely lead them back to a life of criminality.

Rehabilitation is not something that can be achieved only in prison. Most of the young people who come to the YOURS, for a long time before, would have been showing signs that they have taken the path which will lead to the YOURS. These signs include absence from school, abuse of drugs at a young age, the lack of proper attention within families who have their own social problems. These are problems which we know that exist and which we are trying to tackle, but maybe better means are required in our endeavour to keep these children away from the path which leads to criminality. One example is the lack of alternative premises besides YOURS or the YPU, resulting in the sending of young people, whose criminal intelligence is not yet developed, to live with other young people who the spending of some time in prison truly befits them.

These are the persons who should be reached and given help so that they will never have to be sent to the YOURS.... •

AGE	2000		2001		2002		2003		2004	
	M	F	M	F	M	F	M	F	M	F
15 – 17 years	4	1	2	0	1	1	0	0	3	0
18 – 20 years	6	0	17	0	19	0	9	1	9	0
21 – 24 years	21	3	23	0	39	1	19	1	42	6



The experience of a 15-year-old male adolescent,  
who presently is a patient in the Male Ward 1  
at the Mount Carmel Hospital

**I would like a programme which will not only help me stop from abusing gas, but one that will also help me face the problem I have at home.**

**I** was not born in Malta. I was adopted when I was one and a half years old.

I never had a good relation with my mother because she did not allow me to have fun and mix socially with other people. I grew up hating her.

The first trouble started when I was attending Junior 6 in a private school. I skipped my homework, I fought other pupils, and due to my being naughty, I always got the blame when something went missing from the lockers. I left this school when I was in Form 3 and my grandfather found me a place in a church school. This was the time when I was always quarreling with my mother. I would say that I continually quarreled with her and I was never on good terms with her. I remember that when I was young she used to beat me with a belt and with a wooden spoon. She was always shouting at me. Once I threw the computer at her.

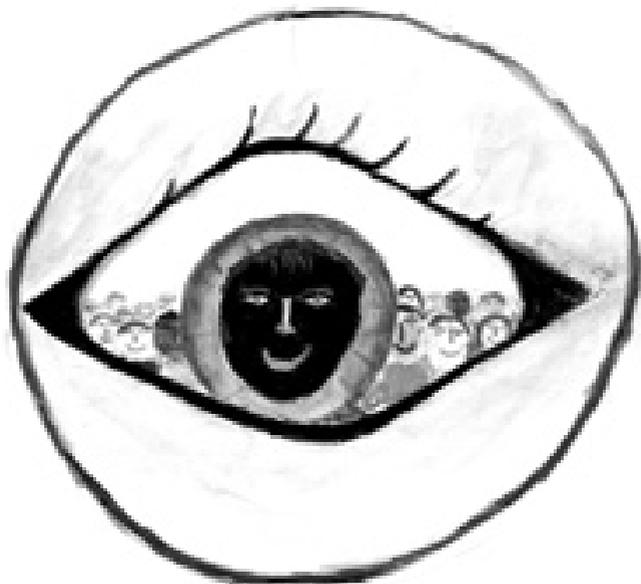
When I was thirteen I started the bad habit of sniffing gas in order to escape the reality of my home.

I made friends with a boy who attended another school. Once we were arrested and accused of drug trafficking. I was kept locked up for five months. When I was fourteen I ended up in prison.

I was not that bored at first. I used to spend a lot of time watching television and playing with the Playstation.

Then a 19-year-old guy started picking on me and we had a big fight.

Afterwards I was not allowed to meet my girlfriend.



*Gordon Cilia – Msida / Pieta – 15 years*

I started to attend the rehabilitation programme at San Blas twice, but even there, I was not allowed to see my girlfriend and I escaped twice. Then I was refused permission to go back.

I was getting very bored because I couldn't go out. Once I tried to hang myself. I did not succeed and I was taken to the Forensic Ward at Mount Carmel where I was given some medicines.

Then, my probation officer and my social worker helped me in formulating a structured time-table so that I would get used to filling my time. We planned that I was to attend lessons in order to prepare myself for the ECDL examination and to have lessons in other subjects to prepare for the SEC examination. I was able to attend a scouts group, go to practice judo and train in the gym. I was also allowed to go to Paceville.

While I was there, I was sentenced to be kept under probation. I was released from detention, but, for medical reasons, I had to be kept under observation at Mount Carmel.

Little by little, I was being allowed home more frequently. I sat for the first modules of the ECDL and placed among the best in Malta. Now, when I returned home, at first the relation with my mother was better. But I did not follow the time-table notwithstanding the changes made in order to please me. I started quarreling again with my mother.

I was given the opportunity to go periodically to Osanna Pia and thus could have a break from staying continually at home. I went there twice, but after a while I found it 'boring'.

Once, my mother caught me sniffing gas and we had a quarrel. To have my own back, I decided to burn a pillow which she liked so much. I put the pillow on fire and went away. Afterwards I got to know that the whole bedroom was burnt and that the house sustained a lot of damage.

I was sent back to Mount Carmel. In fact I was not yet discharged. I was only on leave from the hospital. I spent a week in the MAW, Mixed Admission Ward, and then I was placed in the Male Ward 1, where, at least, my girlfriend could come to visit me daily and bring me the books which I like to read so much.

Due to difficulties with my ID card and the fact that I was sent back here, I did not sit for the SEC examinations. This month I have to appear in court for having burnt the house. I do not know whether I shall end up in prison again.

If I'm not sent to prison, I don't know where I would be able to go. I'm not welcome at home, and also if they wanted me, they are still mending the house and I don't have anywhere to go. In Malta there are no rehabilitation programmes for butane abusers, like me. I am still young for the existing programme because they cater only for young people over 18 years of age. I am being kept at Mount Carmel not as a patient but on humanitarian grounds.

I would like a programme which will not only help me stop abusing gas, but one that will also help me face the problem I have at home.

Presently I would really like to start living on my own. But I'm afraid that I am not capable and probably would not succeed.

Therefore, maybe it would be better for me if I were to start a programme in the environment of a home and of a family which can help me to start anew. In such a programme, I would prefer to have a computer with an internet service and the possibility to have friends come to visit me. I would like to have groups in which we learn money-management skills and where group rules will be set up to fit everybody, so that everybody would feel 'at home' and everybody would enjoy his 'privacy'. I would like 'basic structures' to be set up and that good behaviour be rewarded with 'extra permission'. With regards to the staff I would like to have social workers and a psychologist, but I would prefer to have people who would have gone through my experience. I would not like the house to be away from the rest of society.

I would like to study, find a job and then get married and bring up a family. I already have a girlfriend.

I would like to have people to help me, but presently my future is not clear at all. •



The experience of a 13-year-old female adolescent residing at the Vincenzo Bugeja Conservatory Complex, Santa Venera.

I am thirteen years old but everybody thinks that I am older. I am a timid girl but I always land myself in trouble.

I am very angry with my father and mother. They separated and my father went to live with another woman. Now he loves this other woman's children more than he loves us. He neither wants to see me nor phone me.

Now I am here and, because of the way I behave, I have already been sent three times to Mount Carmel Mental Hospital. This did not bring any change in me, but here they still threaten me with being sent there.

Lately, another girl and I got into trouble with the police. I did not do anything.

At the YPU there is a girl who gets on my nerves and I hit her. If she gets on my nerves again, I will hit her again. This leads to my being moved from one ward to another.

At school I never tell anyone where I come from. On certain days I don't feel like going to school and so I do not wake up, but here, such behaviour will entail a punishment.

It's not that bad in here. They let us go out. I have a boyfriend.

But nothing is better than home. Lucky is the person who has a family that loves him. •

This did not bring any change in me, but here they still threaten me, but here they still threaten me.

**This did not bring any change in me, but here they still threaten me with being sent there.**



The experience of a 15-year-old male adolescent who is presently in prison in the YOURS section.

**Mount Carmel is not a place for children. Even the food is not good. I prefer the YOURS rather than Mount Carmel. The food is better.**

**I** was brought up by my grandfather.

I always had problems with my father. He used to promise things which he never gave me. One day he told me that he was not my father. He told me “I do not want to get into trouble with the law”.

There were times when my mother reverted to vain talk and shouting. I have been having problems with my mother for these last three years. I often quarreled with her. She was afraid of me.

I was admitted to St Patrick’s when I was twelve. I stayed there for six months. My mother did not want me any longer there and so she took me back home.

I went twice to Suret il-Bniedem. I was not happy with two members of the staff. I hate being supervised. There I learned how to cook, how



Maxine Cutajar – Birkirkara – 8 years

to clean and how to take care of myself. At school I always wanted to learn to become a mechanic. I was told that there was once a school at Santa Venera where this trade was taught. Now, it has been closed.

There is always somebody who does not like going to school and feels happier working as a craftsman. I hate listening to a teacher who is always grumbling.

Instead of going to school, I went to the St Patrick's Craft Centre. There I used to play billiards.

I frequented people older than me. I sought the company of 20-year-old people.

Due to uncontrolled fighting, I found myself being sent to Mount Carmel. I was there three times. The first time I was placed in the MAW, the Mixed Admission Ward. When I was there I played a joke on a woman and caused her multiple fractures of one leg. Following that, I was kept in seclusion. The last time I was in the Male Ward 1. Mount Carmel is not a place for children. Even the food is not good. I prefer the YOURS rather than Mount Carmel. The food is better. Mount Carmel is a place for deranged people.

I appeared in court three times.

The first time I ended up with a reprimand. I threw an empty can at a person and caused him a minor face injury which needed two stitches.

The second time, I was reported to the police by my mother because I and other persons stole petrol from her car. I had to pay a fine of LM50.

Lastly, I was sentenced for stealing a car. We used to take my grandfather's car. I used to steal cars to show off. Whatever wrong I did, I did it to have a car.

It is necessary to have a programme which caters for those who have the bad habit of stealing. The programme for drug abusers teaches how a person to get along with others. A friend of mine has been to such a programme. Another friend of mine suffered a heart attack and died. He was a drug addict.

Now I would like to get out of this place, go back home, buy a car, find a job, and have a tattoo painted on my shoulders.

That is all I have to say. I'm sorry that I cannot include my name. •



Statistical Overview of the Situation of Children and  
Youths with Very Challenging Behaviour  
over the last 5 years  
Mr Marcel Pisani

**Children at all ages are vulnerable and susceptible to abuse, it is societies duty to protect and offer a safe environment to its members.**

Carmel Bezzina, Christine Bonnici, Mariella Cordona, Michelle Camilleri,  
Mauro Farrugia, Vicky Grech and Therese Micallef

The aim of this working group was to collect statistical information over the past 5 years about children with very challenging behaviour in Malta. Very challenging behavior is defined as: *“Behaviours of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which seriously limits the persons’ access to ordinary settings, activities and experiences”* (Camilleri 2005, Page 21) In reality the project did not meet its objectives entirely. Insufficient data collected and made available, made it impossible for the report to give a clear and definite picture of the current situation in Malta.

The main objectives of this research were to establish:

1. How many children have been referred to institutions, structures or centers which particularly deal with children with very challenging behavior and/or organizations which could encounter such situations in their delivery of service. These included amongst others Mater Dei School, St. Patrick’s Crafts Centre, Fejda, Suiet il-Bniedem, YOURS (Youthful Offenders Unit for Rehabilitative Services) and Young People Unit (YPU - Mount Carmel) during the last 5 years.
2. To establish at what age these children start accessing the services.
3. How many children use the same service more than once.
4. How many children pass from one service to another.
5. For how long do children stay in a particular service.
6. Which categories of service provision were accessed. (hours of service provided)

**Methodology**

A pack containing the questions, the criteria and a covering letter from the Commissioner for Children was sent prior to the scheduling of a personal interview.

A mail questionnaire, followed by a personal interview was seen as the best technique of collecting the data. These two methods were combined so as to reduce the bias factor so prominent in the personal interview and give time to the person to access and collect all the data required. In addition this would give an opportunity to the interviewee to discuss and resolve any issues encountered in the compilation of Data required in the questionnaire<sup>1</sup> during the personal interview, especially when interpreting the definition ‘very challenging behaviour’.

### Questions

The following questions relevant to the previously mentioned objectives were asked:

1. What is your client group?
2. What services do you offer to your client group?
3. How many Children / Youths considering the criteria have been referred to your service?
4. What age were they and how long did they access your services?
5. How many passed through your service more than once?
6. How many of them came or moved to / from other institutions?

### Criteria:

Data presented in the interview had to fit the following criteria:

- Persons born in 1982 and after were to be considered.
- Children and youths in this age bracket who accessed the services during the period 1<sup>st</sup> January 2000 and 30<sup>th</sup> June 2005.
- I.D. card numbers of those involved had to be supplied to avoid duplication and monitor the transition from one service to another.
- Children and youths defined with very challenging behaviour had to fit the quoted definition: “*Behaviours of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour*

<sup>1</sup> (Frankfort-Nachimias-Nachimias; Research Methods in the Social Sciences (St Martin Press Inc NY 1996 p.48)

*which seriously limits the persons’ access to ordinary settings, activities and experiences”* (Camilleri - 2005, p.21)

### Services considered

Originally, only the five services suggested by the Commissioner were going to be interviewed. After carefully considering the definition of very challenging behavior provided by Sonia Camilleri (as already quoted), it was decided that even children making use of abusive substances fall under this definition. There was consensus that there are other services in Malta which may have offered or are still offering their services to children with very challenging behaviour, therefore a



more comprehensive list was compiled. The list was divided into three categories namely those services which deal exclusively with very challenging behaviour; those services that deal with children and therefore may encounter children with very challenging behaviour; and lastly, those services whose main client group are not children, but either in emergency situations or in dealing with parents or carers may have encountered and offered their services to these children. This exercise was done to give a more realistic picture of the situation and to better follow the transition of the child from one service to another.

**Services which cater/ed directly for very challenging behaviour:**

Fejda	YOURS	Probation Services
CARITAS	Formula one	YPU / CDAU
Suret il-Bniedem	Mater Dei	St. Patrick's Craft Centre

**Services which cater for children and may have offered services to children with very challenging behaviour:**

Creche	Jean Antide	Dar Sacra Familja
St. Rita Home	Guardian Angel	APPOGG Services
Equal Partners	SAPPORT Community Services	Dar is-Sliem
Eden Foundation	St. Patricks (Residential Home)	Fra Diegu (Home)
Sedqa	Arka Centre	Dar il-Kaptan
Dar Qalb ta' Gesu	Dar Merbha Bik	St. Joseph home
Dar tal-Providenza	Lourdes Home	St. Theresa Home

**Services which do not cater for children but during the past five years may have offered services to children with very challenging behaviour:**

Male ward one (MCH) <sup>2</sup>	Police Department	Appogg Shelter
Mixed admissions (MCH)	Dar Nazareth	Dar Guzeppa Debono
St. Vincent de Paul	Dar il-Wens	Fatima House

**Limitations**

This research was characterized with several obstacles encountered throughout data collection, which have lead to difficulties when analyzing the data.

<sup>2</sup> in this report MCH refers to Mount Carmel Hospital

**1. Data**

- a. **Missing Data:** The research process has identified that recorded data concerning children is not kept in standardized format. Often this is misplaced or lost and at times not kept at all. The end result was that many services which were interviewed were not in a position to give us all the data requested, in some cases none at all. In addition many data, once entered into a database of a particular service, is encrypted and therefore it is very difficult to trace the original data. **This gave rise to serious limitations where the data analyst could not avoid duplication of the data and follow the transitional movement from one service to another.**
- b. **Data Protection Act:** From the data collection process it emerged that in most organizations, the Data Protection Act is not yet fully understood and is wrongly implemented. Often we were provided with information that was not required and more often information that was needed, was not given. This was anticipated in the covering letter provided by the Commissioner for Children, where Article 15 of the Commissioner for Children Act of 2003 was quoted. This article gives the Commissioner access to information and statistics when and as required, yet some services still did not give the information quoting the Data Protection Act as the reason.
- c. **Time:** Some services expressed their view that they did not give the required data because the time frame allowed was considered insufficient.

**2. Definition of Very Challenging Behaviour**

Some services found it very difficult to distinguish and interpret between challenging behaviour and very challenging behaviour, giving rise to erroneous data.

### 3. Census

Our research had to deal with children aged between 1 year and 17/18 years. The last census to be made was in 1995; therefore, with regards to comparing the data with the general population, there are no records of children born after 1995. Luckily, for our research purpose, very few children were diagnosed as having very challenging behaviour before the age of 10.

### Results and Analysis

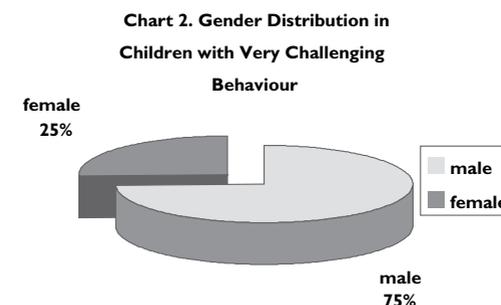
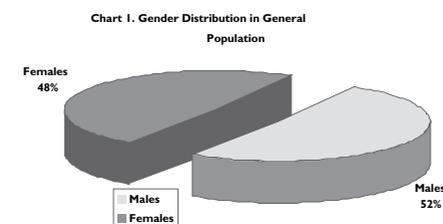
Before one continues to engage himself with this report, it is important to remember that, as already mentioned, due to the lack of response from some participants, legal hindrances and lack of data made available, this report probably only gives a glimpse of the real situation. *The results are merely a representation of those children who accessed the services that provided the required information.* In no situation should the following findings be generalised to the whole population.

**Table 1.**

**Number, gender and percentage of children with very challenging behavior compared with general population**

Total number of children with very challenging behaviour identified for the period 2000 - 2005		Total Number of children in 2005 between the ages of 10 and 18 as compiled from the 1995 NSO Census	
811 (1.5 % of total children population) <sup>3</sup>		<b>53255</b>	
Female	Male	Male	<b>Female</b>
<b>(25%)</b>	<b>(75%)</b>	<b>52%</b>	<b>48%</b>

<sup>3</sup> The results are merely a representation of those children who accessed the services that provided the required information. (Refer to pg.83)



### Data Analysis

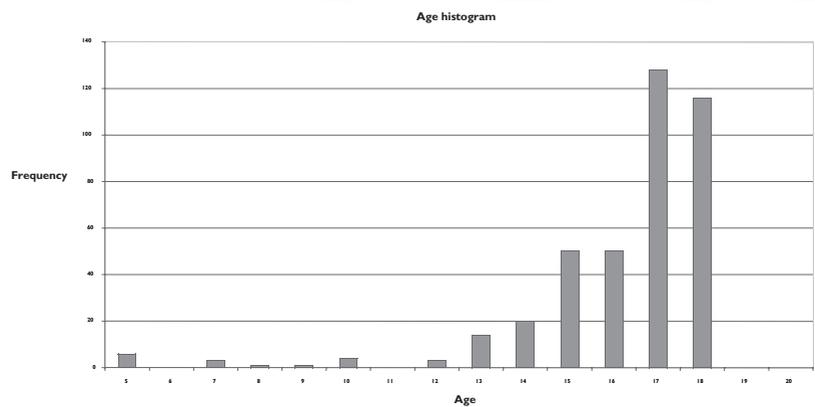
1. Table 1 shows the estimated population of children with very challenging behaviour and the relative comparison with the general population of children.
2. The estimated population is 811 individuals, which represents 1.5% of the general population of children within the same age bracket.
3. It is important to note, as already mentioned in limitation number 3, that the child population figure quoted only represents those children born until 1995.
4. The table also shows the gender distribution. It is very evident that there is a much higher incidence of very challenging behaviour in males. It is a concern for the working group that this figure, showing such a high gender disparity, which does not follow general patterns, might be distorted and the reasons for this should be questioned.

### Assumptions

- One of the issues that can be considered is the fact that the 1995 census shows that there were more male children (refer to pie chart 1).
- That certain conditions such as those dictated by the hormone testosterone which is often linked to aggressiveness is generally much more pronounced in males rather than in females.
- Culturally females are nurtured to be more obedient and therefore less prone to be labeled as having very challenging behaviour.
- It may also be that females are more protected within the family unit and therefore less likely to be referred to external services.

**Table 2**  
Age of children with very challenging behaviour when accessing services

Age when first admitted to service													
5	6	7	8	9	10	12	13	14	15	16	17	18	
Number of children admitted													
6	0	3	1	2	5	3	14	18	50	50	128	118	

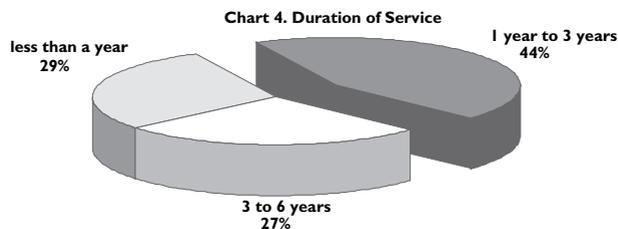


### Data Analysis

1. Table 2 gives a picture of the number of children admitted to services and at what age.
2. Problems in such children start becoming acute from the age of 13 peaking at 17 years of age. One possible cause may be the onset of puberty and mental health problems which start manifesting themselves at this age.
3. At a younger age challenging behaviour can be better physically controlled. Therefore, it is assumed that many potential children with such behaviours would not access such services, as they would still be manageable within their own family environment.
4. With the improvement of medical science and better early diagnosis one has to evaluate its effects on future generations of children with very challenging behaviour both in quantitative and qualitative terms.
5. The peak of the graph, at age 17, could be an indicator of the fact that more children finish their scholastic term at this age and therefore this transitional period can heighten the onset of challenging behaviour. This may be due to pressure caused by social problems; lack of job availability; housing alternatives and fitting into society or the lack of an organized structured environment previously represented by the educational establishment.

**Table 3**  
Duration of services rendered to children with very challenging behaviour

Duration of Service used	Percentage
Less than a year	29%
1 year to 3 years	44%
3 years to 6 years	27%



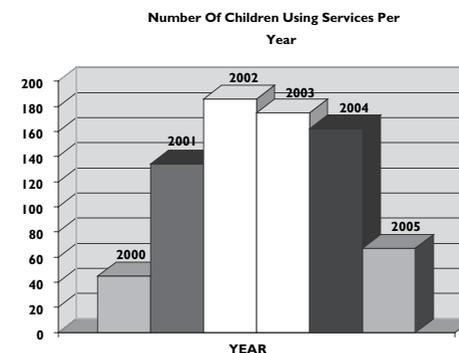
**Data Analysis**

1. Table 3 gives an indication of the length of time a particular service is accessed by any particular child.
2. It is worth noting that the majority of services are accessed between 1 and 3 years (44%), whilst 83% of children use a particular service for less than 3 years.
3. However it is worrying that 27% use a particular service for more than 3 years.

**Table 4**  
**Number of children accessing services between 2000 and June 2005**

Year	Number of Children entering services
2000	45
2001	134
2002	186
2003	175
2004	162
2005	67 <sup>4</sup>

<sup>4</sup> Statistics collected for 2005 are between January and June 2005, also refer to point 5 (pg 14)

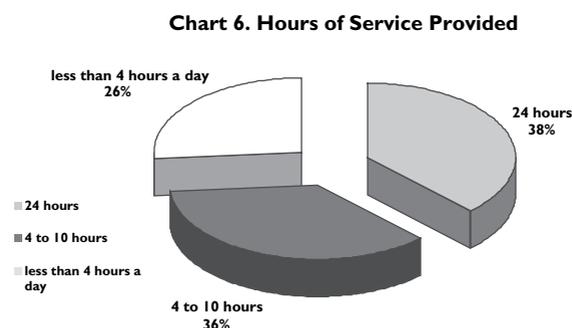


**Data Analysis**

1. Table 4 takes into account the number of children accessing services between the year 2000 and 2005.
2. In the year 2000 the data presented was very fragmented and therefore might not reflect a true picture.
3. In the year 2002/3 there is a significant increase in referrals and service provision with a number of new services being launched such as Formula 1 and Outreach Services.
4. It is to be noted that in the year 2004 the service Formula 1 was discontinued and this could have resulted in the slight drop of referrals.
5. In 2005, data collected was from January to June 2005. In addition, most services did not provide us with their data due to the fact that it had yet to be compiled.

**Table 5**  
**Types of Service Provisions**

Hours of Service Provided	Percentage of Children using that service
24 hour residential service	38 %
4 to 10 hours service per day	36%
Less than 4 hours service per day	26%



### Data Analysis

1. Table 5 presents a picture of the different types of service provision.
2. Over the period in question, 38% equivalent to 308 children made use of residential services at one time or other.
3. With the available data a) the actual time spent in the residential services; and b) the transitional pattern, if any, from one residential service to another, could not be established.
4. The other figures denote day services that provide children with a specific number of hours of service such as in educational structures; non-governmental organizations and church institutions.

### Conclusions

Children of all ages are vulnerable and susceptible to abuse, it is societies duty to protect and offer a safe environment to its members. It is of paramount importance that when we plan for future services for children with very challenging behaviour, principles resulting from a solid research must be kept in focus so as to avoid making wrong decisions which would prove detrimental to the generation of children and youths being offered services. Solid research can only happen if data stored is significant, complete and accessible to researchers. Towards this end, we must endeavor to formulate a comprehensive standardized legally enforced system in which data is stored and maintained across all services offering support to children.

Although this report should not be completely underestimated, it definitely doesn't give the effective picture of the population of children with very challenging behavior. The need arises for more extensive research with sufficient legal backing (to probe all data), not only to give the present view of the general population (which is still very obscure), but also to monitor the transitions from one service to another and to spot lacunas in the welfare service and provide alternate options.

Two very important criteria being practiced today in the developed countries, where the individual is considered as such and his or her participatory rights in society are protected, are:

- moving away from the medical model and towards the social model of resolving conflicts and finding adequate solutions; and
- rehabilitating institutionalized persons back into the community.

Therefore, as in every other problematic social situation, one has to move away from the traditional method of addressing children who manifest very challenging behaviour. Although the residential element will always be present as a possible option to address such behaviour, maximum effort must be put into services which are community based and therefore will not remove the child from his or her normal living environment, a process which in itself can be quite traumatic for the child involved.

Community services should be geared to address the often complex and critical situations faced by these children. A proper multi-professional assessment service providing early diagnosis and intervention which is easily accessible and user friendly is a must if we are to make any significant impact on this socially draining reality. This has to be backed up by adequately resourced community support services packaged as directed by the assessment team, but in direct consultation with the family of the child, taking into consideration that such support package should be needs lead and not service provider lead.

Such support packages should therefore not be preprogrammed and force prospective child clients to fit into the support service, but each support plan should be individualized and tailored to the child's needs. Such a support package should be carried out by qualified and trained members of staff who are best suited for each task set out in the support plan. Furthermore, medical and medication alternatives should only constitute a last resort to address such behaviours rather than being the primary solution, as this, in turn, could create more far reaching negative effects on the child which would be carried throughout the child's life.

Another important measure, as far as community presence and participation for the child is concerned, is the accessibility of main stream services enjoyed by every other child living in the same community. It is not acceptable for children to be turned away from main stream activities and establishments without offering other alternatives suited to the needs of the child, as this will increase their sense of rejection by society, thus magnifying the challenging behaviour being manifested. This could lead to uncontrolled behaviour, which would necessitate eventual residential placement later in life either in a correctional facility or a medical institution, further damaging the person who would become a state liability not to mention the ruin of a human being.

As far as residential services are concerned, which should only be as a last resort and after exhausting all other possible alternatives, these should always and also be community based. Here there are some acceptable models that can be adopted. One of the most suitable solutions would be the introduction of specialized fostering, provided that this would be properly planned and financed, leaving prospective foster parents with the will and vocation to carry out this service, and also providing them with the incentive of proper training, financial reward and the necessary support structure. This model would minimize as far as possible the trauma of separating the child from his or her normal living environment.

When all other solutions fail, the provision of a residential service should be provided in a community based, home like environment, consisting of a normal community dwelling with a very small number

of children (possibly not more than three), where the trained staff will support the children as part of the household rather than employees and participate with the children in all their daily chores and activities. This will safeguard the children from the drastic negative effects and trauma of separation from the natural family and being placed in a large institution where they risk losing their identity and their dignity. Apart from the necessary trauma of separation from the natural family, another disadvantage of a residential placement is the change of personnel through necessary shift systems and the issue of boundaries between clients and employees. •



History of Services — offered in Malta over the past 50 years  
Ms Marian Muscat Azzopardi

**Our interest in the past is limited to drawing attention to salient strengths in previous attempts in this field and to significant lessons that history has to offer.**

Audrey Borg, Mariella Camilleri, Marisa Cannataci  
Veronica Montanaro & Cyrus Vakili-Zad

”

*It is hoped that some amendments to the present legislation and the enactment of new laws will soon be effected.*

*The new legislation will have as a primary scope the adjustment of the laws to suit modern methods in the treatment of the young offender. In the United Kingdom, the United States of America and in many other countries, much ground has been covered in the study and application of scientific means of rehabilitation, and just as the Houses of Correction have no longer the semblance of a prison or a tower, so has the routine inside these premises changed into a bee-hive of education and instruction. The boy who goes through a modern course of rehabilitation, and who makes an honest effort to make good, is handicapped by the law as it stands at present; for, it does not help him to clean up stains of misdeeds committed at a time when the spirit of adventure was naturally stronger than the call of the Church and the School.”<sup>1</sup>  
(Saliba, M. A. 1956 p. 175)*

*“The first need, then, under the law as it now stands is the setting up of some form of ‘residential home, hostel or similar institution’ under Section 10 of the Children and Young Persons (Care Order) Act, 1980. To place the Minister in a position to start making orders under that Section so as to enable the Court, instead of taking the drastic step of sentencing such a young person to imprisonment, to commit him to his care... it is vital to create the “residential homes, hostels or similar institutions” referred to in Section 10 of the Children and Young Persons (Care Order) Act, 1980. If this is not done, Section 10 will continue to remain a dead letter and children under 16 years of age will, to the horror of all properly sensitive and*

<sup>1</sup> Saliba, M. A. (1956) Director Approved School “The Approved School Malta” in A Survey of Child Welfare Problems in Malta, Save the Children Fund Malta, Malta

*informed persons, continue to be sent to prison." (Judge Caruana Curran M. 1993: 11)<sup>2</sup>*

## Introduction

Our mandate is to provide an overview of the history of all the services offered in Malta to children with very challenging behaviour over the past fifty years. We have been instructed to focus on the following:

- a. Projects recognised as successful
- b. Projects which failed almost immediately
- c. Analysis: What have we learnt?

Our interest in the past is limited to drawing attention to salient strengths in previous attempts in this field and to significant lessons that history has to offer. Our study will show *patterns* which emerge from the manner in which the issue of challenging behaviour has been addressed over a span of 50 years and we will draw conclusions that should be useful guidelines towards the way forward.

## A cautious approach

Our approach has been one of caution. We are keeping in mind the intended wider audience to which this report is addressed and the objective of the whole project of which this is but a part. One of the dangers that we are seeking to avoid is the risk that the intended audience loses sight of the main focus of the project which is the needs of children with very challenging behaviour and the service delivery options most suitable to meet these needs. We are aware of the sensitivity of the issue and the danger that this report will lead to a 'politicisation' of the debate that it is intended to stimulate. In light of the above, nowhere in this report will we be 'assessing' or 'evaluating' past initiatives. The history of the fragmented flow of service delivery speaks for itself most of the

<sup>2</sup> Judge Caruana Curran, as quoted in Spiteri, Vicky, (1995) "The Residential placement of minors, Juveniles and young offenders in Malta" Diploma in Youth Studies, UOM. Solutions referred to in the Act such as 'residential homes, hostels or similar institutions' do not reflect our recommendations which, in the light of our enquires, indicate that more innovative and targeted solutions need to be found.

way throughout the report. The various diverse attempts over such a relatively brief period of time is highly significant to those who understand the subject. Furthermore, we did not have the research tools to evaluate individual projects and were more equipped to study trends that in fact did emerge quite clearly as our research progressed.

## Methodology

As other working groups are covering current services, we are confining our study mainly to services that are no longer delivered. Our data will be gathered from a review of some of the available literature and through interviews with key individuals who have worked in the field. Some internal and external official reports that were made regarding services that ceased to operate, were not available to us for direct perusal as these fall within confidentiality constraints.

## Limitations

One of the main limitations of our work is that it does not always meet the standards of rigorous scientific research. The reasons for this stem from two different constraints:

- Time and resource constraints led to reliance on the sincerity and commitment of a selection of key individuals. However, this reliance and commitment was never in doubt.
- Our cautious approach was another constraint.

Even though the questions that the above-mentioned constraints raised were left partially unanswered, we feel confident that this did not seriously hinder progress as the key threads that shed light on answers to these questions emerged anyway and solutions to various possible versions of the facts were carefully built into our final analysis and recommendations. In this way, we managed to say what we felt should be said within the limits of the above-mentioned constraints.

A further limitation arises from the way in which interviewees were selected. For this we relied on our judgment which was based on our personal knowledge of the field.

## Terminology

The term 'children with very challenging behaviour' is used in a specific way that reflects the concept that Mrs Sonia Camilleri and key contributors at the June '05 seminar outlined. This terminology covers a narrow spectrum of cases that have been identified under a different nomenclature over the past decades. Included within this spectrum we find habitual young offenders and children who are beyond the control of parents or guardians.

## Background

Prior to the fifties, services were offered to children in need of care by the following main providers:

- **The state.** Is-Salvatur was a residential rehabilitative institution/school situated in Kalkara for 'very naughty' adolescent boys. It was transferred to Sta Venera after the Second World War. There were no trained social workers or probation officers.
- **The Church.** Traditionally the church provided services that included residential care for children and young persons. Before 1956, admission of children into care fell under the responsibility of the Almoner.

## The Justice system

As a number of children or young persons who pass through the legal system fall within the ambit of our study, it is useful to indicate the position of these persons before the law.

## Age of criminal responsibility

Criminal responsibility starts from the age of nine. Between the ages of nine and fourteen, a person is presumed to be incapable of forming a malicious intent. However, criminal responsibility can be established, if it is proved that the person acted with mischievous discretion. Between the ages of fourteen and eighteen, a person is deemed to be able to form

criminal intent and can be sentenced to imprisonment. However, the Code provides for a reduction in punishment.<sup>3</sup>

## The Civil Code

The Civil Code addresses various aspects of family life that affect a child's status. Marriage imposes on both spouses the obligation to look after, maintain, instruct and educate their children. Both parents exercise parental authority over a minor unless the Court decides otherwise. If parents are unable to control the child, the Court may authorise the removal of the child from the family and the child is placed in alternative care. The Court may deprive a parent of parental authority if he or she has ill-treated the child or neglected his or her responsibilities towards the child.

## *The Fifties: A watershed Era fuelled by Colonial ties and two reports.*

During the fifties two reports were instrumental in changing the previous provision of services for children. The post-war period was one of intense enthusiasm towards initiating welfare and broader educational services in Malta.<sup>4</sup> This spirit pervaded both the ecclesiastical and the civil officials that worked with children and young persons in need of care.

<sup>3</sup> It is to be noted that in its concluding observations after considering Malta's initial report to the Children's Rights Committee in June 2000, the Committee stated that:

"49. The Committee welcomes the establishment of a special rehabilitation programme for girls in conflict with the law (e.g. Fejda) and it is encouraged that a similar programme is being considered for boys. Nevertheless, concern is expressed at the low age of criminal responsibility (9 years); at the assumption, contained in the State party's legislation, that a child aged between 9 and 14 years could act with "mischievous intent"; and at the exclusion of children aged between 16 and 18 years from the juvenile justice system.

50. In the light of articles 37, 40 and 39 of the Convention and other relevant international standards such as the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules), the United Nations Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines) and the United Nations Rules for the Protection of Juveniles Deprived of their Liberty, the Committee recommends that the State party undertake legislative reform to raise the minimum age of criminal responsibility; to eliminate the assumption that a child aged between 9 and 14 years could act with "mischievous intent"; and to ensure that the juvenile justice system covers all children under the age of 18."

<sup>4</sup> The strong ties with the U.K. proved to be beneficial in this respect.

### Department of Welfare: The Ross Report

Under Colonial rule, expert advice was sought from the U.K. Mr Ross, from the Home Office in England, visited Malta. He was an expert in welfare and after a careful study of the situation of children in need of care, in 1959 he presented a report called “Report on Child Care and Probation in the Maltese Islands.” This report includes a survey of the situation at the time and recommendations for an improvement of child care and probation in Malta.

Along with other recommendations it was suggested that:

- “The Board of visitors should review periodically the organisation of the Approved School. (para 46)
- Maltese law governing Approved School orders should be brought into closer accord with English Law.(para 48)”<sup>5</sup>

Para 46 suggests there should be a yearly ‘comprehensive review of the organisation, staffing and curriculum of the school’ and that they should ‘classify the boys according to their interests and aptitudes’, while para 48 suggests following the English procedure of ‘placing the managers of the school under a duty to keep each child’s progress under review.’ This paragraph also suggests that we consider ‘the desirability of amending Maltese law so as to adopt the relevant provisions contained in the Children and Young Persons Act 1933, including those dealing with after-care.’ Furthermore preference is shown for small ‘house systems and also for systems that allow for the partial integration of these young persons into mainstream education as much as possible while they are in the approved school. In fact, throughout the Report, suggestions are made for the adoption of family-like service delivery options or family environments for children in care.

Mr Ross concludes his report by noting the enthusiasm of high ranking officials in the field for developing the welfare system along modern lines.

<sup>5</sup> Ross, J. (1959) Child Care and Probation P. xviii

This report was instrumental in the drive to have social welfare professionals receive extensive training in the U.K. and in the design of structures of the Social Welfare Department. Professionals received training in the U.K. in a broad spectrum of fields including probation services. They also had the opportunity to visit rehabilitative centres that catered for children with ‘very challenging behaviour’.<sup>6</sup> This training was to prove to be instrumental in the ‘improvement of the existing arrangements.’<sup>7</sup> that resulted in fundamental social change.

### Major Strengths

This period is referred to as one of rapid progress by some interviewees who benefited from the training.<sup>8</sup> The major strengths of this period were that it benefited from expertise and financial resources stemming from Colonial ties. Furthermore, the public sector enjoyed a reputation for transparency, accountability, a high level of professionalism and rigorous selection processes in recruitment of staff and of candidates to be sent to the U.K. for training.<sup>9</sup>

### Monsignor Bennet’s Report of Childcare in Malta

In the mid-twentieth century, the church desired to increase co-ordination between the residential homes for children and to further improve their service. An expert study was carried out by Monsignor Bennet who drew up an unpublished report of childcare in Malta.<sup>10</sup> This report was presented to Archbishop Michael Gonzi. On the recommendation of the report, a Committee for Diocesan Orphanages was created in 1956. Mangion, A. M., who carried out research on Residential Child Care in Malta, claims that: ‘For various reasons especially because we were a colony at that time, Lady Laycock, the wife

<sup>6</sup> ‘Very challenging behaviour’ is our terminology.

<sup>7</sup> Ross, J. (1959) ‘Child Care and Probation.’ P. 1

<sup>8</sup> Interviews with Mr Cassar Naudi and Miss Jane Spiteri who benefited from such training gave ample evidence of the training.

<sup>9</sup> There was a large number of applicants for training in the U.K. many of whom were already highly experienced trained professionals.

<sup>10</sup> It was Lady Laycock who suggested that Monsignor Bennet would be invited to come to Malta.

of the British Governor, formed part of the committee. What happened in England regarding child care policies and innovations greatly influenced the committee's frame of thought and orientation.<sup>11</sup> Mangion adds that 'In England, legislation and practice moved from a narrow concern with the provision of good substitute care for deprived children to a much broader commitment to prevention of deprivation and delinquency, to work with the whole family and to care for the delinquent as well as the deprived child.'<sup>12</sup> This Committee was to develop an administrative framework for childcare as well as policies and standards and to develop further measures for children lacking parental care. Nuns were sent to England for training in residential child care for the first time ever. Other important improvements included enhanced architecture of residential homes and an implementation of a policy that sought to create a family environment in the homes. Attempts were made to run residential homes in small family groups.

It is important to note that the only residential service offered to girls with very challenging behaviour during this period and for decades to come was the Bon Pastur, a residential home run by nuns. In the fifties and the following decades, the number of girls who presented very challenging behaviour was much smaller than the number of boys.

The reports of the Committee are a wealth of wisdom and insights. The early reports of the fifties lobbied for a Maltese Children Act along the lines of the 1948 Children Act of England.<sup>13</sup> The fourth annual report of 1959 voices certain concerns that are still relevant today:

"There is no Children's Act in Malta. There are a few paragraphs about deprivation of parental authority in extreme cases of cruelty or neglect of education...."

<sup>11</sup> Mangion, A.M. (1988) *Residential child care in Malta*, Univ.-of Malta, Thesis, B.A. SOC.STUD p. 2

<sup>12</sup> Mangion, A.M. (1988) p. 2. All this is also evident in the Ross Report.

<sup>13</sup> The Ross Report also suggests this.

In practice this means that when a child is being neglected or brought up in an immoral or unsatisfactory atmosphere, it is very difficult to do anything about it except in extreme cases...<sup>14</sup>

The fifth Annual Report of 1961 comments on what was then known as 'maladjusted children:

"Then again we occasionally find that one or two of the children who have been in our care since their earliest days develop serious emotional or mental problems. We sometimes get to the point where we cannot cope with the problem and have to turn the child over to the Health authorities, although at present there is no accommodation for them. Such a problem child can and does cause the housemother or housefather to crack under the strain of a disturbed child on top of 15 or more children without respite. Moreover, all the other children suffer when there is a seriously maladjusted child in their midst. For the good of the majority, much to our regret, one has to remove the problem child as being beyond our possibilities....  
...We also lack homes for the maladjusted child and for the mentally retarded children."<sup>15</sup>

Mangion comments that the reports over the decades demonstrate 'the constraints and opportunities of a legal framework; the interaction between the committee and local government....'

### Major Strengths

The major strengths of this area of service delivery during this period were the benefits reaped from an honest assessment of the services being delivered, the will to undergo fundamental change, the resources dedicated to this change and the implementation of lessons learnt from examples of good practice in the U.K.

<sup>14</sup> Quoted in Mangion, A.M. (1988) p.16. This situation has been partially remedied by the Care Order Act but a Children Act would be a comprehensive piece of child legislation that would meet the needs of children, including children at risk of developing into children 'with very challenging behaviour.'

<sup>15</sup> 5<sup>th</sup> Annual Report, 1961, extracted from Mangion, A.M (1988)

### Department of Education

In the fifties a close working liaison was formed between Lady Laycock and Mr Joe Burlo.<sup>16</sup> He studied the difficulties faced by ‘maladjusted children’ and initiated the first holistic service provision for these children. In 1966, Mr Burlo opened ‘Mater Dei’ school for ‘maladjusted’ children. This remains to this day the only one of its type in Malta and Gozo.<sup>17</sup>

### Major Strengths

Here we find similarities to the above two sections. The Department of Education also benefited from access to certain financial resources. The U.K. provided funding for training and all the specialized professionals in this field were U.K. trained after a strict selection process. A proactive approach that actively sought out those children who might benefit from this service was adopted. Furthermore, this sector enjoyed broad political support.

### St Philip Neri

At the time of the Ross Report, adolescent boys in need of rehabilitative care and who were deprived of freedom of movement were admitted to the state-run Approved School that offered structured services aimed at reintegrating the adolescents within society. Ross suggested changing the name of this institution to avoid the danger of stigma. He also recommended that welfare officers who were trained in probation services would be known as Family Welfare Officers since Malta is small and the danger of stigma was a real one.

The report contained recommendations on the direction policymakers should take in formulating legal frameworks and in planning for the social, emotional, psychological and educational needs of these children. It also recommended the provision of an individualized service that was interdisciplinary and aimed at reaching the rehabilitative needs of the adolescents.

<sup>16</sup> Mr Burlo was a U.K. trained speech therapist. In 1952, he surveyed all school children in Malta who might benefit from his services. Children with very different learning, physical and behavioural difficulties were referred to him. He returned to U.K. for a further two years to train in a broad spectrum of disabilities and behavioural difficulties.

<sup>17</sup> This will be covered by another working group.

Mr J. M. Cassar Naudi was amongst the first Welfare Officers to receive U.K. training.<sup>18</sup> He had a long direct experience of St Philip Neri, having worked there for some years. Mr Cassar Naudi gave us an account of the service. He explained that boys were admitted to St Philip Neri by a Juvenile Court Order for two reasons:

- For being uncontrollable.<sup>19</sup>
- For committing an offence.

The minimum age was fourteen and boys could be admitted for not less than two years or until they attained the age of eighteen. According to Mr Tony Cutajar, a teacher at St Philip Neri, most of the children came from disturbed family backgrounds and had emotional and behavioural difficulties that were severe when compared to those of other children in care.<sup>20</sup>

The staff included a Principal, teachers, trade instructors and supervisors. There was a very low child to adult ratio and the children could receive individual attention. However, according to Mr Cutajar, the teachers and the supervisors did not always harmonise their relative approaches to the children. The teachers and the supervisors sometimes had different views as to what the best approach towards the children should be.

Both Mr Cassar Naudi and Mr Cutajar spoke highly of the schedule that the children followed.<sup>21</sup> The children used to have a time-table that included both mainstream education and vocational or trade instruction.<sup>22</sup>

<sup>18</sup> Mr Cassar Naudi was personally interviewed by a member of this working group in July 2005. Unless otherwise stated, most of the information within this section was gathered during this interview.

<sup>19</sup> Mr Cassar Naudi explained that this kind of case was not recorded in the person’s criminal record while the other type of case was recorded.

<sup>20</sup> Corrado, R. (2003) Residential Childcare Policy in Malta 1950-2000, B.A. (Hons) Social Administration. P. 55.

<sup>21</sup> Corrado (2003).

<sup>22</sup> In an article called “The Approved School Malta”, Mr Saliba who was appointed head of the Approved School in 1944, says that the technical section of the school was divided into five main workshops under the headings: Carpentry, Motor Mechanics, Masonry, Shoe-making and Cookery.

It was very often necessary to repeat guidance or training in a simple manner many times over before an adolescent learned a lesson/instruction. The teachers/instructors adapted the pace of their service to the needs of the individual adolescent. Very often, a bond of trust was built.<sup>23</sup> The children were all given the opportunity to receive training in different trades for about two months after which they would be encouraged to choose a trade or profession that was suitable to their potential and inclinations. There was a sports programme and recreational facilities. The boys also attended church services on a regular, daily basis. HE Emeritus President, Dr Censu Tabone explained that one of the strengths of the rehabilitative programme was that the children were motivated by a reward for their academic success by being awarded prizes.<sup>24</sup>

Discipline was strict but fair and never cruel. Some were allowed to go home if their family was suitable and if their behaviour was good. There was a cell where a child could be locked up for disciplinary reasons. However, in every case the child was seen by a doctor and it was ensured that the child had adequate food. Discussions and plans were underway for substituting the cell by a spacious, well lit room.

### Major Strengths and Limitations

The data indicates that St Philip Neri functioned reasonably well for the period of time that it operated and the available facilities were constantly being improved upon. Even the early report given by Ross noted its positive aspects. Ross notes that the approach of the Director 'to the boys and their problems was liberal and enlightened', but he also notes that progress was hindered by 'the need for the time being to work in premises that are unsuitable, and with a staff of insufficiently good quality.'<sup>25</sup> The unsuitability of the premises had long been noted as can be

<sup>23</sup> When Mr Cassar Naudi took fifteen adolescents to Ghadira for a two week camp in summer, not one tried to escape.

<sup>24</sup> HE President Emeritus, Dr. Censu Tabone in a personal interview held in July 2005.

<sup>25</sup> Ross, J., (1959) op. cit. p. ix

seen from an article written by Mr M.A. Saliba, Director of the Approved School, which was published in 1956.<sup>26</sup> He was quite emphatic:

“In short, the fact alone that the temporary premises must be kept absolutely intact, with even minor adjustments debarred, is a strong deterrent to the smooth running of the school machinery and an effective antidote against the good-will of the staff.”<sup>27</sup>

Amongst other matters, Mr Saliba also recommended 'the enactment of up-to-date legislation.'<sup>28</sup>

On the whole, a large percentage of young persons managed to reintegrate into society after leaving St Philip Neri, but there were also some failures. Mr Cassar Naudi stressed that it was a grave mistake to close down the approved school for financial reasons in the seventies since, as a consequence of this decision, it was the children who suffered. This was a decision taken by the Cabinet at that time.<sup>29</sup> Ms Jane Spiteri, the first principal family welfare officer in Malta, also regrets this move and believes that although no system could be said to be perfect, having a specific institution that caters for young offenders is better than allocating these young persons within the Main Correctional Facility at Corradino.

### St Patrick's

Subsequently, a contract was drawn up with the Salesians of St Patrick's to take over from St Philip Neri those boys who could neither join their family nor live independently.<sup>30</sup> However, Mr Cassar Naudi explained that the St Patrick's building was too 'open' and many of the

<sup>26</sup> Saliba, M.A. (1956) "The approved School" op. cit. Mr Saliba says "one must say that the plan of the building is not suitable to house an Approved School" p. 174.

<sup>27</sup> Saliba, M.A. (1956) p. 175.

<sup>28</sup> Saliba, M.A. (1956) p. 183.

<sup>29</sup> Information passed on to us by Fr Alfred Sacco on Tuesday 30<sup>th</sup> August 2005 who quotes "Daily Chronicle" that also states that 'on the 26<sup>th</sup> July 1977, it was decided that the Approved School was to close down, the property was government property. Most of the boys at San Filippu Neri were there by a Court Sentence.'

<sup>30</sup> Furniture, sports equipment and equipment were given to St Patrick's.

boys absconded. The Salesians later explained that it was rather difficult to manage this situation and this solution was gradually phased out and no more similar cases were accepted at St Patrick's.<sup>31</sup>

### Girls in 1970- The Good Shepherd's congregation

In the late 19<sup>th</sup> Century the sisters of the Good Shepherd's congregation originally started a boarding school, however, this was phased out and the sisters began taking in girls with challenging behaviour. These were aged 13-18 and the Sisters provided them with 're-education'. The girls, referred to the Sisters following care orders, were divided into groups and placed into Roseville, Dar il-Kenn and Sant Ewfrasja. The three groups were classified according to whether they did not work, whether they had a boyfriend and worked and those who worked but didn't have boyfriends. The main behavioural difficulties that they presented included prostitution and drug abuse, amongst others. The programmes provided the girls with life skills and they were given pocket money as an incentive to complete the programme. At the time the children were not aware of their rights. This programme was phased out in the late 1980s when resources were insufficient and they felt that more specialized training was needed to handle girls with such behaviour.

Two main recommendations from those working with children with challenging behaviour are:

- that continuity is provided and
- the children need to become aware of their rights and an incentive for good behaviour should be provided, such as a certificate awarded after following an intense programme without distractions.

<sup>31</sup> Fr Alfred Sacco provides details from records about the closing down of the approved school: '16<sup>th</sup> February 1978: An incident took place where two of the boys were accused of stealing bicycles. Over a span of only over six months, it was evident that the boys accepted from the approved school were unable to integrate with others at St Patrick's and had dropped out like flies.'

### Major Strengths and Limitations

Given the limited resources and the lack of specialised training the Sisters tried hard but had to relinquish responsibility for these girls because they realized that they were not equipped to provide the services required.

### The Eighties and the Nineties

This was a period during which many studies were carried out by individuals and by teams. Financial and human resources remained a problem. The decrease in religious vocations coupled by the apparent increase in the numbers of children with very challenging behaviour that were brought to the attention of the various institutions, highlighted the urgency of the need for more specialised services for these children.

### Programmes set up for girls with Challenging behaviour

#### Fejda<sup>32</sup>

Following the phasing out of the Good Shepherd's programme, there was a vacuum.<sup>33</sup> There were no resources for girls to be referred to. In 1997 Fejda was set up to offer a residential therapeutic programme for adolescent girls (13-18years) with emotional and behavioural difficulties. The programme offers a holistic approach to residential care. The aim of the programme is to give each young person an opportunity to develop in a therapeutic environment. The girls undergo careful evaluation of the psycho/social conditions of their individual histories, current circumstances and future expectations. Referrals are made solely by field social workers from social work agencies following a psycho/social report.

Upon admission, a personalized Care Plan is drawn up for each girl. Before a girl terminates her residential programme, an after-care plan is drawn up to facilitate the girl's re-integration in the community.

<sup>32</sup> Ms Carmen Zammit who currently runs this programme was interviewed on the subject and provided us with useful information about this service provision.

<sup>33</sup> [http://www.msp.gov.mt/services/sif/service\\_info.asp](http://www.msp.gov.mt/services/sif/service_info.asp). This section is extracted from the above site.



Denise Caruana – 8 years

### Major Strengths

Fejda falls outside the parameters of this work as it is still currently offering a service. It is mentioned here for the sake of continuity. One of the programme's strengths is that it caters for the individual needs:

### Fejda for Boys

In 1999, SWDP presented a project document called 'Fejda for Boys' to the Minister for Social Policy. In summer 1998, the statutory Children's and Young Person's Advisory Board had written to the Minister responsible for Social Welfare about the urgent need for a residential unit for Boys to meet the needs of a number of emotionally damaged boys with behavioural problems aged 13 to 18 who are being socially excluded through a lack of adequate social welfare service provision.

In this project document it was quite clear that it was hard to place such adolescents in non-governmental residential facilities. Fifteen Child

Welfare practitioners were consulted about the perceived need for the setting up of a residential facility. These practitioners came from various entities. The project document described that Fejda for Boys should cater for 10 adolescents with emotional and behavioural difficulties aged thirteen to eighteen.

### Spark<sup>34</sup>

Within Sedqa, preparations were undertaken in 1996 to develop a secondary prevention programme for high-risk male adolescents. Preparations included, a seminar-based workshop for top ranking professionals who contributed to the discussions and provided expertise from the relevant range of professions. This event provided useful information that was fed into the programme formulation and led to the launching of the piloting phases of the Spark programme in January 1997.

Spark aimed at achieving socio-education and provided formal experiential experiences. It consisted of a 12-week programme and was aimed at young drug addicts and young alcoholics. The intention was that these persons should be placed under a probation order rather than jailed. These young persons were to follow a rehabilitation course. The age of the youths varied from 14 to 21 years and targeted for those of a criminogenic nature. The probation period was closely linked to a three-month non-residential programme run by Sedqa aimed at confidence-building and self-esteem. The intervention included psychological intervention, educational intervention, socio-cultural intervention as well as psychophysical intervention. Activities were also organized on Sundays. Activities were mainly out bound and adventurous in nature, such as abseiling and also included the teaching of life skills such as food skills as well as communication skills. The programme ran for 9 months and was then put on hold since it was expensive to run. Limited referrals were being carried out by the judiciary system.

<sup>34</sup> This data was gathered during an interview with Ms Hillevi Stuhrenberg who provided us with information that is based on retained Programme documents as she was not involved in the said programme.

### Major Strengths and Limitations

Programme Spark was intended as a non-custodial alternative and developed according to stated needs and requirements of the judiciary, but despite this, the referrals necessary were not forthcoming, which eventually led to the Programme being put on hold. Ms Hilevi Stuhrenberg recommended the provision of a clearer role definition and an improvement of the network between departments. It was also suggested that in order to avoid pitfalls, goals should be considered on a longer term basis.

### Formula One

Formula One, a much needed, one year residential programme designed for adolescent boys (13-18yrs) who were undergoing emotional, behavioural, family or psychiatric problems, was launched on the 17<sup>th</sup> November 2001 after careful preparatory work.<sup>35</sup> A multidisciplinary team made up of psychologists, social workers, youth workers and professional residential workers worked intensively with these boys according to each young person's needs and goals.<sup>36</sup> Only clients referred by other agencies and professionals were accepted. Various therapeutic options were available to the boys referred to this programme. Depending on their needs, they were allowed to make use of the residential services, the crises services, and/or the day programme.

Upon admission to this programme, each client underwent a psychological assessment.<sup>37</sup> In collaboration with each individual adolescent, a treatment plan and treatment goals were drawn up based on this assessment.<sup>38</sup> The main aim was to help the boys reach their goals, thus helping them deal with their pain, learn necessary life-skills, develop their potential, recognize and make full use of their strengths and resources.<sup>39</sup> This aimed to ensure that the boys can leave the

<sup>35</sup> Corrado, R. (2003) Op. Cit. P. 65

<sup>36</sup> [http://www.appogg.gov.mt/services/boys\\_en.htm](http://www.appogg.gov.mt/services/boys_en.htm)

<sup>37</sup> [http://www.appogg.gov.mt/services/boys\\_en.htm](http://www.appogg.gov.mt/services/boys_en.htm)

<sup>38</sup> [http://www.appogg.gov.mt/services/boys\\_en.htm](http://www.appogg.gov.mt/services/boys_en.htm)

<sup>39</sup> [http://www.appogg.gov.mt/services/boys\\_en.htm](http://www.appogg.gov.mt/services/boys_en.htm)

programme confident in their ability to be fully functional members of society.<sup>40</sup>

Malcolm Micallef notes that according to the Times (2004) Formula One closed because there were not enough referrals since the boys had to be admitted on a voluntary basis.<sup>42</sup>

Dr Laurenti explained how the children participating were attached to a residential councillor as their key worker.<sup>43</sup> Every morning, the children were expected to attend school or work and were allowed to spend the rest of the day engaged in leisure activities.<sup>44</sup> The children were free to choose whether to spend the night in the premises or with their family at home. Corrado states that an important characteristic of this type of therapeutic home was that the programme was designed to address the issues that originally led the adolescents to be referred to Formula One.<sup>45</sup>

It was made known to us that various reports were drawn up subsequent to the termination of this programme. When asked about these reports, Mr Bryan Magro<sup>46</sup> informed us that one of the reports was internal and two were external. The latter included interviews with users of the programme.

### Major Strengths and Limitations

One of the main strengths of the programme was that it provided a shelter for adolescents, since otherwise there was no place for them to go to. The residents themselves held team meetings and planned their own rosters and care plan. Activities planned for these individuals included

<sup>40</sup> [http://www.appogg.gov.mt/services/boys\\_en.htm](http://www.appogg.gov.mt/services/boys_en.htm)

<sup>42</sup> Micallef, M. (2005) 'The Juvenile Crime Challenge: Creating Services for Adolescents with Behavioural Problems', MBA Dissertation University of Malta. p. 30

<sup>43</sup> Corrado, R. (2003) op. Cit. p. 65

<sup>44</sup> Corrado, R. (2003) op. Cit. p. 65

<sup>45</sup> Corrado, R. (2003) op. Cit. p. 65. He cites examples of psychotherapeutic groups, individual therapy and the importance attributed to the multidisciplinary team.

<sup>46</sup> Magro, Bryan, interviewed on the 14<sup>th</sup> October 2005.

that of independent living. They were assisted with a rent subsidy which provided an incentive for them to complete the programme.

One can see from the design of the programme that it was the result of collaboration between professionals coming from different areas of expertise. However, the reports that were drawn up subsequent to the termination of the programme were not available to us:

### 2.2.21 Adolescent Outreach

The introduction of an outreach programme for children with behavioural problems and a residential service for adolescent boys was an important step in the provision of integrated services.

The Adolescent Outreach was established after Program Formula One closed its doors in 2003. The aim of the Adolescent Outreach team is to offer intensive social work intervention to the adolescents who have emotional and behavioural problems. According to the Manual of Procedures, the service:

“aims towards delivering a comprehensive service in a sensitive fashion in order to promote the physical, emotional, social and spiritual well being of adolescents with emotional and behavioural difficulties.”

At present there are two social workers who have a caseload of 15 cases, out of which only nine are of an intensive nature. The social workers liaise a lot with other governmental (such as probation services and education welfare unit) and non-governmental agencies (such as youth centres and nurseries) in order to work effectively with these adolescents. This team has a psychologist available for fourteen hours and has made an arrangement with Fondazzjoni Suriet il-Bniedem, which is a residential home which accommodates homeless people, to accommodate adolescents with emotional and behavioural problems that cannot be retained in their homes.

### Mount Carmel

Mr Anthony Mifsud, who has worked at Mount Carmel for over three decades, explained how the situation started to change significantly with regard to children with very challenging behaviour about 15 years ago.<sup>48</sup> A particular child, who was around seven years old, was admitted to Mount Carmel after the person in charge of a residential home could no longer accept this child who was considered a real danger to the safety of the other children. There was no suitable place for this child at Mount Carmel and he slept the first night in the Female Admission Ward. Many high ranking personalities in Malta became involved in this case and eventually, as more children with this type of difficulty had to be admitted, the problems involved were carefully studied and this led to the setting up of the YPU that tries to meet the needs of these children.

Mr Mifsud believes that the number of these children is increasing. He also believes that eroding family values and lack of support networks are making the difficulties faced by these children worse. He believes that work done at the level of the family to increase parental skills and to enhance a sense of parental responsibility could help to mitigate the problem.

### Main Strengths and limitations

Even though Mr Mifsud is well aware that many believe that Mount Carmel may not be the ideal location to house these children, he believes that the extra support given to the staff at YPU by experienced professionals at Mount Carmel, especially in times of crises, would not be available if YPU were situated within the community. One of the main limitations is the stigma associated with mental institutions.

### Children in conflict with the law

#### Probation Services

The Probation of Offenders Act was enacted in 1957. Due to the lack of qualified probation officers, two persons were sent on a training course in England. The first Probation Order was issued in August 1961.

<sup>48</sup> A personal interview by a member of this working group in July 2005.

Since then, the ‘Centru Hidma Socjali’ was established and its director was appointed Principal Probation Officer. Moreover, certain family welfare officers were selected to carry out the duties of probation officers.

In 1993 the University of Malta, after receiving proposals from the judiciary and the Government of Malta, organised a post-qualification diploma to train individuals as probation officers. The first course yielded four qualified probation officers. In 1994 the Probation Services Action Team (PSAT), an NGO was set up, but in 1996 the services and staff of this NGO were absorbed by the government structure, more specifically as social workers within the Department of Correctional Services. In 1998 another major step was taken with the insertion of a new structure for Probation Officers within the Civil Service grades. For the first time, Probation Officers were employed as Probation Officers, not as social workers within the government structure.

In 2002, a new Probation Act was introduced to replace the Probation of Offenders’ Act of 1957. The main objective of the implementation of the new Act was to align the probation service with any developments that took place over the years, including the introduction of the community service for offenders and the award of damages to the victims of crime.

The Probation Services embarked on setting up a structure for the implementation of the Community Service Order (CSO) well before its introduction. To meet this aim, a task force was formed to tackle the issue from its various angles. Various entities were contacted as placement providers (“employers”) were being sought. Local Councils and NGOs were among the contacts. The first CSO, according to the new Probation Act, was issued in April 2004. The CSO is defined as the performance of work for the general community and societal good as an alternative to taking away a person’s liberty. In Court, the sentenced person must agree to the issuing of a Community Service Order. The community is regarded as the victim and therefore reparation and restitution are seen as necessary. The operation of Community Service Orders represents a valuable opportunity for engaging the offenders constructively within

the local community while promoting the rehabilitation of offenders generally.

### **Children and Young Persons (Care Orders) Act.**

In 1980 the Children and Young Persons (Care Orders) Act (Chapter 285) was enacted and subsequently amended in 1983, 1985 and 2005.

This act provides for care orders in two main circumstances:

- (i) Care order on conviction of an offence;
- (ii) Care order when the minor is deemed in need of care, protection or control.

The effect of a care order is that the minor is committed to the care of the Minister responsible for social welfare. The Minister may also take a minor out of prison, and into care, at the advice of the Children and Young Persons’ Advisory board. This provision has never yet been put into practice.



*Tristian Attard – Qormi – 14 years*

### **Juvenile Court**

The Juvenile Court Ordinance (Cap. 71) was repealed by Act XXIV of 1980. The Juvenile Court is now provided for by Act XXIV of 1980 as subsequently amended by Act XI of 1985. The Juvenile Court consists of a Magistrate, as Chairman and two members. The Court hears charges against, holds other proceedings relating to minors under the age of 16 years, and may also issue Care Orders in their regard. Given the confidential nature of such sittings, attendance to hearings is restricted to persons mentioned in the law establishing the Court.

**Socio-Legal Unit<sup>49</sup>**

The first periodic report presented by Malta to the CRC gives this account of this unit in 1998:

“The Socio-legal Unit within the Department of Family Welfare also deals with what are called “police cases”: cases involving petty offences by young people under age are brought to the notice of the Unit by the Executive Police. Rather than prosecute, the latter liaise with social workers of the Unit who give the offenders the support required. Over the years this method has been found to rehabilitate and deter young people from further criminal activities. The Unit is responsible for case-work with young offenders, technical support to the Juvenile Court Chairman and for maintaining a statistical database on such young persons in conflict with the law as are referred to the Unit, as well as those appearing before the Juvenile Court.”

In October 2003, a task force was established by the Ministry of Social Policy in an attempt to take stock of and evaluate socio-legal, police cases and related services provided by the Ċentru Hidma Soċjali; to formulate proposals for the development of a streamlined service in view of the Beijing Rules, the Juvenile Court Act and local developments in view of the setting up of the Family Court; and to formulate any other proposal deemed fit to promote better services in the area of Juvenile Justice.

The Task Force recommended the following measures:

1. The Probation Services (Dept. Correctional Services –Ministry of Justice and Home Affairs) should assume the responsibility for the reactivation, monitoring and implementation of police cases, provided that the necessary human and financial resources are effectively in place.
2. All Juvenile Court interventions (and collaboration with Court officials in the process of addressing the logistics related to the organisation of Juvenile Court sittings) are passed on to the Probation Services, along with the necessary resources.

<sup>49</sup> Within the Department of Family Welfare (initially SWDP).

3. Appeals for Care Orders should fall under the responsibility of the newly set up Family Court, with the social work input critical in such cases provided by Appogg and/or other designated social work service delivery agencies.
4. All generic (drop-ins and referred cases from parties outside the criminal justice system) involving social and/or youth work will be absorbed by the related competent authorities, such as Appogg, Sedqa and youth work services currently being developed by the Ministry for Youth and Sports, depending on the nature of each case. The Task Force recommends that the necessary remedial action is taken to alleviate any lacunae arising from the dismantling of current intake practices at the CHS to ensure an effective and efficient referral process.
5. The Task Force contended that it is equally important to develop ancillary services aimed at buttressing the institution and consolidate the diversionary measures as proposed in 1 above. In this regard the Task Force recommended the formulation and implementation of day/residential programmes for young persons exhibiting symptoms of risk behaviours.
6. Emphasis should also be made on the need to develop and buttress extant data collation and research praxis in the area to ensure evidence-based policy development and practice in the juvenile justice sector.
7. Preventive and early identification praxis should also be strengthened to ensure a dynamic juvenile delinquency prevention strategy. The education division should be mobilized to consolidate and address operations aimed at identifying and responding to problematic behaviour amongst minors within the school environment.

**Mtaħleb**

By 1985 the legislation which provided for the placement for juveniles under the age of 16 in an Approved School in the case of males or in an

approved institution in the case of females or industrial school if under the age of 14 was not in use anymore due to utilization of community based sanctions.

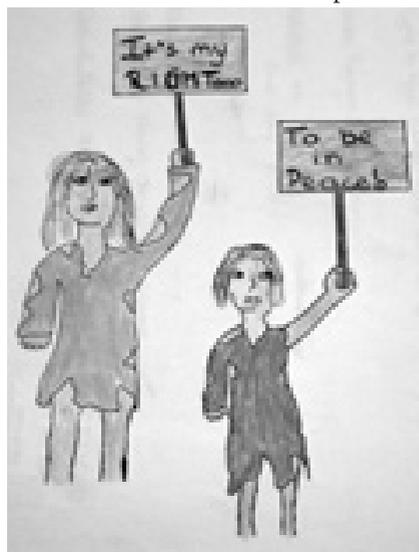
In 1985, the Children and Young Person's Care Order Act (1980) came into full force. This piece of legislation "endorses a treatment or social welfare approach to both offenders and non offenders" without making any distinction between them.

In 1988 a report by the committee for the setting up of young offenders, chaired by Magistrate David Scicluna, was finalised. This committee had the following terms of reference:

- To review legislation; and
- To formulate plans for the setting up of an institution to cater "for youngsters and special collective methods of treatment.

The committee findings and opinions ran as follows:

"Juveniles under 16 years of age should no longer have any connection with the civil prisons at Corradino and that Juvenile detention centers or youth custody centres should be setup for the purpose of receiving such persons". The commission identified the primary school at Mtahleb as the most suitable place for setting up such a structure.



Rachael Nicole Darmanin – Qormi – 12 years

According to the report, "the department of Education is [was] prepared to grant the said school for the purpose of transforming it into a centre...". It was suggested that referrals would be made through the courts, and no direct

referrals from other departments could be made. A separate section within the civil prisons should be allocated for Juveniles between 16-18 and these young persons should be segregated.

It was proposed by Minister Louis Galea of Home Affairs and Social Development that the Mtahleb provision would function as a Youth Treatment centre.

In 1994 a two-week working group on Mtahleb project was set-up. This working group suggested two modes of admission to the young early offenders:

- A: Education welfare procedure
- B: Courts related procedure.

In 1995, the Mtahleb premises started being utilised as a Substance Abuse Therapeutic Unit for Corradino Correctional Facility.

### Analysis and Recommendations

As indicated above, the key questions that we are asking are:

- What are the broad trends that have emerged?
- What recommendations can we make?

The broad picture that emerges is the following:

- The dire need to have a multidisciplinary holistic approach to the pressing issue of the care of children with very challenging behaviour has been recognised and addressed in various ways in the past fifty years.
- In the context of the time of service delivery, secure units offered a satisfactory service.
- Preference for a smaller 'family type' service delivery has been expressed since the fifties.
- The need for an adequate legal framework that supports and gives a legal backing to child centred service delivery has been articulated since the fifties.
- Many of the valid efforts that have been made have suffered from the lack of overarching-long term strategic planning

that incorporates the complexity of sensitive issues. Subsequently, some useful plans that have been made were not implemented.

- Efforts have been hindered by a lack of financial and human resources. The human and financial cost of successful initiatives is necessarily high.
- Services have ceased to be offered before alternative suitable services were available. These events often suffered from a lack of transparency and from a clear identification of accountability.

The lessons that can be learnt from the past initiatives are:

- A service that is being utilised in a satisfactory manner should not be terminated unless a better alternative is available.
- An adequate and comprehensive legal framework is needed to give a legal backing to child centred services and programmes.
- Human resources involved in programmes need specialised training that addresses the emotional, psychological, social, educational, entertainment, economic, rehabilitative and reformatory needs of these young persons.
- Small targeted and tailor made programmes are more likely to succeed in addressing the needs of these young persons than large scale programmes.
- Flexibility needs to be an essential part of the programme.
- On-going evaluation of programmes should be an integral part of any service delivery.
- Reports should be available for public consumption in a format that meets both the Data Protection requirements and the freedom of information rights of citizens.
- The programmes should be tailored to the needs of the individual young person and not the needs of the provider of the services.
- Case management that draws on a multitude of different available service delivery options would avoid the pitfalls of some of the above initiatives.

- Once a worthy initiative is started, the resources needed to carry it through should be available. No programme should be started without identification and commitment of resources.
- Conditions of work of those who will be recruited to work in this area need to be good enough to ensure the recruitment and retention of suitably qualified personnel.

It is regrettable that even though there was faith in and willing contributors to various plans/programmes /recommendations these have repeatedly stalled for reasons that do not relate directly to the intrinsic value of such initiatives.

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Current Services and Residential Care  
Fr Antoine Farrugia sdb

**“The negative life-scripts of Children with Very Challenging Behaviour need to be effectively contradicted by suitable practical and therapeutic interventions in order that such children are made to feel significant, attended to and wanted.”**

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Josephine Leguesse, Bryan Magro, Daniel Mercieca, Joe Pace,  
Marion Saliba, Miriam Sevasta & Charlene Vassallo

## 1 Introduction

### 1.1. What the group set out to do

The group set out to plot a map of the existing services in our country with which children with very challenging behaviour (=CVCB) and those who try to reach out to them sometimes meet. Our brief was to look at these within the fields of Education, Social Services, Health and Justice with a special emphasis on alternative environments in which these young people could possibly spend a chunk of their life. Finally, taking an inquiring perspective, we reflected on the services themselves with the aim of pointing out the ‘gaps’ which existed, out of which could stem some recommendations to Government for the improvement of the services to CVCB.

### 1.2. How the group went about doing it

The group was made up of both front-line workers as well as those who coordinate some of the services. We discussed among ourselves, and with others, what services meet with CVCB and then we attempted to piece together a picture of each of these services with some of their strengths and limitations by talking to the people familiar with the day-to-day reality that these services frequently struggle with. All the while, we considered these services first of all with respect to children<sup>1</sup> who exhibited particular behaviours that endanger the physical safety of the same or of others around them – children that are liable to pose a risk to themselves and society because they have not yet found a way of integrating within the same. However, we also kept in mind that there are different categories of CVCB and that these children were not all considered as exhibiting very challenging behaviour from the day that they were born. The wider we discussed and the more we listened to people in the various services,

<sup>1</sup> The term ‘children’ and ones with similar connotations, like ‘young people’, are used interchangeably in this Report to refer to any youngster, male or female, under 18 years of age.

the more complete the picture that started to emerge, of how things were and how they could be different, so as to better meet the needs of service-users, was.

### 1.3. What does “Very Challenging Behaviour” mean?

The first question we needed to tease out the answer to, as we sought to understand what lay behind our task, was what was really meant by the label “CVCB”. The child is challenging for whom? For himself? For the adults? For an individual agency? For the ‘system’? The implications of not answering these questions were awesome, for systems are notorious for feeding off their own clientele as a way of bolstering that system’s very reason for existence.

For how long or how frequently did a child need to exhibit dangerous and seriously risky behaviour for that child to fall within the category of CVCB? And was that a label which stuck with him for the rest of his childhood? To what extent was the environment contributing to that child’s behaviour? Could the particular issue of dangerous behaviour be conceptualised separately from that particular child and managed in such a way that the child could avail himself again of whatever is offered through, and provided by, ‘normal’ settings, activities and experiences? Was there really such a thing as an “incontrollable” child? And if there was, at what stage of development did this term start to apply or was it equally applicable to infants, pre-adolescents and adolescents alike? Could it be that sometimes such a term simply says more about the adults and the environment in which such a child lives and acts, than about the child himself?

The answers to these questions were crucial in determining our response in reaching out to CVCB. For if the problem lies outside the child, we could see if he could be maintained sufficiently functional within his school setting, for instance, so he would not need to be expelled from it – with the consequential impact that such a move could have on his life. In such a case, if this does not happen, who would have failed who here: does the child fail the school or does the school fail him? Similarly, if a child can be cared for and managed safely within a sufficiently flexible

and adequately set up residential environment he would not need to be farmed out to a Psychiatric Unit in order to control his behaviour. Neither would he necessarily need to be made dependent on psychotropic drugs for years on end in order to behave sufficiently well. Nor would he need to be provided with a costly and dependency-creating (dis-)service of 1:1 care for all his waking hours in order to function sufficiently smoothly and not create many problems or embarrassment to the adults around him. In this sense, there are questions we need to look at because to some extent CVCB are ‘products of our making’.

Indeed, even the definition that we started using appears biased towards those for whom the behaviour of the child may be challenging, and this may lead to a very generic definition of the children we are trying to help and, consequently, to generalised and across the board solutions. While there is good reason for this approach, since to a great extent we find these children more or less everywhere, we need to consider also another perspective and develop solutions according to the difficulties that the children themselves encounter: a child facing autism faces a different set of difficulties when compared to a child who has never been able to foster genuine and safe enough attachments at a ‘primary’ level. Similarly, a child, who has been severely abused faces a different set of difficulties, can be considered as very challenging for numerous reasons and requires a different set of interventions. Again, a child who lives within a family and, who in reaction to a significant life-event (separation, death of a parent or sibling) is facing and displaying challenging behaviour, has different needs, and a child who displays extremely challenging behaviour at school and who does not really have a home or a safe set-up to go home to, requires a different kind of intervention altogether.<sup>2</sup>

The Commissioner for Children was aware that there are no quick and simple solutions to the many complex problems involved but she also voiced the wish of many: to enter into dialogue with these children in order to help them grow and become sufficiently happy members of society. To reach that goal we need to understand if and how significant

<sup>2</sup> This perspective will be given due weight when we try to analyse some of the gaps in the present system.

adults, systems and society have been allowed to hurt these children and to address their concerns. With support they will have a better chance of adapting themselves in order to function positively within that same society in which they have a right to live. Then again, those responsible might possibly need to seek ways of minimising the perceived harmful, though unintended, effects of the present systems on these children.

In her opening speech at the June Seminar, the Commissioner for Children asked: *why do these children manifest such difficult behaviour? What else do they need that we are not giving them? How can we help them to become the strong and mature citizens of tomorrow, at least able to lead a 'normal' life?* In our Report we will take a closer look at this behaviour in order to be able to identify it.

The definition itself, however proved to be problematic for *Very Challenging Behaviour* since it is quite a general term which stretches over a wide spectrum that covers physical disability to emotional problems and very aggressive behaviour. However, one may safely say that those so described present a considerable management problem to whichever setting they find themselves in (school, home, organised group or activity) and put the safety of the young person, or of some other person, in jeopardy. At the very least their negative behaviour has a significant impact on that person's, or other people's, quality of life.<sup>3</sup>

A CVCB may present certain characteristic behaviours. These can come in the shape of persistent lying and rule-breaking; aggressive behaviour towards older children or even adults without apparent cause; disproportionately violent reactions; giving those adults, from whom they could somehow expect a duty-to-care, a very hard time; always blaming an "other" instead of accepting their own faults; regularly getting themselves and others into unsafe and dangerous situations (we need to acknowledge that these children are at times really dangerous to be with); do not feel remorse for their bad behaviour; have a tendency to be kicked out of class and organised activities because they bring a high level of chaos with

<sup>3</sup> Cfr. Ms. Micheline Sciberras' paper, presented at the June 2005 Seminar.

them wherever they go; and frequently exhibit sexualised behaviour that is certainly not appropriate to their age.<sup>4</sup>

While lists like this offer helpful descriptions, still the lack of agreed definitions of what constitutes very challenging behaviour makes it difficult to gauge the full extent of it, for such behaviour is often noted when it brings about extreme consequences. Moreover, perception of poor behaviour is conditioned both by the context and by the observer's expectations.<sup>5</sup> However, research abroad has found for instance that 1) boys are some twelve times as likely as girls to engage in very challenging behaviour;<sup>6</sup> 2) children of low-income families among whose adult members anti-social behaviour is common, are found to be more prone to categorisation as CVCB; and 3) many of these children would have repeated a year at school.<sup>7</sup>

The early identification of patterns that lead to the likely development of seriously problematic behaviour, capable of bringing about extreme consequences for a young person, is useful in directing efforts to help these particularly vulnerable categories of children. Even in our country, professionals with hands-on experience seem to agree that many of the following characteristics often apply to CVCB in their teenage years: aggressive behaviour, including bullying; family conflict and breakdown; low achievement beginning in primary school; lack of commitment to school reflected in non-attendance; involvement with peers in problem behaviour; experimentation with drugs and alcohol. A three-year study that has recently been locally launched in this sector will likely shed more light on this field.

<sup>4</sup> Cfr. Sr. Magdalene Cauchi's paper, presented at the same Seminar.

<sup>5</sup> OFSTED, *Managing Challenging Behaviour*. HMI 2363, London 2005.

<sup>6</sup> It is noted that while noisy and boisterous behaviour by boys often attracts adults' attention, the self-harm, depression and eating disorders of girls tend to be less noticed, though they are equally indicative of a serious disturbance gravely affecting that suffering child.

<sup>7</sup> Many CVCB have little sense of belonging to the community in which they operate and because they are likely to have suffered more than the usual number of changes of school, their learning is disrupted and they experience difficulty in forming relationships with peers and staff. Their reading age is often two or three years below their chronological age.

## 2. Core issues affecting Children with V. Challenging Behaviour

CVCB could be suffering from disturbances due to emotional difficulties, family dysfunction, neurological conditions, neurosis and psychosis. Typical behaviours include aggression, destruction, self-injury and tantrums among others. For the purpose of our Working Group, we found it helpful to look at this through a medical classification as either:

- i. a type of Disruptive Behaviour Disorder – (Oppositional Defiant Disorder, Conduct Disorder and Attention Deficit Hyperactive Disorder);
- ii. or an Autistic Spectrum Disorder – which though also difficult to deal with, falls into a different category of behaviour brought about by a totally different kind of need and thus warrants attention but of necessity most of the appropriate responses to children in this category fall outside the remit of this Working Group. Professionals at the coalface say that these children are some of the most difficult to handle and the least understood – who nevertheless need to find acceptance. We agree that there will always be a need for professionals excelling in this field who can guide others who work with these children.

Among the common causal factors associated with CVCB we frequently find mental health problems in the child's family. Traumatic events in early childhood seem to tip the equilibrium of the child and make the world seem fundamentally unsafe and threatening. However, rejection by the mother is seen by many to be by far the most significant factor that results in subsequent trauma to the child and would likely bring about the onset of a range of worrying and exaggerated behaviours in the vulnerable personality of the developing youngster whose universe, at this stage is mostly one with the person of his mother, from which the child still needs to emotionally separate.<sup>8</sup>

<sup>8</sup> Cfr. BARBARA DOCKAR-DRYSDALE, *The Provision of Primary Experience*. Winicottian Work with Children and Adolescents, Jason Aronson, London 1991, 29.

### 2.1. A conceptual framework for addressing these issues

An analysis of case histories of CVCB, exemplified even by the brief case descriptions presented at the June Seminar, leads one to note certain common factors<sup>9</sup>:

- a) Home: lack of attachment, belonging, communication & security.
- b) School: misunderstandings, causing trouble and low-achievement.
- c) Containment: in place of something useful like therapy, for instance.<sup>10</sup>
- d) Reactions & self-esteem: hurt & anger shape the child's personality.<sup>11</sup>
- e) Conditions for Improvement.

In setting the coordinates for our work we believe that in order to be effective, we need to analyse how the strategies implemented through

<sup>9</sup> The themes that emerge centre around the following: Fragility or inexistence of bond with parents: identity crisis; rejection perceived by the older child as a parent-perpetrated injustice; trouble starting early on in life; parental response to child causing trouble was inadequate and lacked warmth and understanding and did little to address the pain of an increasingly desperate and long-suffering youngster; trouble with communication at home brings escalation and violence; presenting problem and professional help seem concentrated on the child: home situation receives little if any input and does not improve: child still does not 'belong' so the situation deteriorates further; overarching desire to belong and be accepted: living-at-home perceived by the child as comparable to living in the Garden of Eden; blaming his problems on an 'other' or on the limitations of 'the system', considering himself an outcast and so starts to 'belong' to a niche on its fringes; child wants to belong, but aware where the root of the problem lies, he feels himself wronged by the system/s and losing hope fast.

<sup>10</sup> Themes around containment included: the child rebels to possibly inadequate parental authority or that of substitute figures (eg. teacher); schools were unable to cope for long: changes of school; deterrents, medication, Mt. Carmel Hospital and a special school unable to do more than 'contain' the child.

<sup>11</sup> CVCB need to be protected from themselves and nurtured. The following themes are common: patterns of misbehaviour / aggression become entrenched; it's a cruel world: child seeks alienation through addictive behaviour: games, drugs and alcohol; need for unconditional love still there; emotionally starved child reacts desperately when kept from accessing alternative source of unconditional reciprocal attachment usually identified with a girl/boy-friend: runs away; attempts suicide; feeling of shame and stigma at irregular home and personal situation; child learns that for survival he can only depend on himself – reinforcing the value of being anti-social.

the various services therefore address the needs of CVCB at these corresponding conceptual levels:

- a) Working with the family of the child: monitoring of attachment patterns and care from Day One; monitoring of frequent or serious incidents that cause a certain concern for that child's well-being; family-oriented interventions; empowerment of children to enhance their resilience, self-esteem and ability to be assertive.
- b) Working with the school: space and tools for better communication; training for staff in dealing with CVCB; suitable structures put in place and adequate resources made available in order to help the school work with such students.
- c) Therapeutic resources and interventions: while meant first of all to keep the child functional and safe, in order to be effective these cannot remain stuck at the level of containment but need to be part of a multi-disciplinary intervention with the child and his family.
- d) Holistic work with a damaged, hurt and angry child: strategies need to be in place to assess situations carefully thus identifying the nature and implications of the difficulties, to manage very challenging behaviour and to keep these children away from addictive and harmful activities. Measures need to be taken to keep the child included within the school and group of reference if possible, and while there he also needs to be provided with nurture and protection coming from a caring adult.
- e) Recovery: the negative life-scripts of CVCB need to be effectively contradicted by suitable practical and therapeutic interventions in order that CVCB are made to feel significant, attended to and wanted. They need to feel included and safe and can improve as long as they are within some sort of a structured, predictable and child-friendly environment.

## 2.2. The Systemic Context

Given the multiplicity of causal factors, work with CVCB needs

also to be seen in the context of the problem's roots and proceed in the framework of a national plan of action. After reviewing the feedback we received and the minutes of the various workshops (a synthesis of which is reproduced below), the questions that were raised and the many recommendations made therein, the following conceptual map of critical areas and services imposes itself at a systems level:

- a) The Family Context
- b) Focusing on the Children
- c) Plan and Coordination of Services
- d) Community-based Services
- e) Residential Care and Special Education Services
- f) Legal Framework

### 2.2.1. The Family Context

The family unit remains the foundation stone of our society, an asset when it is united. Our society is not necessarily sufficiently conscious of the need to look at the difficulties the traditional model of family is facing and the effects that are resulting from these. Outside influences exert pressure on the family<sup>12</sup> – so there is a need to counter them, maybe through media and citizenship education, for the media was observed to be directly linked with disruptive behaviour in young people.

With respect to CVCB, we need to work with the family because children ultimately want solutions from their parents rather than from well-meaning service providers. When problems arise we need to treat not only the child, but also the family.<sup>13</sup>

On a general level, when children are taken into care, communication with their parents is especially important since the children need to see the presence and cooperation of their parents in their lives.<sup>14</sup> At the same

<sup>12</sup> Two key lamentable issues have to do with the family being under stress because of financial and other pressures, and a lack of quality time being set aside for the children.

<sup>13</sup> Therefore we need to provide services in a holistic manner: services which address the problems of the family keeping in mind both the needs of the progeny as well as those of the parents. As regards to education, we feel the need to reduce the stress that pupils are facing.

<sup>14</sup> Conscious of the importance that the influence of parental attitudes has in shaping the behaviour of the children, we also believe that parents need to be educated in order to take responsibility for the proper raising of their offspring.

time, we need to identify and work with families who enter a vicious circle and have children in care from one generation to another.

### 2.2.2. Focusing on the Children

Children have ‘tiny’ voices: we need to listen sensitively to what even young children want, especially when meetings with relatives, even parents, are concerned. Then again, someone needs to understand the children when they manifest challenging behaviour, keeping in mind that children who experience rejection and abuse are at a greater risk of acting out and starting on the road possibly towards very dangerous behaviour as adolescents. So they need to be handled with care if they are going to have any chance at all in life. Then again, children are different and so is the spectrum of their needs. With the knowledge at hand in this day and age, we need to establish different services and not take a one-size-fits-all approach. It takes time to develop appropriate services and helpful therapeutic interventions but this is not impossible to achieve.

### 2.2.3. Plan and Coordination of Services

Many are of the opinion that the present fragmentation of services needs to be countered by a Master Plan for the development of services to children and have sound coordination.<sup>15</sup> Studies need to be conducted, costings of services, quantification of the demand and a certain creativity in seeking funding would also need to be other components that characterise the work of the coordinating body. Concern over excessive case-loads and waiting lists that render the work of certain services necessarily superficial, was also a theme that came up again and again in our interviews and this is another reason why there should be a high level of coordination in making use of scarce human and financial resources.

As for the scarce provision of necessary services, one should say that the first step that wisdom calls for is that of preventing harm from occurring. Prevention cannot be dispensed with in a cost-cutting exercise. If we wait

<sup>15</sup> What could otherwise happen is that while say an agency that offers residential services focuses on helping the children, if no one is dealing with and supporting those children’s families, all the one’s effort would be useless as its effect would be cancelled out if the children keep frequenting extremely troubled homes and environments. It would be a case of two systems working against each other, hence the need for strong coordination.

for problems to crop up, the harm would be done and the remedy is likely to be pretty expensive just the same. Those who listened to the teenagers who contributed to the June Seminar heard them say that they want to live with their family and not in institutions. This needs to be recognised as the norm when it comes to children, and especially teenagers. In order to help them we need to face up to the fact that we need to model our services on the three principles of a) early intervention,<sup>16</sup> b) family-based work and c) systemic approaches.

### 2.2.4. Community-based Services

In order to better reach CVCB, who often tend to fall through the safety net of services that are ultimately set up for their benefit, we need to create more community-based services rather than investing in centralised services and Units. One such service could be that of mentoring a young person within the community.<sup>17</sup> This is a way of keeping children in their own nuclear or extended families, unless their families are harmful to them. At the same time it is important to emphasise once again the need to work both with the family as well as with the child. Since disruptive behaviour is often directly linked to a lack of parental attachment in early childhood, efforts should be made to ensure every child is given the opportunity to develop such attachments even if it would be more convenient to remove the child, place him in care and basically forget about him (because so long as the child’s physical safety is ensured chances are that no one will likely raise many questions as to that child’s emotional well-being and long-term good).

### 2.2.5. Residential Care and Special Education Services

With the current rate of family breakdown and the increasing pressure facing the more vulnerable members of our society, there is a need for alternatives to children living in their own families when the environment

<sup>16</sup> For instance, at the Seminar a mother complained that late diagnosis of mental health problems does little to help a teenager because things get worse by the time children are in secondary school – and the window of opportunity for recovery is by then much smaller.

<sup>17</sup> A point was made that CVCB often seem to lack a point of reference in their life – which need could be met by having a professional carer or mentor in the community, able to provide both help and support when needed. Such a service could possibly be developed in conjunction with local councils.

there is harmful for them. Thus the well-being of children requires us to have a back-up system of residential facilities catering for young people, giving them individual attention as necessary, even though initiatives to support the nuclear and extended family to care for its own are to be encouraged. This applies equally, if not more, to CVCB who require a specialised subset of suitable facilities. At its most basic, we need to have special schools which take account of the pupils' particular needs and care centres which provide care, warmth and a sense of belonging to children when these have to leave



*Jessica Portelli – Victoria, Gozo – 13 years*

their home, possibly because they feel rejected there. Factors which greatly influence this capacity for relating and for creating a climate of warmth and acceptance are the layout of the place according to its function, the furnishing provided, the regime applied and especially, the people who staff it. Competence in residential work, for instance, requires particular characteristics in the staff member, a professional knowledge base and many years of experience built upon it: good residential workers are a scarce and precious resource. Training cannot be dispensed with, as it is acknowledged to be essential in maintaining high standards in whatever setting and engendering consistency within a staff team, for instance. Structures, moreover, need to be appropriately specialised and up to standard.<sup>18</sup>

<sup>18</sup> For instance, with the worrying lowering in the age of first-time drug users, the need is felt to create a drug rehabilitation programme especially for adolescents, though currently these are sometimes treated at one of the existing centres. Then again, we cannot have services which profess to rehabilitate young people with challenging behaviour if these are in many ways sub-standard and structurally inadequate for the job. It is our opinion that if something is worth doing, then it is worth doing well.

### 2.2.6. Legal Framework

In the context of legal provision it is felt that as it is, the system leaves a lot of space for abuse, rejection and abandoning of children in care for years on end. We believe that there is a need for legislation which deals with the termination of parental rights, for instance. Given the depth of their desire and specialised therapy to address their deep hurts, CVCB deserve the chance to live within a family, if they so choose. On a different note, in cases of abuse, justice needs to be seen to be done with the perpetrators, else no wonder the children will remain angry at a society that has let them down badly and victimised, rather than vindicated, them. And finally, structures for funding and coordinating services and setting sensible standards in all areas to do with vulnerable children should be established in our Civil Code, so that the Maltese legislator can be seen to truly have the welfare of children at heart.

### 2.3. Strengths and Limitations of this Report

This Report means to provide a somewhat general overview of the current situation, whereas it would take a considerably lengthier study to tease out the finer details and do justice to the efforts of the people dedicated to making the many present services work, notwithstanding the difficulties they may have to face. We found sufficient collaboration from many quarters in discussing issues and eliciting the information required from some very busy and hardworking people, even though most of our research was conducted during the summer months. However, there were instances where information was difficult to extract or else we were given the 'official' line with respect to a service's strengths and limitations, which was a bit frustrating, for chances are that the reality is a little less rosy than what the official literature projects and aims for. Then again, we came across some examples of flexibility which 'saved the day' for some child's benefit, because the people behind the service did not refrain from going the extra mile for a service user's benefit and this gives great credit to those involved. Given the constraints in which we were working, the Report is not as rigorously scientific as we would have wished it to be and it should not be seen as such. However, we are satisfied that our findings can be taken to be sufficiently indicative of

the present situation to point out certain strengths and deficiencies and warrant the remedies suggested.

Having said that, however, the information provided was often sensitive in nature because sometimes the mentality is that in cases where they are met, shortcomings are often better overlooked in case they cast a shadow on the service's overall performance. Nevertheless it is our hope, that though we needed to obtain and later paint a picture – warts and all – and identify gaps in the current service provision for CVCB, the information contained herein will not be taken out of context or politicised in any way. If some services were praised in our group discussions (and the same obviously applies to what gets mentioned in this Report) this did not mean that they did not have any room for improvement. Likewise, if some aspect of a service was in some way criticised it did not mean that the service did not also do a lot of good or that the people behind it were not competent or dedicated. Rather, it meant that as with anything else of our making, these services have strengths as well as limitations, and it takes an ongoing effort to reach high standards, especially in services which draw on the human resources, expertise and limitations of staff working in unfavourable conditions – which conditions frequently exploit to an extreme the dedication of the workforce.

### 3. Findings: what is on offer in the fields of Education, Social Services, Health and Justice

#### 3.1. The Field of Education

##### 3.1.1. Strengths

Though it may be happening slowly, there seems to be a change of mentality coming about in the understanding of the needs of 'different children', the causes that shape their behaviour and the services they require.<sup>19</sup> Children and young people with very challenging behaviour

<sup>19</sup> The concept of individual educational needs has happily crept into our vocabulary, especially in the area of disability.

can avail of a number of services<sup>20</sup> within the present educational milieu in Malta and two recent Reports commissioned by Government in this sector aim to make the field more responsive to their needs.<sup>21</sup>

Many of the specialised services that come in contact with CVCB in this field are delivered by the Department of Education and by NGOs, especially those working with the disabled. The existing Education services provide some social work intervention both with families as well as within the community; counselling services; special education; awareness-building through discussions, lectures, courses, school visits, and radio programmes; services aimed to respond effectively to child protection issues, bullying and drug abuse; learning disabilities; and children who require a greater degree of support within a classroom setting.

Apart from a number of very good and dedicated front-line workers such as Heads of Schools and Teachers, there is also a dedicated but relatively small professional base of Psychologists and Social Workers whose members find support in a strong team spirit and networking and who have a certain level of expertise between them.<sup>22</sup>

Services to CVCB are meant to be delivered in a personalised and professional manner through the process of engagement, assessment, planning and intervention in order to provide the services required.<sup>23</sup> Moreover, where properly and sensitively implemented, the concept of

<sup>20</sup> Their effectiveness is another matter which requires closer attention to each service *per se* and in the overall context.

<sup>21</sup> The documents *Inclusive and Special Education Review (2005)* and *For All Children To Succeed (2005)* contain proposals to better the quality of education within the sector through the introduction of Learning Zones (LZ) within the school based on the principle of keeping the student in the classroom or reintegrating him or her back into the class as soon as possible, and Learning Centres (LC) for those students who still manifest difficulty in the mainstream school, where it is being suggested that placements be time-limited, individualised and task-centred. This is in keeping with the principle of reintegrating pupils into the mainstream whenever possible.

<sup>22</sup> However, they may lack specialised training in areas which may nowadays have become highly specialised.

<sup>23</sup> Whether this actually happens seems to depend on the resources available at the time.

inclusion has been accepted and taken root and appropriate policies put in place to support its implementation.<sup>24</sup>

Services not specifically aimed at CVCB are still helpful because they serve as preventive measures. Other services target this population of children specifically. LC such as Mater Dei aim to reintegrate some of their students back into mainstream schools and so have strategies in place to take on children on a part-time basis only, so that they retain their place in the mainstream school. Students are incentivated by means of rewards to bring about changes in attitude and encourage greater cooperation. They are offered life-skills to address problems who know their source beyond the classroom.<sup>25</sup> Special educational provision has also got the advantage of dedicated teachers dealing with smaller numbers of pupils, who however, remain quite demanding in themselves and require a range of innovative approaches in order to learn. Complementary education programmes run as pilot projects and those run by the Foundation for Educational Services<sup>26</sup> offer concrete help to the assessments and referrals done by the SpLD Unit, the Guidance and Counselling and the School Social Work and Psychological Services, among others.

### 3.1.2. Limitations

While strengths have been highlighted, it must also be acknowledged that shadows form part of the one reality and need to be addressed, for the educational services for CVCB will otherwise remain hampered by a number of issues. Many professionals agree that there is not enough happening to prevent children from finding themselves in extreme situations while acknowledging that though part of the problem lies with the educational environment and how a child's learning needs are managed, the trouble usually stems from dysfunctional families

<sup>24</sup> Still, this is not always the case especially with respect to CVCB.

<sup>25</sup> Students referred to Mater Dei, for instance, often go through a process of assessment and find talented and caring staff that attempt to address their various needs. The service offers them transport to and from school, mid-day lunch, reward systems and seeks the involvement of their families.

<sup>26</sup> Eg. The Foundation for Educational Services' programmes *Hilti*, *Nwar* and others that have been running for a few years now, along with, for example, the Johnny Boscos Learning Club (St. Patrick's Salesian School, 2004) and Johnny Boscos Reading Club (2005).

that resist change and refuse to cooperate with the educational services offered. Sometimes this happens because of mental health problems, but sometimes one may question whether that child's family is receiving the support that it needs.

While acknowledging that many underachieving CVCB require special educational provision, professionals in the field feel limited by the short time they can interact with the child on which they focus and feel particularly limited when their input decreases drastically during periods of school holidays and they later see the children regressed in their behaviour. The escalation of problems sometimes means that the school will find itself under increasing pressure to exclude the child. So far, there are few options for a child that is falling apart except to refer him to Mt. Carmel Hospital.

Then again, the services which can help CVCB are plagued by a scarcity of human resources, especially when one seeks particular characteristics in people.<sup>27</sup> This makes it unlikely to diagnose problems early on and in any case, even if used well, support services (clinical, psychiatric, family therapy, facilitators) are insufficient to meet the demand, and so waiting lists characterise many services. All in all, intervention tends to be too little too late. Precious human resources are already limited and then they are taken up by social workers pushing paper or attending court in relation to prosecuting parents and for juvenile court sessions when they could be spending more time engaging in direct work with children and families.<sup>28</sup>

The recent Report on Inclusion concludes that the objectives of the Inclusive Education policy have not yet been effectively implemented because staff remain unqualified and educational tools are not sufficiently

<sup>27</sup> Some think that the wrong kind or mix of staff sometimes limit the service that is being provided, when compared to the perceived need.

<sup>28</sup> Workers in certain sectors within this field would prefer to see these same social workers utilising their time in specialised front-line and necessary services like the professional supervision of colleagues in the field of education, and more contact hours with the young service-users who need them badly, as well as their families.

developed and made use of.<sup>29</sup> Some question if financial resources are not being pumped into a system which is not yielding value for money.

With regard to mainstreaming, many CVCB cannot be expected to function as well as their peers when they are being eaten on the inside by fundamental issues that gnaw at them continually. Apart from anything else, for it to work, the inclusion of CVCB in the mainstream frequently necessitates specialised support from a mentor, or more usually, a facilitator. However, the way the system is at present, though a statemented CVCB may retain his facilitator if he becomes a client of YPU<sup>30</sup>, that same child would automatically lose the service of a facilitator should his situation improve sufficiently so that he could be transferred to the only residential open school on the island (St. Patrick's Salesian School and Home for Boys in Sliema) where his need for residence can be more adequately catered for and where some effort is made to adapt the boys' curriculum and environment to a more accessible level, if necessary. While some children do sufficiently well without a facilitator in such an adapted environment, some do not. The present system does not differentiate between one statemented child and another and automatically deprives the children, so referred, of a service that could possibly well be essential for their education. It would be better if each boy's needs were reviewed on a case by case basis.

Even when Individual Educational Programmes are developed for a child they are not necessarily followed by Individual Educational Assessments to chart the achievements of these children. The Maltese education system values those who pass their academic subjects even if those who fail could excel in 1001 other matters. Is it possible that the teaching profession is not able to discover and harness the potential of

<sup>29</sup> The *Inclusive and Special Education Report* (2005) notes that in practice, only a third of the Learning Support Assistants were in reality qualified to do the work they have been given and there were many instances where the key tool, the Individual Educational Plan (IEP), was not being developed and implemented as required (pg. 61).

<sup>30</sup> This is only part of the truth because in effect the facilitator has a lot of say in whether to follow that child to Mt. Carmel Hospital or not, and then the Head of School needs to give the go ahead for the facilitator to attend YPU, which does not always happen, neither. These practices prove frustrating and warrant revision.

a CVCB and be flexible enough to meet the needs of these children? Can the professionals involved not address the fairness of the system as regards to the teaching and assessment strategies employed with regard to CVCB? While some signs of hope in this regard are already apparent in certain schools, other schools need to follow.

There is a need for training in managing CVCB for teaching staff since the latter are directly affected by these children's problems. These students cry out to be understood and educated rather than labelled and condemned, for unless the professionals understand where they are coming from, CVCB will become prey to even more frustration. Moreover, every child has potential and carers as well as educators are obliged to discover and exploit it in order to bring out the very best in each child.

### 3.2. The Sphere of Social Services

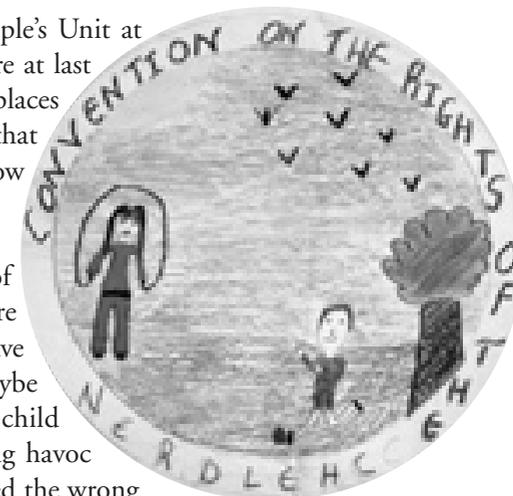
CVCB may come to the attention of social service personnel through different channels and today these channels are likely to be either through the school or through the parents or else through a concerned or aggravated individual who gets in touch with the Police or with Supportline 179. Primary intervention would likely consist of a meeting with a worker within the caring professions. Although it is becoming more common for children to be seen at the Child Development Assessment Unit (CDAU) the problems that CVCB face are not always diagnosed in this way. In many cases, early diagnosis is still a dream to wish for. Even when a diagnosis of something is made, it could be that the information given about the problem of the child is very limited. It is also rather likely that there will not be a service to follow up that diagnosis with appropriate action,<sup>31</sup> or else a choice is sometimes made by an adult to take the easy way out: ignoring the problem or referring the child who has that problem into someone else's responsibility.

<sup>31</sup> Eg. A child with a 'learning disability' was finally professionally diagnosed as being dyslexic. No indication is given, even after direct questioning, of what type of dyslexia he has, nor in what way can he be helped other than the carer being given the title of a book to go and read, and an intendedly helpful though woefully inadequate in the circumstances "if you require any further support don't hesitate to call us"! It is known, for instance, that these children would daily require many hours of personal support to mitigate the effects of this 'hidden disability'.

If such a child is lucky he will get to meet with a Social Worker who however, is probably carrying an impossible caseload and though she would like to assess the situation carefully in order to tease out the presenting problem's contributing factors, she will seek a qualified opinion and refer that child to the CDAU, whereupon he will wait his turn for an assessment that could easily identify him as the one with the problem, though it is much more likely that there are multiple serious problems within that child's family. When that assessment eventually reaches the Social Worker, she could discuss with the parents to see if some changes can be effected - and life goes on, however, if the situation warrants it, that child could be referred to Child Guidance Clinic and put on medication, while his parents could be referred to Family Therapy or Psychological Services where they will join a long waiting list - and possibly little would change except that time moves on. The situation doesn't always improve with time, however, and if matters escalate, the Social Worker is likely to quickly run out of options of where to refer that child for help. It is possible that at the parents' insistence or if the child is judged to be at risk of serious harm, a change of environment could be suggested and that child enters group care as a "voluntary" placement. The chances of that child being listened to, understood and finally start to receive the help he needs, depend largely on the preparedness, structures and resources of the Home to which he is sent. In the meantime, the Social Worker would have likely passed on the case to a colleague that works with children once they are placed in care (that colleague's caseload permitting) and quickly moves on to help another family. This new Social Worker could now start to get to know that child from scratch but owing to a caseload of 30 or more she can probably only afford that child a little over one hour a week of attention, on average. It takes months to get to know that child a little better and it would probably take an eternity to get to know his history, what makes him tick, his family's complex dynamics and work out the possibilities for his future - but then again she would be practically precluded from working with that child's family by practical limitations that leave her little chance of working with them as she would wish, should that family be in any measure open to change. That child however would probably be condemned to remain in care until something at home changes or else possibly until he kicks up enough of a fuss to

get himself sent to the Young People's Unit at Mt. Carmel Hospital (YPU), where at last he will be taken seriously, because places there are at a premium, and so at that stage someone is bound to ask how come that child ended up there.

Such is the story of quite a few of these children that concern us. There will be variations: the child would have been placed in care at birth or maybe the referral was made when that child became a teenager and was causing havoc at home. Maybe his family attracted the wrong kind of attention and he was taken into the custody of the State by Child Protection Services or maybe he was quite unwilling to reside in any kind of institution and was big enough to demand that his wishes be respected. However, the pattern from then onwards would have been pretty much the same. Either this Home or that, or, should he be young enough, maybe Fostering could be an option. Otherwise he may end up on the street or in a shelter - until someone takes him in or else 'the services' catch up with him.



Angie Abela  
Qala, Gozo  
13 years

The responsiveness of 'the system' is already a good thing. However we need to consider the adequacy of that response as well, because the system as it is today still has to be improved somewhat if it is to adequately meet the needs of these children. The logic is simple and preventative: the better the basic care system is, the more it will be able to meet the needs of the children, and the less CVCB will slip through the safety net it provides. According to British research, many CVCB hail from troubled families or are in public care.<sup>32</sup> The Maltese context is probably not dissimilar: however one needs to judge whether, and to what extent, the family, the existing care settings and the wider social welfare agents in our country are contributing to the perpetuation of the problems or else coming up with their solutions.

<sup>32</sup> OFSTED, *Managing Challenging Behaviour*, 9.

### 3.2.1. Strengths

#### 3.2.1.1. Residential Care Services

Residential group homes for children offer a caring environment with some variation in client group for which the Unit is meant and a certain diversity of services on offer. At the time of writing, one caters exclusively for babies under 3 years; eight others for children from 3 years onwards (but boys only until age 9); two others mostly for boys aged 9 plus; three are for young men but make some exceptions for older teenagers; two are exclusively for non-national minors; and two others accommodate girls aged 11 plus, with one of them being more indicated for girls with emotional and behavioural difficulties. The majority of these Homes are run by Church-affiliated organisations. Many offer a seven-day week service while some close down for the weekend. Apart from residential care, some offer pre-placement services, semi-residential programmes, social work intervention, therapy and after-care services. Practically, all residential care services in our country are still offered from within huge institutional settings, though the furnishing on the inside is frequently more appropriate for youngsters, while most offer settings where group size is usually somewhere between 6 and 10 children.<sup>33</sup>

CVCB have in the recent years been making up more of the client groups of these Homes, though usually these Units have only a limited capacity to deal with very challenging behaviour. Staff ratios vary with the most scarcely staffed being the Units that cater for older adolescents, presumably because these are more independent young people. Programmes for children are usually a bit structured, as becomes community living arrangements. However the mix of children remains quite haphazard and there is little differentiation in service provision by the types of need these children have. In such an arrangement, CVCB stand out like a sore thumb, always making demands, regularly getting into scraps and basically not 'fitting in' – with the concomitant risk of being transferred elsewhere after a while. In some Homes this risk

<sup>33</sup> Except in the case of babies, older adolescents and non-nationals where the services are more loosely structured and normal standards, for instance as regards group size, don't seem to apply.

is significantly greater than in those Units that may have developed particular strategies designed to prevent or contain some excesses of behaviour of these 'difficult' children.

The overall quality of residential care services varies. What appears to be important is not so much whether these services are delivered by lay or religious personnel because both have had their difficulties in managing different Units (as well as positive experiences) in the recent past. Rather, what appears to matter is whether the services delivered are really child-centred and sufficiently open to outside influences; whether families are involved in their estranged children's lives; whether provision has been made for ongoing assessments and therapeutic interventions with the children; whether the staff group is trained, united, adequately supported, experienced and consistent; whether the philosophy of the placements give the residents a say on the conduct of their life and a glimmer of hope for the future; and whether the children have at least some appreciation of the reasons for which they need to be in care. The content of the programmes in certain Units is important as this is what they profess to offer the children but just as important is whether a holistic approach is taken that sees the child's journey through care as part of a process guided by sympathetic professionals and from which that child may benefit through a good experience of care, comfort and control. Clear policies and efficient management should lead to a flexible process with a strong social work component in working with the child in the light of his significant reality: personal abilities, family ties and prospects for rehabilitation. Equally important is whether the organisation that manages the Home is forward-looking or stuck in times past; whether the staff are adequately selected and professionally supervised and whether they receive regular training. Units offering residential care placements should not become places where children languish in care for the rest of their childhood because those responsible for their welfare have given up on finding them a family. Rather, placements should normally be planned and purposeful, task-centred and time-limited and only one component of the overall care plan for a particular child. This requires serious investment in favour of these children, CVCB included.

Thankfully, most residential care structures in our country afford a good place for children to live a part of their childhood often with trained and dedicated staff that listen to them and give them plenty of attention, who see that they are reasonably comfortable, educate them and teach them skills for life. In some however, most staff are religious, recruited from within closed groups and work practically for free under conditions that would not be acceptable to many lay people. While their dedication is noted, the situation is far from healthy and should not be encouraged as, after all, its consequences render the workers less able to handle stress positively and deal with situations as best as they could.

An important service that a number of Homes make available to their children consists of psychological and therapeutic support by way of various approaches. These offer, for instance, support groups for adolescents and children, having sessions on the Home's premises so as to increase their accessibility, familiarity and ownership by the children, not to mention for facilitating communication with carers. These services currently offer continuity and stability and are facilitating the creation of a long-term therapeutic alliance that is helpful in counterbalancing a life of fragmentation and inconsistencies - that is often part and parcel of the reality of CVCB.

Research has shown that a particular model of psychological support and intervention offered in at least one of these Homes, proves to be effective in modifying social behaviour, the development of an inner locus of control, expression, containment and expansion of emotional material and work on traumatic episodes. It develops the use of an innate element of a child's method of making sense of the world: play, and presents a certain safety in therapy through the use of the metaphor as container. An advantage of the particular service offered in one of the Homes is that while being in-house it is still a bit cut off: this gives space to the children to self-refer after getting to know the service informally through other children. Being in-house also has the advantage of enabling the possibility of systemic intervention with the rest of the staff involved in the child's care and it has developed in such a way as to encompass therapeutic work with the family and the system within which the child works.

### 3.2.1.2. Non-residential Services

CVCB get attention from a number of field and community services as well. There are a number of trained professionals employed by the State, the Catholic Church and other NGOs ready to listen to these children and to intervene within the community, so that they get a chance to work with these children as well as with their families.<sup>34</sup> Child Protection Services are there to promote their safety; community social workers in the Cottonera district offer targeted intervention, tap community resources and engage in preventive work with pre-teens from that area; generic social workers maintain a holistic perspective of the child in his/her essential context, keep the case within their own Unit and have it in their brief to focus both on the family as well as on the child and thus have a wider field of contacts and experience when it comes to seeking options. Fostering services provide individualised care by trained individuals to a challenging child within a family environment, while in delicate cases, Supervised Access Visits personnel offer a high degree of flexibility to make it possible for the child to meet with his/her parents and siblings, even if that child is under a Care Order. In these cases the Children and Young Persons Advisory Board listens to the wishes of the child as well as to the professionals and while being well aware of the lacunae in the system, issues recommendations as to how to best care for the child, revising these periodically as necessary.

In the case of teenage children the Adolescent Outreach service works with a teenager without the need for him to take up residence in a children's home, though through established agreements it can call upon residential resources and the services of a psychologist to work better with a teenager in need of out-of-home care, if he so wishes. Other community-based interventions with CVCB may come through the school system if the youngster attends a Church school, as the Church Schools' existing network of Counsellors and Social Workers simultaneously engage with the youngster and his family to try to get the most out of an often difficult situation. A project called *Budz* is currently in the pipeline and aims to meet some of the needs of these youngsters in the community. Finally,

<sup>34</sup> Most of these services are available in Malta but OASI, for instance, carries out a great deal of preventive community work with children at risk in Gozo.

if there are disability issues, Support's Social Work and Community services can help in preventing a home situation from aggravating by supporting the children and their families while waiting for the other services to kick in.

### 3.2.2. Limitations

#### 3.2.2.1. Residential Care Services

Residential Care is quite a delicate and an expensive service. Thus it is not surprising that these services are often limited by scarce professional and financial resources notwithstanding the fact that even recently there has been an increase in children with special needs and CVCB coming into the care system. The latter sometimes pose a danger to themselves, other children and carers who sometimes find little in terms of backing when working with very disturbed children and adolescents. Quite a few of these carers are qualified or receive in-house training but they are usually under considerable and continuous stress as they try to deliver a caring but often limited service within structures that are probably more suited to short-term rather than long-term care. Unfortunately, CVCB can tax even the most skilled of professional carers to near breaking point and adequately resourced backup strategies are not often in place for such eventualities.

Residential group care is sometimes tacitly seen as a dumping ground for children, the end of the line, and CVCB are especially sensitive to this. Rather, it needs to be seen as part of a spectrum of services with preparation for leaving care forming part of its agenda. However, there is little enough specialisation of Care Homes according to strategies that aim to meet identified needs. Residential Social Workers in different agencies complain that they are often faced with a dearth of information when a child is admitted, which hinders planning for that child, and that Field Social Workers apply for admission into residential care only as a last resort, when constrained to do so, instead of putting together a strategy for early intervention and prevention.

Round about a third of CVCB that end up at YPU or YOURS (the juvenile section of the prisons) had been placed in care when they were still babies, which might account for the aggravation of the problems they might have already inherited from their parents. It needs to be pointed out that the practice of keeping babies in an institution is recognised around Europe as being obsolete if not downright harmful,<sup>35</sup> and it is likely that insufficient emphasis is being made so that babies could be raised in families rather than being institutionalised. Notwithstanding the fact that their carers at the Crèche are very loving, dedicated, hard-working and available, efforts should not be spared when it comes to reducing the number of children starting a care career at birth. If anything, accepting babies into a Crèche should be only resorted to as a temporary and very short-term measure.

Another limitation of the services is that when a Home specialises, it usually specifies the acceptance criteria for entry to its services and thus excludes those for whom its programmes do not really cater. When "Formula 1" closed, this in a way led to there again being no provision for teenage males with CVCB, who, quite often, were in any case unwilling or unable to reside in a Children's Home. From this lack in the system one can understand the tendency for members of this group of CVCB to end up in the only other options available: Mt. Carmel Hospital and YOURS.

Though work with families is recognised as being crucial to the reintegration of CVCB, the one most frequent complaint from the different Homes was that social work with the children's families was perceived to be insufficient and this aggravated problems for the child,

<sup>35</sup> "Young children (0 to 3 years) placed in residential care institutions without parents are at risk of harm in terms of attachment disorder, developmental delay and neural atrophy in the developing brain. The neglect and damage caused by early privation of parenting is equivalent to violence to a young child." – quotation from the Executive Summary of the EU / WHO research project "Mapping the number and characteristics of children under 3 in institutions across Europe at risk of harm" (University of Birmingham, UK Centre for Forensic and Family Psychology. ISBN: 0-704-32502-5). This important research report has highlighted the damage which can be done to babies and young children who are placed long-term in "Baby Homes" as babies need to receive consistent one-to-one care for their optimal development.

with which the entire Home system then had to deal. The frustration was particularly felt by insightful, trained, qualified and dedicated residential workers who understood the need to work with the family rather than in a vacuum, and were therefore faced with the relative futility of their efforts. Long term placements are still often (and one asks if not maybe unnecessarily) resorted to more or less automatically and lead to the effective institutionalisation of children. The young people remain in care for longer than they perceive as being necessary and get more frustrated when insufficient work is done with the family to facilitate their reintegration. They consider themselves 'caught' in the system. No wonder some of these kids inevitably strike out against it then – with the result that some of them get labelled as being, very definitely, CVCB. We wonder whose responsibility that is, then.

Sometimes, before a child is brought into care, one notices that there had been haphazard pseudo-solutions tried which translated into unnecessary pain for the child. Non-solutions are those that perpetuate an objectionable situation or those that create dependence rather than help move a child towards maturity and the interdependence of social values. One-to-one so called High Support caring needs to be evaluated, for instance, for there are aspects of this service that need to be reconsidered. At the same time, specialised fostering is an area that serves the same purpose better and calls out to be developed, for instance. Similarly, the establishment of a therapeutic community, where some of these same children that we are trying to reach through the High Support service can definitely be much better reached, and possibly more cheaply through viable alternatives, is sadly lacking. The situation of CVCB challenges policy-makers, service managers and providers to address not just the manifestation of these children's needs but especially their causes - and to satisfy those needs long-term rather than just cover them up temporarily.

The provision of certain placements for children who have outgrown their age in terms of the responsibilities they tend to carry, also came under fire since these 'children' really do not need protection at a certain

stage, so what is the point of their remaining resident within a service they no longer need nor desire?

CVCB manifest a marked need for quality therapeutic interventions, but financing for the psychological services offered by some Homes, for instance, often hinges on sponsorships and charitable contributions - which adds an element of uncertainty to the prolonged existence of these services. Homes, where such services are not always available, lack some type of psychological intervention service that provides immediate and intensive support for carers and children during a crisis. Such a service would limit the need for taking the road of referring a child to YPU when situations escalate. There is a weakness in the procedures which are applied and the cost of seeking swift (but private) consultation with the same professionals who would see that child in a State-sponsored service is sufficiently high to rule it out from being an option in times of need. Some children then are sufficiently damaged to warrant a placement in a 24-hour therapeutic programme, which does not yet even exist in our country. With respect to a particular service offered in one of the Homes, few resources for research into outcomes and effectiveness are available, and even though the service is offered in-house, interventions with profoundly damaged children take months and sometimes years of weekly or fortnightly sessions, and so there is a waiting list for this service as well, while the integration of the therapeutic intervention in the overall picture of the life of CVCB within the care setting can probably be managed more effectively.

### 3.2.2.2. Non-residential Services

The major limitations in the area of field and community services appear to be concentrated on the areas of caseload, resources, training, lack of services and late referrals.

Agencies across the board, as well as the Children and Young Persons Advisory Board, are being affected by a caseload that has become too high to permit work at a certain depth, notwithstanding the fact that the professionals behind these services are often conscious of, and frustrated with, this limitation of their service. Needless to say, since CVCB need

more in-depth interventions, in this scenario they are generally less likely to get them. The introduction of waiting lists for receiving certain services has become a necessary evil, given the present situation.

Financial and human resources are required in many of the services and it was pointed out that CVCB sometimes require more than twice as many resources as other children. Many professionals are also quite aware of the need for specific training in order to work with CVCB and this is a major stumbling block which is likely to account for some of the difficulties that CVCB have in accessing services normally provided to other children: service providers often feel they should (and in fact do) refrain from taking on some particular responsibilities as they are unprepared for meeting the needs of these demanding, and in some ways unpredictable, children.

Faced with a wide array of problems social workers feel that there is a lack of services to which to refer those who seek their help. At one level many acknowledge that more work needs to be done with the families of these children, while on the other they recognise that the service providers are choc-a-bloc even when it comes to services for male CVCB aged between 6 and 9 years, when they seek respite care services for foster families and when they are in need of a semi-secure placement as an alternative to prison for a CVCB. Some services acknowledge that there is need for more preventive work and that while clients are often in receipt of social work services, in reality they “need much more than that”.

In other services, frustration comes about mainly, not because the resources don't exist, but because referral happens too late, i.e. when a situation has deteriorated and there is little the social workers can do to prevent it breaking down completely. Not intervening in good time makes work that much more difficult. Someone needs to take responsibility for working with the child and the family before matters go too far. In this sense, some services have more potential and could be better placed than others as they can work both holistically as well as preventatively. Otherwise, at the end of the day the losers are almost always the children, who get the blame and are then labelled “challenging” for acting out.

### 3.3. The Field of Health Services

Specific health services for CVCB are delivered through a number of Units run by the Dept. of Health. Interventions take place on an out-patient or in-patient basis, according to need.

#### 3.3.1. Strengths

Out-patient intervention for CVCB starts with a visit to a paediatrician or a referral to the CDAU in order to assess disquieting behaviour or a possible developmental disability. This Unit provides a wide multi-disciplinary assessment and has good liaison with the Education Dept. The Child Guidance Clinic is an outpatient clinic that offers psychiatric services for children with childhood neurosis, behavioural problems, enuresis and autism. It is easily accessible, child-centred and therapeutically, rather than medically, oriented and prides itself on not having a waiting list.

CVCB requiring emergency inpatient treatment are admitted to the Mixed Admission Ward (MAW) at Mt. Carmel Hospital (MCH) and from there proceed to the Young People's Unit (YPU), to the Male Ward 1 (MW1) or Female Ward 1 (FW1). The MAW offers a mixed-gender setting that better emulates normal life in the community and permits patients to be treated and prepared for discharge in a more normalised setting. Since the practice of good gate-keeping is being enforced, the MAW maintains an efficient, responsive acute treatment ethos without becoming blocked by chronic or otherwise unsuitable patients.

The MW1 and FW1 are “end of the line” acute treatment facilities and have the capacity to contain and treat extreme situations of acute and severe psychiatric disturbance that could not be managed elsewhere. The fact that patients are gender segregated affords greater safety from the adverse consequences of sexual and physical misbehaviour, particularly for the more vulnerable female gender. Also, some patients may feel that it is more dignified for them to be with their own gender when they are behaviourally disturbed.

The YPU is a specialised eight bedded (four male, four female) multidisciplinary adolescent Unit (under 16 years) with a time-out/seclusion room, situated outside the hospital gates. The YPU includes a small classroom with a full-time teacher, an occupational therapy room and an outdoor recreational/therapeutic activity programme. CVCB and children suffering from all types of mental disorder (e.g. conduct and emotional, psychotic, mood, eating and developmental disorders) may be admitted if the disorder has not responded to outpatient care and the youngster would benefit from a period of residential assessment/therapy to enable safe containment, limit setting, specialised intervention, respite for primary caregivers or a “total” therapeutic environment.<sup>36</sup> Youngsters are only admitted by prior assessment to this specialised Unit. Thus the YPU enables vulnerable, at risk and behaviourally disturbed youngsters to be treated away from the risks of psychiatrically disturbed adults and it also enables the use of specialised treatment programmes (including special education) and environmental settings more appropriate to the needs of young people.

### 3.3.2. Limitations

Mt. Carmel Hospital takes on a duplicate role which confuses its function insofar as it offers possibly the only secure accommodation for CVCB outside of prison, but its main role remains that of being a Psychiatric Hospital. Even young patients resident at YPU suffer from the stigma associated with mental health problems in our country and so there is a price to pay to avail of this Unit’s services. Out-patient facilities, on the other hand, do not carry much of a stigma.

The CDAU is limited by a lack of psychologists and by insufficient eventual follow-up of cases within a school context by such psychological support services as may be available outside of this Unit for school children. Follow-ups are not done because there is a dearth of psychologists available and thus the School Psychological Services, for instance, would not normally take a case that “belongs” to the CDAU. On the other hand, since there are more occupational therapists, speech therapists etc., such follow-ups are regularly carried out. The Child Guidance Clinic

<sup>36</sup> Substance misusers are not admitted.

could likewise profit from more staff in order to offer the necessary therapy and support. The enforced protocol at the MAW does mean that, from the perspective of the individual patient, transfer elsewhere may become necessary whilst the patient, family and treating psychiatrist may have wished otherwise. This may be perceived as uncaring, rejecting and counter therapeutic. Then there are both sexual and physical risks, and also potential hazards to the dignity of patients inherent in nursing psychiatrically unwell males and females together, and this puts greater demand upon professional staff, especially nursing staff, in terms of handling situations and timely identification of unsuitable patients.

The professionals involved acknowledge that the level of disturbance and the nature of the therapeutic tasks carried out in MW1 or FW1, by their very nature, lend themselves to a less homely environment (unless human and maintenance resources are much more), and also to more stigmatisation. On the male side, there is a strong tendency for the ward environment to be unhomely and neglected, and for the permitted behaviours (in the absence of a female presence) to be less socially acceptable and less conducive to preparation for discharge from hospital. This leads to institutionalisation. Though at times admission to these wards may be necessary, they are not really suitable for treating CVCB and this is done as a last resort.

As regards the YPU, although originally intended for adolescents, over the years it came to cater also for younger children, since need, demand and resource availability have not, to date, justified two separate Unit nits. Youngsters who become too behaviourally disturbed, sexually promiscuous or otherwise unmanageable, may require temporary or permanent transfer to other wards particularly MAW, MW1 and FW1. Youngsters also have to be transferred elsewhere if they have outgrown/outlived the usefulness of the Unit and are not fit for discharge. Disturbed young people are themselves disparate in their needs and thus, nursing disturbed youngsters together can generate new problems stemming from peer pressure, bullying, adverse modelling, ganging, etc. Although an important therapeutic ingredient is, actually utilising such misbehaviours as a focus for treatment in a safely controlled environment, however, the wrong “mix” of youngsters can tax even the most skilled professionals to near-breaking point. Ideally there

would be a sufficient range of sub-specialised YPUs to cater for the acute assessment and reception phase, the separation of young children from older adolescents, the separation of the most violent from the more timid severely disturbed youngsters, and finally, sufficient community outlets. Such measures would prevent youngsters from being initially admitted to, or later transferred to adult MCH settings. However, there are certainly neither the human nor the financial resources available to date and furthermore, it is uncertain whether there are enough youngsters in each category, on a small island like Malta, to run so many Units. Finally, there is at least a theoretical risk of generating an artificial need so as to justify so many places with ultimately more youngsters spending long periods in residential care.

This Unit could do with more therapeutic and nursing staff, with its own transport and sufficient therapeutic play material. External elements make its work more difficult in that for instance at school, large classes with many children, contain a proportional amount of triggering factors which may make CVCB more easily disturbed, threatening their stability, and once they prove to be a danger to self or others, such children are not contained in their schools anymore and end up attending the YPU class. Then again it is quite difficult to integrate them back into a mainstream school with the added stigma of someone who has mental health problems. This adds to the problems they have to cope with at school, since Trade Schools are no longer available, even though such children are not usually academically orientated.

In relation to reintegration into the community, when Homes do not keep youngsters during the weekend and such a child has no supportive family to go to, he has to spend the weekend at the YPU. Thus it takes a long time for such children to be discharged from the YPU – which has its own repercussions.<sup>37</sup>

<sup>37</sup> If CVCB had more structured supportive services in the community, some of them would be able to remain in their respective home and maybe 'carers' or mentors could work with them on an individual basis after school hours and tap normal community resources for social integration purposes. Help for the family both as awareness as well as hints on the handling of CVCB would help if this were offered along with a respite service when such youngsters are still in their family, thus offering a non-stigmatising service congruent with the principle of prevention.

### 3.4. Services connected with the Dept. of Justice

As they grow older, CVCB are increasingly likely to fall foul of the Law, since their behaviour expresses itself in strong anti-social traits. The measures available in this sphere are heavily inclined towards helping the individual through non-voluntary compliance within the community (Juvenile Court; Probation Services) and highly restrictive residential services like SATU (applicable to individuals who wish to grow out of a drug abuse problem) and YOURS.

#### 3.4.1. Strengths

Children in trouble with the Law get special treatment because of their age, particularly through a Magistrate experienced in dealing with minors and the special circumstances of their case, which are also taken into consideration. CVCB can avail of the services offered by the Department of Probation which favour community-based sentences as alternatives to imprisonment. These sentences include Probation Order, Suspended Sentence (supervision), Community Service Order, Combination Order and Provisional Order of Supervision (Bail). Besides, the Probation Officer can also be appointed by the Court to prepare reports such as a Pre-Sentencing Report and a Social Inquiry Report. These reports help the Court to form an opinion as to the suitability of a sentence to be applied to the offender. When a person is placed under the supervision of a Probation Officer for a period of time, there is a lot of contact with the offender. Through this, the problems of the individual are assessed and hopefully in time the individual gets back on the right track, though this depends on his motivation. Through engagement with a Probation Officer, the problems and needs of the offender are assessed. The problems the young person may face are multi-faceted, so networking with other agencies becomes a strength for even more reasons than usual. Several times Probation Officers end up working with other members of the offender's family, thus extending their focus to the family and not just to the problematised child.

In cases of sentenced individuals, the Substance Abuse Therapeutic Unit (SATU) offers a setting for male inmates who are trying to kick a drug habit. Similar services may be given through the St. Anna and Sta.

Maria communities. The idea is that while serving their prison sentence, inmates are also given a chance to follow a rehabilitation programme that includes a three month detoxification and observation phase, therapeutic group-work, and personal counselling. During the last few months of the programme, the individual is sent to work out of the Unit in order to start the process of re-integrating into society. The Unit tries to cater for the individual's needs in co-operation with other agencies and working also with his family in order to help him restore his relationships in the best possible way. This also helps the resident to find a more supporting environment once he is released. SATU also offers a five year follow-up to all the residents who terminate their sentence there.

### 3.4.2. Limitations

Limitations apply to the Probation Services in so far as the young people who are given an opportunity to reintegrate themselves once again in the community may refrain from abiding by the conditions imposed by the Court or else the young person might break the law once again whilst under probation. In this case the Probation Officer has no other alternative but to report the individual to the Court. SATU deals with people with a confirmed prison sentence, so this already limits the type of help which an individual can receive. Also, not being an autonomous institution, SATU always requires the approval of the Director of the Corradino Correctional Facility for anything which needs to be done. Funding is also a limitation when it comes to running the therapeutic programme.

The fact that some young people are sent to YOURS because the Court decides that their home environment is more harmful for them and there is nowhere else for them to go to, is a weakness of the service. A limited but consistent pattern of young people in this predicament has been established and professionals fear that this could result in a YOURS population that includes children staying on in prison because they are 'social cases', whereas these should be reared in a more appropriate setting. Young people are committing more serious crimes today so there is a need for professionals in the field to take preventive action and act on the tell-tale signs that emerge much earlier than when the child first

comes in trouble with the law, such signs being, for instance: absconding from school; starting to use drugs at a young age; and a lack of adequate attention from families which are already burdened with social problems. Justice officials feel that there is a need for more tools in order to bolster the professional front-liners' efforts to maintain CVCB away from the slippery slope of criminality. One such tool would be alternative residential facilities, apart from YOURS and Mt Carmel Hospital's services. Otherwise, if we allow relatively new entrants into this field to mix with hardened criminals who deserve to spend time behind bars, we will have a recipe for disaster.

## 4. Analysis: Getting the Picture

CVCB form part of a bigger group of children who receive services for one reason or another – maybe just because of the fact of them still being children. To do them justice we do well to situate them within the bigger picture before focusing on them as children who 'do not fit'. One wonders however, whether there is an increase in the number of these children or maybe just an increasing awareness of the problems they create?

### 4.1. How we got where we are

Services to CVCB developed over time and took various forms as indicated by the cultural situation that prevailed at the time. Current service provision in Malta is largely shaped by the historical legacy and the well-meaningfulness of philanthropic individuals and organised bodies like the Church or the State who responded to the needs of the times by setting up various genres of institutions to work with these children. However, cultural change is a reality that comes about almost imperceptibly and no one will dispute that the current situation with its concomitant demands and expectations, is today very different from what it was even some ten or twenty years ago. The slow realisation that vulnerable groups place a certain responsibility on the "welfare state" saw the progressive emergence of a "welfare society" with its associated professional base and new managerialist approach to service delivery, for a large part based, however, on the principle of efficiency. In this context, a debate on the style of delivery of services risked being principally driven

by the notion of value-for-money rather than by the value of human dignity and distributive justice. However, it was a positive realisation that valued children's place as being within a family and affirmed that there is a society within which they belong – rather than from which they could be excluded if they did not 'fit'. In time, the value of residential group care for vulnerable categories of children became pitted against the value of community care. Debates that took place abroad (eg. in the UK in the 1990s) often questioned the wisdom of community care and some local governments' decisions to do away with the provision of residential care facilities only to have to reintroduce them after a few years. In reality, good strategists of childcare provision noted that both residential and community-based services complemented each other. As a result of various pressures, the shape that residential care services took: the size of a Unit, the staff-to-client ratio, the actual definition of the client group, the nature of the problems addressed and the qualities of the services that came with it, went through a lot of changes so as to render the current services virtually unrecognisable from what there was in the past.

The selfsame demands are slowly weaving themselves into the services provided within Maltese society. Slowly, time is catching up with us and the professionals at the front-lines have been feeling the increasing demands made upon them and how the system is struggling to cope. In a context like this, CVCB stand out by doing what they are excellent at: upping the ante and pushing the system to its limits. We believe that at this point, change is inevitable. It is simply a question of managing it wisely or else watching the system collapse.

#### 4.2. Where we want to go

In discussing the various approaches to CVCB the members of the Working Group showed a preference for services that take a broad **holistic** approach to solving these children problems, situating them in their essential family context rather than a narrow problem-focussed approach. These children need to be accompanied in many ways in order to reach a state of maturity. This reflects itself in the child progressively reaching states of **independence** and helped to reintegrate within society. Thus,

services that take dependency to a level beyond that which is warranted by the child's state of emotional development would be frowned upon while those that **prevent** the child from becoming entrenched in unhelpful patterns of behaviour ought to be favoured, as becomes those services that effectively help a child's **reintegration**. We are of the opinion that these criteria need to inform the services that should be an expression of the best in society's attitudes, values and responses.

It is a pity that in this day and age there exists a high level of illiteracy in the Maltese population. It is said that this amounts to about 10% and that Malta seems to have held this statistic more or less steady over the past few years, which is an indication that the problem does not simply stem from a certain lack of educational opportunities but rather from a sub-culture that does not value learning sufficiently. In our view, **early intervention** needs to address those conditions that hinder learning in the young child and make for good, healthy **social functioning** and, eventually, **accessibility** to society's services and benefits. The conditions leading to some children's premature frustration and consequent rebellion within scholastic settings that base themselves on literary prowess, need to be satisfactorily addressed if we wish to see a reduction rather than an increase in very challenging behaviour in school settings. This calls for monitoring and review of the effectiveness of national strategies and supporting mechanisms in this regard and possibly the reversal of certain decisions. In fact education and early intervention strategies can be identified as ways of preventing a pattern of social and peer difficulties from becoming entrenched. With regard to coping well with CVCB in educational establishments, emphasis needs to be made on the **management style and abilities** of Heads of Schools in maintaining the rule of law in the school ethos and providing a support system consisting of particular spaces and services (Learning Zones) within the school for these children's benefit. Learning Centres may be made use of for some time or maybe particular schools with an **adapted curriculum** could be sought for longer periods, rather than force automatic reintegration of these children into mainstream facilities.<sup>38</sup> The need for **alternative non-**

<sup>38</sup> Nurture classes, a modified curriculum and trained teachers seem to make a difference, according to the UK Report.

**academic education**, like basic-trade schools, ought to be considered for these children.

Some systems keep being applied to CVCB, either because of limited effectiveness, heavy side-effects or exorbitant costs. For instance, they are not applied in such a way as to provide the desired results.<sup>39</sup>

What appears to work in practice, however, are systems that provide **structure, security and stability** to combat an uncertainty which the child might not yet be strong enough to handle and which is present at a deep level within him. Though CVCB may appear tough and rebellious on the outside, this is likely a shell built around a hurting soft core that serves them well as a means of defence and survival. What is often referred to as their *attention seeking behaviour* can be thought of as *attention-needing behaviour* typical of an earlier time in their development. Though the term may sound a bit cliché, CVCB respond well to **being loved** and having all the goodness within them teased out. This often means **respecting their individuality** and taking them back to the time when they stopped growing. “Fixing” them can be seen as **meeting their unmet needs** and helping them gain the tools they need in order to function sufficiently well as people within society.

Those who work with CVCB need **support** from other professionals; the children need to be **normalised**,<sup>40</sup> and more **intensive work** needs to be done by Field Social Workers and other professionals working with the **family**, so that children don't remain in anxiety-compounding situations for longer than necessary.<sup>41</sup> For those who need them, it is desirable that a range of **therapeutic programmes** be made available: well resourced, well organised and with highly prepared staff able to deliver the therapeutic

<sup>39</sup> Such systems include: heavy medication; High Support carers; 1-to-1 facilitators mostly as a measure to contain behaviour; and structures that provide little apart from containment.

<sup>40</sup> The practice of labelling these children, like when those in care are called “Tas-sorijiet”, aggravates their behaviour.

<sup>41</sup> This amounts to staying in children's Homes for a long-time, for instance. In this respect the Field Social Workers's task to assess the home situation and the parenting capacity of the adults therein and if necessary provide another family for these children (from when the children are young enough) in a reasonably short time, cannot be undervalued.

care these children need in order to recover and get on with their lives. Such provision would be a hallmark of secondary **prevention**.

CVCB need to have a range of concrete **support services available** to them, and it is especially important for older teenagers in this category to be offered the possibility of **choice** when it comes to the decision of accessing these services. In their urge to experience life, adolescents nevertheless do not wish to stand out from the crowd and would appreciate accessing help discreetly. This applies all the more for CVCB who might be dealing with a lot of pain and anger, and long to be ‘normal’ as they struggle to blend in, often without much success. For children like these therefore, **community-based services** would probably be more **accessible** than centralised and highly visible monoliths. Moreover, support services with easy access need to be present, visible and available both in times of crisis as well as in ordinary times in order to render them familiar landmarks. One could suggest that certain services possibly be somehow relocated and hopefully associated with community sport and youth centres if we really wish teenage CVCB to avail of them and yet not create new alien structures or unwarranted dependencies.

#### 4.3. The Gaps: Identifying what is missing

##### 1) The need for a Master Plan for the development of services

There is no Master Plan to guide the development of services. The approach itself to the provision of services to CVCB, needs to be examined: one may be forgiven for asking whether the system is serving the needs of the clients or whether it is really vice-versa.

##### a. Rights as Motivators

The concept of Children's Rights is not the prime motivating factor affecting the development of services, especially those aimed at the more vulnerable.

**b. Adult Perspectives**

When we, as adults, address the problems of CVCB, we need to have the children's perspectives in mind as this will have a crucial bearing on the solutions to work for.

**c. Early Identification**

Those children who are likely to become CVCB need to be identified as early as possible and there ought to be appropriate interventions available. It ought to be possible to have a system based on early intervention which satisfactorily addresses the problems by tackling the causes and affording the child and his carers the support they need for a more or less 'normal' functioning in society.

**d. Implementing the National Minimum Curriculum**

The Curriculum needs to be adapted to the needs of troubled children so that rather than fall out with the school system and being referred to the National Board for School Behaviour these children's interests could be harnessed in order to learn the basic subjects, otherwise we risk these children ending up continually fighting the system, with little benefit to anybody.

**e. Pre-Teens and Teens**

The willingness of teenagers to access less-restrictive services is sometimes prompted by a stint in YOURS or MCH. These teenagers' willingness to access and engage with the less-restrictive services is frequently a major factor in deciding the outcome of their young lives. The Working Group favoured the line of thought that says that pre-teen children need protection from harm but older teenagers need to be allowed to exercise their freedom of choice, since they normally resist anything that massively restricts their freedom, unless they have knowingly subscribed to it. Even for those who find making such choices difficult however, mentoring, therapy, support and shelter (maybe on a drop-in basis) could be made available so that

these young people might appropriately access the services that are there to help them and assist them in making positive choices for their lives. Their 'being difficult', is frequently a necessary part of their transition to adulthood and thus needs to be gradual and managed carefully.

**f. Training**

Training was often requested by the front-liners that were interviewed and this was often meant to address particular sectors, like child development and the handling of CVCB. This need was expressed even and especially by graduates and experienced professionals who need an applied theoretical basis for their actions. In our opinion it could also reflect the frustration of workers in this field as they struggle to understand these children and how to properly handle them.

**g. Myths**

Our wishes for resolution of these children's problems should not be pinned to an unhelpful myth based on unavailable 'magical' resources, as if having more psychologists, for instance, would solve all the problems these children are facing. For the typical CVCB the single hour that the young person could spend engaging with a psychologist needs to be seen in the context of the other 23 hours of that person's life that day... not to mention the rest of the week! While the need for these and other professionals is not to be underestimated, our search for solutions should be directed realistically and effectively.

**h. Services for treatment and follow up**

Services that are meant to assess and diagnose abound. Their quality varies. However, assessment is only the first step of a process. It is *treatment* and *follow-up* services that take up the bulk of resources in providing effective help, and these are what is frequently missing, or is often left to voluntary groups and individuals to provide. Very often, the need to 'do more with

less' serves a political or economic purpose rather than the good of vulnerable individuals. In a society that really wishes to help these children, this is an imbalance that calls for redress.

#### **i. Legal**

The lack of a legal framework for admitting a child in care, outlining the responsibilities of parents, service brokers, providers and of the State towards the more vulnerable of its citizens, is deeply felt by professionals in the field. Of special concern is the admission of babies and very young children into care rather than the provision of support for all children to be reared within their own or another family. The former is rather straightforward but very damaging to the child: at times it is all too easy for parents to hand over a child into other people's care and still retain more or less complete control over that child's life. This is unethical for the child and betrays some very basic children's rights. We now know that what happens in the child's early months is crucial to that child's healthy development.

#### **j. Justice**

The youth justice system is still rudimentary in Malta, with few enough alternatives for young people whose challenging behaviour lands them in court.

#### **k. Regulation of international adoptions**

Lack of regulation on adoptive practices or long-term placements from foreign countries is leading to an increase in the population of CVCB. The effects are felt with a delay of a few years when services start struggling to cope with new or increased and unforeseen demands.

### **2) Containment vs Treatment**

Falling back on containment is often done out of necessity, because 'healing' is too costly to resource and choice-and-consequence learning appears to be difficult to implement.

#### **a. Long-Term Residential Care**

Though there has been progress in this field, there is still currently too much indiscriminate reliance on long-term residential care when research is showing that the drawbacks of long-term residential care may well be outweighing the benefits. Moreover, most, if not all, residential care should be therapeutic in character. This is most definitely not always so in our country at the present time and in our opinion it reflects successive governments' scarce investment in favour of the young – who often remain voiceless and whose interests are sidelined.

#### **b. Specialisation**

The generally unchallenged lack of specialisation of roles amongst the existing Group Homes militates against the development of tailor-made programmes for children with specific difficulties in favour of a generic residential service that in this way risks becoming, in many ways, little more than cheap and glorified baby-sitting.

#### **c. Therapeutic Communities**

There is a felt need for one or more therapeutic communities (group homes) for young CVCB offering time-limited programmes with real ties with the family of origin of the children.

#### **d. Specialised Fostering and High Support services**

Lack of awareness of (and investment in) specialised fostering, as well as in respite care and support for specialised foster carers, coupled with a lack of a legal and financial framework to support foster carers, weaken the benefits of this method of work. When this is contrasted with the calls for an evaluation and revision of the High Support service that has been put in place to try and contain difficult situations, it is sometimes questioned whether the money that is currently being invested

in this service could not be more profitably channelled towards developing a specialised fostering service for these same children, for instance?

#### **e. Crisis Intervention**

The lack of a crisis intervention service that can be community-based and within the home, rather than in an institution, leads to CVCB becoming marginalised. The lack of systemic crisis intervention for some Group Homes has too often resulted in the contacting of YPU and the hurried admission of children in the wake of a crisis situation.

#### **f. Secure Unit**

There is currently no secure Unit as an alternative to the YPU. Unfortunately, there is a lot of stigma attached to an otherwise helpful service that was intended to be nothing more than a hospital ward for young and somewhat disturbed patients.

#### **g. Research**

Where are the homes for 'difficult' youngsters? What ages are in practice admissible to each? For how long do these youngsters stay? Doing what? Professionals feel that research in this area needs to be done and/or publicised, so that the extent of the problems and the effectiveness of the existing interventions can be determined.

#### **h. Work with Families**

Work with dysfunctional families has been identified as underdeveloped, whereas a proactive stance appears to be called for in certain cases. This applies in particular to community work with families who do not value education or are besieged by mental illness. Notwithstanding the high quality of the professionals thoroughly engaged in this field, owing to the economics of the State's social workers' caseloads, there is frequently a certain scarcity of work with the family once a child enters a residential placement – that hopefully (but

in practice unusually) will be time-limited and purposeful. Moreover since in the case of children in residential care the social work intervention is focused on the child much more than on the family, there is often a lack of quality social work follow-up shortly after a child leaves residential care and enters a sink-or-swim scenario.

#### **i. Female Educational Provision**

There does not appear to be a special school that caters for 'difficult' girls and the Unit that caters for girls with very challenging behaviour has limitations when it comes to containment.

#### **j. Inclusive Education**

The effective development of Learning Zones and Learning Centres is 'a reality in the making'. However, the integration into mainstream schools will be a distant dream for many of the children we are focusing on, though it ought to be possible for some of them. Alternative, not wholly academic, education is insufficiently available at the moment.<sup>42</sup>

#### **k. Resources for Coping**

Human resources are insufficient to cope with CVCB. Schools,

<sup>42</sup> The move towards Learning Zones and Learning Centres is a good thing. However, CVCB have little tolerance for the normal level of frustration that the average child feels when something is imposed upon him. This is exemplified by the challenges set for them by being given a 'normal' HW; by their targeting rules just in order to break them; by their frequent defiance in the face of authority; by their apparently spontaneous reactions to an imagined or a perceived threat. They respond a lot better when they have a choice about making something their own. In line with the current policy of inclusion, where schools are under pressure to provide the best of service for all of their children, schemes that offer informal, imaginative ways to help pupils learn, that reduce behavioural problems, that improve these difficult children's attainment and increase their self-esteem are to be encouraged. This can be an approach that recognises the connection between children's educational achievements and what they learn through their informal pastimes when these are linked to core learning and activities. By offering homework clubs / breakfast clubs for the younger kids / subject-based activities / creative activities / Physical Education and sports on an informal and opt-in basis, especially outside school hours, a suitably managed educational establishment would be able to adopt an approach able to focus on meeting the needs of individual pupils and to tackle issues such as exclusion and low self-esteem which are both causes and effects of very challenging behaviour. There exist few examples of these schemes in Maltese schools.

for instance, end up under pressure to expel a child. Also, there is a lack of facilities for teenagers and highly disturbed youngsters.

### **l. Children with Disabilities**

Young people with serious autism present very challenging behaviour as well, which is also quite difficult to cope with. The present shortage of residential services for young people with disability means that children are being hospitalised for longer than necessary due to fatigue from the parents' side.

### **m. Youth Centres and Activities**

A lack of appealing and organised activities in their locality encourages the development of unsocialised and delinquent traits in CVCB who often end up roaming the streets during school holiday-times when their environment is poorly resourced in terms of formal social-associative structures.

### **n. Aggravating Factors**

Certain factors are aggravating problems: family dysfunction; 'environmental impoverishment'; and the scarcity of educational institutions that address the Complementary and Alternative Education gaps.

### **o. Vice**

It is felt that there is a need for adequate recovery and treatment services for adolescents struggling with the onset of vice. Also, law enforcement presents certain dilemmas in the case of teenagers who ignore probation conditions – it takes time to catch up with a lad who started on a deviant track and, more importantly, help him stay on the straight and narrow. Alcohol and drug abuse usually start as experiments and could be a common factor in teenagers who as a result of their use, find themselves at risk of exclusion from mainstream society.

### **p. Bullying and Abuse**

There is a lack in terms of a structure in every school that identifies a person to deal with issues of bullying, though the same cannot be said about questions of abuse, where progress in reporting has been registered and problems now lie with the investigation and response to cases.

## **4.4. Getting there: Specific Measures**

We need to focus on particular target groups if we are to provide a service and make suggestions in terms of the needs of the child – rather than of the system that is providing for those needs. However, since some services apply across the boarder, it is opportune to make some points with regard to scholastic settings for instance:

- a. Since many CVCB have poor language skills and have experienced problems with reading and writing often from very early in life, schools should tackle these as a priority;
- b. Behaviour improves through building ties with the parents and where the physical quality of the scholastic and residential structures is welcoming, stimulating and well-maintained;
- c. Research indicates that there is an important link between behaviour and the curriculum. Schools for CVCB should focus on the quality of teaching and the provision of an appropriate curriculum for these kinds of pupils;
- d. Heads of Schools, Teachers and Learning Assistants should be trained in behaviour management;
- e. Expectations of behaviour should be set and maintained consistently by all staff;
- f. It is possible to set up a special school that caters for CVCB so long as it is equipped to meet these children's needs;

- g. There is a need for behaviour policies in schools, which set out expectations clearly;
- h. The practice of excluding CVCB in order to enable teachers to cope more effectively with difficult behaviour, does not necessarily enhance teachers' confidence and ability to manage poor behaviour. Regular training, focused on classroom practice, is rather what should be opted for to do the trick;
- i. 'Nurture groups' often meet the needs of younger CVCB that have emotional, behavioural and social difficulties and find it difficult to concentrate and behave themselves in a classroom setting, and learn. However, these need to be run by staff trained to use specific techniques;
- j. A good range of additional activities in secondary schools increases interest, motivates students and better engages CVCB, whereas late starting lessons, disorganised classrooms, low expectations and unsuitable tasks bring out the worst in these vulnerable students, who will often go to certain lengths in order to attract attention. A quiet room is an asset in a school that wants to keep CVCB included;
- k. Links with parents are most successful when parents are seen as partners rather than being blamed for the poor behaviour of their children. These parents welcome news of their children's successes as well as being informed about unacceptable behaviour;
- l. Effective multi-agency work requires strong collaboration between partners;
- m. In order to manage CVCB one needs to agree on what types of behaviour schools and other settings find challenging. All agree that the behaviour of some pupils affects the climate of

the learning community and disrupts their own and others' progress. Emotionally, behaviourally and socially disordered (EBSO) pupils are the most difficult group for schools<sup>43</sup> to manage: conflicts can arise between meeting individual needs and the efficient education of other children. Schools and other settings can be expected to solve most behaviour problems themselves – but not all. They need specialist support from other services to do this.

Thus, one may safely say that key issues for seeing improvements in the situation of CVCB in a scholastic setting encompass and include:

- intervening early to address emotional and behavioural problems;
- preventing truancy in order to strengthen inclusion and attainment;
- re-engaging pupils in learning through extra-curricular activities, and developing a more diverse curriculum;
- re-integrating pupils who have been excluded; and
- working with and supporting parents.

Since apart from the School, the external causes of very challenging behaviour in children and young people can be grouped under headings such as Family, Neighbourhood and Life-events, it is suggested to tackle each and not just one of these areas in the search for a long-term positive outcome for the affected children. Emphasis is once again made on the following points:

- a. Prevention and Education;
- b. Early Identification and Intervention;
- c. Provision of services in the areas of Counselling, Family Therapy, Foster Parenting and Medical support;

<sup>43</sup> Pupils with Special Educational Needs who attend Special Schools have EBSO or Specific Learning Difficulties, often with associated challenging behaviour.

- d. Making better use of scarce human, professional and structural resources by better networking and utilising modern methods of intervention;
- e. Residential support and treatment services through both residential group care and psychiatric treatment settings. However, in the latter the criteria to be followed for admission would need to be strictly adhered to, for instance:
  - very challenging behaviour;
  - need for a specialised and residential intervention;
  - need to modify behaviour in a controlled setting;
  - parents experiencing major problems that have to do with their total loss of control of the child and their proximity to exhaustion;
  - the child's need for effective limit setting;
  - the need to break a vicious circle before the young person's behaviour spirals out of control; and
  - the need to instil a measure of hope in the child and his or her carers;
- f. Differentiating residential settings:
  - establishing each residential Centre's purpose and function;
  - separating the ages of the children therein accommodated, when appropriate;
  - distinguishing between types of problems; and
  - managing the Centres differently so as to provide services tailored to the different needs: some could have structured programmes while others could offer family-style domestic settings, for instance.

## 4.5. Suggestions for a National Strategy

### 4.5.1. The Concept

It is being suggested that the hallmarks of a strategy to address the needs of CVCB be the following:

1. UNITE fragmented systems by addressing fragmentation at a top level as in our country where there are currently two easily identifiable major service providers: the Catholic Church and the State;
2. REFORM services that are no longer a priority or are not delivering;
3. SUSTAIN and enhance systems that are functioning by pointing out the models of good practice within the existing system;
4. CREATE the services that are missing but are felt to be necessary.

### 4.5.2. The Plan

In other words the Strategy should touch upon the following Areas:

- a **Master Plan** needs to be created,
- existing **Policies** need to be harmonised in a spirit of partnership, and
- a **Network** structure of services identified and, where necessary, built.

### 4.5.3. Its Goals

Any concrete proposals within the national strategy should address two types of goals that take into account the long-term good of the system, as well as the agony caused by the present situation.

#### 4.5.3.1. Long-Term Advantage

- Appraise resources and existing services according to the criteria set out in the above discussion, redesigning certain services that are:
  - proving to be problematic, are stuck in a rut, or are being counter-productive;
  - contributing to perpetuating the problems rather than delivering solutions; or

- addressing resources towards secondary rather than primary targets of intervention; or
- being seen as inappropriate for certain kinds of intervention.
- Set up a Master Plan within which different perspectives for individual and family support services and interventions can be integrated;
- Resource the Master Plan and implement it.



Peter Paul Camilleri – Zabbar – 14 years

#### 4.5.3.2. Short Term Goals

Do some tweaking of the current system by:

- investing in some temporary stop-gap measures to start with;
- utilising the current services to the full;
- providing increased training for the staff; and
- seeking as much flexibility as the present mix of services can offer.

#### 4.6. Non-Exhaustive List of Useful Services for CVCB

The following list of services takes into account the wider context that deals with CVCB. The children that our working definition focuses upon are those that fall through most of the existing services. However, had one or more of the existing services not been in place, we believe that there would be many more children who would ‘fall through the net’ and would have found themselves becoming part of the focus group of the Commissioner for Children’s project. In this sense, the present services to some extent exercise a preventive function and their capacity to help and contain CVCB needs to be taken into consideration.

<b>Appogg</b>	Access – Cottonera Community Services Adolescent Outreach Service Child Protection Services Family Therapy Services Foster Care Services Generic Services High Support Service Initial Response Service Looked After Children Team <i>Programm Ulied Darna</i> Psychological Services Supportline 179
<b>Caritas</b>	New Hope Programme
<b>Conservatorio Vincenzo Bugeja Foundation</b>	Jeanne Antide Home Programm Fejda
<b>Courts of Justice</b>	Juvenile Court
<b>Department of Correctional Services</b>	Probation Services Substance Abuse Therapeutic Unit Young Offenders Unit of Rehabilitation Services
<b>Department of Education</b>	Anti-Bullying Service Anti-Substance Abuse Service Foundation for Educational Services’ programmes Guidance and Counselling Service Inclusive and Special Education Sector – ‘Facilitators’ <i>Mater Dei</i> school National Board for School Behaviour Parenting Skills Courses School Psychological Services School Social Work Service Special Schools dealing with specific difficulties SpLD Unit St. Patrick’s Craft Centre
<b>Department of Health</b>	Mt. Carmel – Female Ward I Mt. Carmel – Male Ward I Mt. Carmel – Mixed Admission Ward Mt. Carmel – Young People’s Unit St. Luke’s – Child Development Assessment Unit St. Luke’s – Child Guidance Clinic
<b>Dominican Sisters</b>	Lourdes Home (Gozo)
<b>Eden Foundation</b>	Facilitators
<b>Foundation for Respite Care Services</b>	<i>Dar il-Kaptan</i>

*Table continues overleaf*

<b>Kummissjoni Ejjew Ghandi</b>	Individual Counselling and Support Groups St. Joseph's Home, Sta. Venera Ursoline Creche 0-3yrs Various Homes for Children 3yrs+
<b>Management Committee</b>	<i>Dar is-Sliem</i> – Birkirkara <i>Dar is-Sliem</i> – Sta Venera
<b>Ministry for the Family and Social Solidarity</b>	Children and Young Persons' Advisory Board
<b>Oasi Foundation</b>	<i>Oasi</i>
<b>Roman Catholic Church Curia</b>	Church School Counselling Service Church Schools Social Work Service <i>Id-Dar tal-Providenza</i>
<b>Salesians of Don Bosco</b>	Dramatherapy Service Osanna Pia Salesian Youth Hostel St. Patrick's School and Residential Children Services
<b>Sapport</b>	Community Services Social Work Services
<b>Sedqa</b>	Alcohol Community Team <i>Dar l-Impenn</i> Drugs Community Team Prevention Community-Based Programmes Prevention School-Based Programmes <i>Santa Marija</i>
<b>Suret il-Bniedem</b>	<i>Dar Leopoldu</i> <i>Dar Teresa Spinelli</i>
<b>Various</b>	Psychologists in private practice

## 5. Conclusion

The discussion around the concept of children with very challenging behaviour, the description of the services on offer with a look at their collective strengths and limitations and the analysis wrought out above ought to have sufficiently identified the conclusions to which this Report tends. There are no magic phrases that can summarise all the above. The members of this Working Group simply note that there are good services that are delivering even though some CVCB do fall through the safety net again and again. We came across examples of good practice where we saw that principles that result from authoritative sources, such as scientific

research<sup>44</sup> and Council of Europe documents<sup>45</sup>, are to a greater extent being applied in Malta, while we also highlighted some suggestions as to how certain matters can improve.

The fact remains that while there are a number of services which serve children and young people with very challenging behaviour, sometimes we can spot the children that will go through major suffering tomorrow and we do nothing about it, for the principle of prevention is not given the priority it deserves. Many have a tendency to react once the bells start ringing and to look at CVCB from the angle of the problems they create for us... but this Working Group believes that we should rather be proactive and look at how we can really help *them!*

For the purpose of constructive action we have put a spotlight on the failures of the system in this Report, but we must also, in all justice, acknowledge its successes: like coming across many micro-systems that prevent a situation from getting to the point where a child has to be expelled from a residential care or school environment, for instance – and so joining the ranks of CVCB for whom this whole project was intended; as well as measures that prevent a child from leaving the system insufficiently prepared, only to return to it once again shortly after.

The question may be put: where does one begin? As resources are meagre, to what should we give priority? Will it be to the most vulnerable or to the ones that cause us most trouble? In terms of research it would have been useful if someone were one day to study how certain factors combine and affect the quality of life of these children. Factors like the mistreatment of children are sometimes not too difficult to detect. However, the lack of early identification of children not securely attached to their parents coupled with the availability of an easy solution of how to offload unwanted offspring onto a care-giving system where general

<sup>44</sup> DEPARTMENT OF HEALTH, *Caring for Children Away from Home: Messages from Research*, John Wiley & Sons, Chichester 1998. (ISBN: 0-471-98475-2).

<sup>45</sup> E.g. Cfr. COUNCIL OF EUROPE - Working Group on Children at Risk and in Care, *Children in Institutions: Prevention and Alternative Care*, Strasbourg 2004. Also cfr. COUNCIL OF EUROPE – Committee of Ministers, Recommendation Rec(2005)5 on the Rights of Children Living in Residential Institutions, Strasbourg, 2005.

care is probably good but where they do not have the possibility of forming secure lasting attachments with a significant adult, are less easily identifiable as problematic. Thus we will predictably continue to have children growing up in a system that is ill-prepared to meet their needs and when they come to an age where they start really demanding personal attention then someone will once again wonder as to what their problem is and how to contain them. Is it too much to suggest that to meet the greater problems that our society will face tomorrow we need to gear our national response to start as early as possible...?

Some of these children that can cause havoc at school or that are institutionalised today, and others in different circumstances who might not have come in contact with the social care professionals, will grow up unattached and unable to bond and form relationships. They will always carry with them a painful void and consequent huge individual needs that will result in developing EBSD with their associated very challenging behaviours. Their happiness will be fleeting, superficial and temporary because they lack that first human requirement of a secure base. Throughout their young lives, and possibly later, they will require huge amounts of resources in order to contain them and maybe help them build another script and version of who they are and what they can be. The destruction that their first bad experiences of attachment wreaked in their lives cannot and will not be erased. They can only be mitigated and substituted by a second version – and the quicker that process can start the better the chances of every one of these children's recovery. This is why none of these children should ever be raised in well-meaning baby-homes for more than a few days of their lives, but once identified, it needs to be acknowledged that they have a real need to be cared for in a small family environment. The system of care-giving institutions is there to help but sometimes the goodness of this system can be, and is, abused of.

While the State carries responsibility for its citizens and cannot be said to be doing nothing, on the other hand, even today the Catholic Church in our island, through its lay and religious members and institutions, can be singled out as the one major, if only semi-professional, player



Clyde Farrugia – San Gwann – 10 years

in the field of caring for families in difficulty and troubled children in particular. The Church has hundreds of years of history of being innovative and responding to emerging problems affecting the most vulnerable in our midst, as well as an unrivalled capacity at starting a host of educative and charitable works and maintaining them over time. Malta being Malta, the winds of change take years to filter down to this land and its people. Conscious of the signs of the times, Church and State should seek to work in partnership in order to build together and deliver a Master Plan of services informed by Christian values, for the benefit of the future of this country's children and their families, charting out a roadmap for the development of the same.

To quote from a person who was well known in the sector of work with very difficult children and adolescents: “The management of violence is its prevention”<sup>46</sup>. With today's greater knowledge of the psychological factors affecting a child's life and development, we have the duty to revise the systems we currently sustain and see if they can be adapted to the needs of today and tomorrow. If, on the other hand, they have outgrown their usefulness then they should be done away with and new solutions actively sought.

Change might not come about easily, however, when it is necessary, one might as well embrace the challenges that it presents and invest in our children's future to mark it with hope. •

<sup>46</sup> DOCKAR DRYSDALE BARBARA, *The Provision of Primary Experience*. Winnicottian Work with Children and Adolescents, 127.

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Report on Services Abroad  
Mr Malcolm Micallef

**It is thus recommended that individual professionals are nurtured and supported as it is often such persons who are in the front-line of distressing and difficult situations.**

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## **1 Introduction**

This report is part of a research project commissioned by the Commissioner for Children about children with very challenging behaviour. The focus of this paper will be on services available abroad which cater for the mentioned population. Various evidence-based services available abroad<sup>1</sup> will be reviewed and a number of recommendations made on the potential adaptation and implementation in the local context. The services suggested target children under eighteen years of age, in accordance to the local legal context in which individuals aged less than eighteen are still considered as minors. This paper first describes how the research project was carried out by this working group, including potential biases and limitations. This will be followed by a presentation on a number of international, evidence-based programmes discussed by members of the research group. The individual needs of the child are first addressed followed by educational provisions, family and peer oriented programmes and services provided in the community at large. The final section concludes by making a number of recommendations underlining the salient points which need to be taken into consideration when setting up local provision for children with very challenging behaviour in the local context, on the basis of the review of what is happening in other countries.

The group was composed of professionals coming from social, educational and justice fields, as well as parents. Each member freely chose to participate in this group after attending a seminar organised by the Commissioner for Children, which seminar launched this work

<sup>1</sup> The working definition of evidence-based practice adopted by this working group is that proposed by Hyde et al, 2003, p15) "Evidence-based practices are those clinical and administrative practices that have been proven to consistently produce a specific, intended results. These practices have been studied in both research settings, such in controlled, clinical trials, and in real world environments, such as community mental health programmes. In both settings, study of the practice has shown that it produces the defined, expected outcomes that is intended to produce. The types of evidence that produce this 'proof' vary in type and strength"

group. The group met for two hours a week for four months after working hours.

It should be noted that the selection process of the services which are presented in this report was determined by the experience and/or expertise of the individual group members concerned. The data collection process was thus based on secondary sources, as various members made presentations on services they were familiar with; the members concerned however, had extensive exposure to various services and programmes in their particular area, both locally and abroad. While this ensured that the members concerned were convinced of the effectiveness of the programmes and provisions presented, this could also have constituted a limitation since members may have been favourably biased towards the services mentioned in their presentations. The members of the group presented services from different countries, mainly from the UK, the US, Israel, and Australia. Although the members of the group discussed various evidence-based services in different countries, the nature of the research project did not permit a comprehensive and exhaustive examination of the services available in these and other countries. Despite this limitation, the group believes that this research effort provides sound and valid conclusions, and together with the other four research groups, makes an important contribution to the development of adequate and effective provisions for children with very challenging behaviour in Malta.

The definition of children with very challenging behaviour adopted by the group was that presented by the Commissioner for Children in her opening speech:

Behaviours of such intensity, frequency or duration that the physical safety of the person or others are placed in serious jeopardy, or behaviour which seriously limits the person's access to ordinary settings, activities and experiences.

However, the group felt that this definition was too wide for such a study, given the time constraints and the nature and practicality of the project. The group thus decided that the services proposed would focus only on children and adolescents with severe social, emotional and

behavioural difficulties (SEBD), excluding challenging behaviour related to other conditions.

### **1.1 Services and Programmes Proposed**

As previously mentioned, the services discussed ranged from individually based approaches to community focussed interventions. Thus, the paper first addresses the focus on the individual, followed by programmes which are school-based, family-oriented and eventually leading to services which involve a community/therapeutic approach, such as residential services. These separations are primarily categorised for the sake of clarity, but it became increasingly clear to the group that the boundaries are not very firm. This was particularly the case in the section outlining the possibilities for young offenders where the above categories were found as very interlinked.

## **2. Individually based intervention**

### **2.1 Dynamic Assessment**

Although most of the services proposed target the individual client and the systems that s/he lives in, the following approach targets the individual client per se. This approach is called Dynamic Assessment and can be applied in any setting as it seeks to work with an individual in terms of the potential s/he has for changing his/her way of thinking. Dynamic Assessment is a broad approach, not a particular test for assessment. The method used is that of an active teaching process which has as its basis the belief that people can change and improve cognitively through the interaction of a trained person. The theoretical basis of this method is Vygotsky's (1986) socio-cultural theory with particular emphasis given to zone of proximal development and scaffolding. The fore father of dynamic assessment is Reuven Feuerstein (Kozulin & Rand, 2000) with his theory of structural cognitive modifiability and mediated learning experience.

Basically, this approach claims that a person's perception, learning, thinking and problem solving can be modified through mediation. This means that an adult or a peer interposes him/herself between the new

learning situation and the learner, so that the new situation is made accessible for learning.

Dynamic assessment can be used when a child has had limited experience of formal education. It is also useful when it is thought that a child's learning might be more affected by their feelings about learning. Questions in this approach go beyond 'how does this child compare with others of the same age?'

How is dynamic assessment different?

- It does not put minority groups and children with special education needs at a disadvantage.
- Motivational, emotional, and personality factors are taken into consideration and part of the whole process.
- Learning processes and metacognitive factors are discussed with the learner as s/he takes an active role in his/her own learning. Information about how much instruction a child requires in order to complete a task is given.
- Recommendations on remediation processes, specific interventions, and prescriptive teaching are possible in this approach.
- The emphasis, in this approach, is on the process and aims at increasing the learner's self esteem.
- Information about specific teaching strategies that have been shown to help the child learn and bring about higher levels of functioning.
- Information about the strategies used by the child in attempting a task, both before and after teaching.
- Measures of change are more closely related to teaching processes than they are to conventional measures of intelligence.

Useful strategies for mediating

- Process questioning
- Bridging
- Challenging

- Teaching about rules
- Emphasising order, predictability, problem-solving sequences and strategies
- Verbal anticipation
- Interpreting their behaviour
- Motivating
- Mediating the importance of mediation
- Stretching attention span
- Encouraging child to take own time
- Demonstrating repair

## 2.2 Mentoring

There are two types of mentoring: natural mentoring, usually involving an older sibling or a relative, neighbour, teacher, etc and formal mentoring programmes ranging from pre-school age children to adolescents. These programmes are very popular in the States, such as Big Brothers, Big Sisters and also used in England, such as CHANCE UK. These programmes are included in various social fields, such as the justice department, the education department, and youth sector and community services.

In Malta, mentoring for now exists only informally as natural mentoring relationships. When planning services one must be aware of this already existent aspect and make best use of it. Introducing Formal mentoring programmes might enhance the already existent from. Care must be taken when using natural mentoring. Rather than formalising these relationships one can include formal programmes along the already existent natural mentoring. In formal mentoring programmes, the volunteers that will be working as mentors will be supervised regularly, as well as receive on going training. Mentoring can influence positively development among youths mainly through the mechanisms of provision of social support, role modeling, offering opportunities to develop new skills and advocacy (DuBois and Silverthorn, 2005). Moreover mentors may serve as:

- crucial educators
- support figures

- promoters of learning and competence
- opportunity for exposure to positive social norms
- to increase a sense of self efficacy and mattering
- and help youth get awareness of their potential.

A recent meta analysis research found significant but small evidence of an overall positive effect of mentoring programmes on the emotional, behavioural and educational aspects of the participating youth. These findings are in agreement with recent reviews of literature. Moreover, formal mentoring programmes have been found to have stronger effects when they were used for youths who were experiencing either individual and environmental risks or just environmental risk rather than when they were used with youths who did not experience either type of risk. Natural Mentoring relationships do indicate some ability offset negative effects of individual and environmental risk, but having a mentor was not enough to fully compensate for the effects of these risks (DuBois and Silverthorn, 2005). Thus mentoring on its own is insufficient to fully address the needs of the youth at risk. The cultivation of mentoring relationships within comprehensive multi faceted interventions, offers greater promises.

Supporting mentoring ties with non parent adults during this period have the potential to be a key contributor to promoting outcomes important to public health goals and objectives. For adolescents who are on transition to adulthood, these ties can help adolescents to face unique challenges of identity development, independence in negotiating demands in education, work and interpersonal domains. Research on formal mentoring programmes suggests that the benefits of mentoring may vary depending on whether youths can be considered vulnerable because of individual or environmental risks.

### 3. Educational provision

**Educational provisions for children with very challenging behaviour in the UK (based on an evaluation report carried out by P.Cooper (2001) *We can work it out: What works in educating pupils with SEBD outside mainstream classrooms*)**

### 3.1 Special schools, pupil referral units (PRUs), and learning support units (LSUs):

- There is evidence of both negative and positive practices, of both effective and ineffective services, particularly with regards to special schools and PRUs
- The recent LSU centres based in mainstream schools for pupils considered at risk for exclusion and providing separate, short term teaching and support programmes tailored to the needs of difficult students, appear to be promising. The units provide both socio-emotional support as well as academic programmes and the idea is to integrate the students back in the mainstream as early as possible - students cannot stay at the unit more than 2 terms. There are clear criteria and procedures for pupils' entry and exit from the centre as well as time limits on pupil attendance at the centre. The emphasis is on the preventive, as opposed to punitive, function of the centre, with pupils' learning and behavioural needs identified and clear targets set within an agreed time frame, and academic programmes are based as far as possible on the National Minimum Curriculum. The emphasis is on enabling the pupil to manage in the mainstream classroom and there is a clear strategy and procedure for returning pupils to full-time mainstream placement
- A proposal for a PRU for pupils with emotional and behavioural problems based on similar units in other countries has been made by the Educational Welfare Services in Malta some years ago. The unit is intended as a short time, time-limited transition and integration centre, with students being dually registered at the unit as well as at their mainstream school. It will cater for three types of pupils, namely, excluded students from 8 to 14 years, with the aim of reintegrating them back in the mainstream; 8 to 14 year old students with behavioural difficulties to prevent exclusion and reintegrate them into the referring school; and excluded 15-16 year old students who cannot be reintegrated in their school and who will take part in a transitional programme

providing work experience, career advice, community work and further education. All students will have an individual educational programme

- These forms of provision can be effective in promoting the positive social, emotional and academic progress of students where
  - there are clear entry and exit criteria
  - there is a climate of positive and supportive relationships between staff and students, and efforts to forge cooperative relationships with families and outside agencies
  - measures that provide students with opportunities to return to the mainstream, are in place
  - explicit attention is paid to the formal curriculum

### 3.2 Educational and therapeutic approaches combined

- Practices include intensive interaction, peer support practices, circle time, communication opportunity groups/ social skills training, mentoring schemes (see section 2.2 in this chapter), outreach schools and nurture groups
- Nurture groups provide short term therapeutic support with the aim of integrating students in the mainstream. The practical day to day work of the nurture group is rooted in an understanding of the developmental needs of children, the interdependence of social, emotional and cognitive factors, and a commitment to the fostering of positive, healthy development. In secondary school, nurture groups are usually part-time with students attending only for some of the time and they also provided on an outreach basis, with nurture support provided in the mainstream class. Research evidence suggests improvement in both behaviour and academic progress and a positive influence on the school as a whole
- Effective practices underlined emotional competence, communication skills, mobilisation of peer support, the importance of attachment in the early years, the need for

responsibility and self directedness in adolescence, the power of caring relationships and institutions.

### 3.3 Systemic and multidisciplinary approaches

- Cross-sector educational liaison programmes (links between special and mainstream schools)
- Cross agency outreach programmes, with close school-family collaboration and coordinated systems of educational, social, health and other services. Some exemplars of such services include:
  - a project consisted of a day special school, a residential unit, short-term residential unit, a family social work service
  - a programme between education and social work staff consisting of a residential team, an education team and an outreach team, providing support to children and their families (including systemic family therapy) at school and at home by the outreach team and seeking to keep children at their school, family and community as much as possible. The programme was characterised by highly flexible community based and multidisciplinary intervention strategies
  - school and family based multidisciplinary intervention programmes, eg. BEST teams in the UK
- Students receiving such coordinated services (from USA review study carried out by Blau & Brumer, 1996):
  - are less likely to be placed in a restrictive environment such as hospitals or residential services and to spend less time if placed there
  - have fewer contacts with juvenile justice system than others and demonstrate improvements in related variables such as school attendance and academic performance
  - the approach is cost effective compared to alternative less coordinated forms of interventions

### 3.4 Conclusion

- Qualities of the provision that seems most conducive to the positive development of students with SEBD:
  - a sense of security and safety
  - an environment where students are valued as persons and that nurtures self respect and self esteem
  - supportive interpersonal relationships with staff who respect students as persons
  - opportunities to develop social, personal and academic skills and to become self directing
  - the chance and necessary support for students to achieve academic success and qualifications and/or vocational qualifications
  - opportunities for students to exercise responsibility
  - exposure of students to positive role models and positive models of relationships
  - humanity and flexibility in the way the institution is run with respect for persons as the guiding principle
- While the goal is to make these features an integral part of mainstream schools for all students, in the short term, alternative provision for children with challenging behaviour should reflect the following criteria:
  - clarity of purpose in terms of what the intervention sets out to achieve, and who is the provision for
  - well-defined procedures regulating the quality of social and interpersonal relationships which foster students' personal and social development
  - an emphasis on the development of personal, interpersonal and cognitive skills
  - a formal curriculum focus
  - an emphasis on external and/or internal methods of behaviour regulation
  - clear and active relationships with mainstream provision and an emphasis on opportunities and procedures for

securing the inclusion of students in mainstream provision where this is in the interests of the individual student

- opportunities to evaluate the effectiveness of intervention in terms of perceptions, processes and outcomes
  - structured, individualised programmes that prepare the student for the world beyond the provision
  - clear channels of communication between the provision and other agencies
- The evaluation report concludes that while in the long term effective provision for children with SEBD may be provided in the mainstream if the needs of students are adequately met and addressed, presently alternative provision has a great deal to offer mainstream education. The two sectors can learn from each other and become more effective by cooperating and coordinating their services. The need for alternative provision will be lessened however, by approaches to teaching and learning in mainstream settings that pay closer heed to the complex interplay between social, emotional and cognitive development. The report underlines that SEBD is a complex phenomenon and that this complexity is reflected in the multidisciplinary, cross-professional approaches and community based programmes, and that there is a need for more multi-agency intervention programmes for effective practice to take place.

## 4. Family and community based services

### 4.1 Adlerian approaches and programmes

This approach focuses on pointing out strengths, and building self-esteem, in a democratic and respectful way. A misbehaving child is seen as a discouraged child and the level of misbehaving is in proportion to the discouragement. Managing misbehaviour with the use of punishments and rewards often backfires and results in worse behaviour. The positive, social and cognitive psychology of Alfred Adler, founder of the humanistic

school, offers a different outlook and approach. It is a holistic approach aimed at the 'client' and also for the significant others in the child's life, namely parents and educators.

Adlerian programmes, like S.T.E.P. and Active Parenting, being applied in the USA, Canada and other countries, have been evaluated and researched by Burnett (1988), Jackson and Brown (1986), Magwaza and Edwards (1991). In such programmes, some of the topics covered include: goals of behaviour; family atmosphere and personality development; emotions; encouragement vs praise; reflective listening; alternatives to rewards and punishments; building self-esteem; family meetings (Journal of Individual Psychology volume 53, 1997).

UK based programmes, such as those developed by Behaviour Management in Education Foundation, Connexions, Youth Inclusion Programme, YIP, Harp and others, base their approach on the above mentioned principles and are registering success.

#### 4.2 Functional Family Therapy

Functional Family Therapy (FFT) is an outcome-driven prevention/intervention programme for youths who have demonstrated the entire range of maladaptive, acting out behaviours and related syndromes. It targets youth between the age of 11-18 years. FFT is a short-term intervention with, on average, 8 to 12 one-hour sessions for mild cases and up to 26 to 30 hours of direct service for more difficult situations. This programme is delivered by one and two person teams to clients in-home, clinic, juvenile court, and at time of re-entry from institutional placement and it is very flexible in its approach. In most programmes, sessions are spread over a three-month period of time. Target populations range from at-risk preadolescents to youth with very serious problems such as conduct disorder. FFT is a multisystemic prevention programme, meaning that it focuses on the multiple domains and systems within which adolescents and their families live. FFT is also multisystemic and multilevel as an intervention in that it focuses on the treatment system, family and individual functioning, and the therapist as major components. Within

this context, FFT works first to develop family members' inner strengths and sense of being able to improve their situations—even if modestly at first. These characteristics provide the family with a platform for change and future functioning that extends beyond the direct support of the therapist and other social systems.

At the level of clinical practice, FFT includes a systematic and multiphase intervention map—Phase Task Analysis—that forms the basis for responsive clinical decisions. This map gives FFT a flexible structure by identifying treatment strategies with a high probability of success and facilitating therapists' clinical options. FFT's flexibility extends to all family members and thereby results in effective moment-by-moment decisions in the intervention setting. Thus, FFT practice is both systematic and individualized. The first phase consists of recruiting the engagement and motivation of the client. This is followed by behaviour change, making use of individualised and developmentally appropriate strategies, while the third phase (generalisation) seeks to apply positive family change to other problem areas and/or situation.

Each of these phases involves both assessment and intervention components. Family assessment focuses on characteristics of the individual family members, family relational dynamics, and the multisystemic context in which the family operates. Intervention is directed at accomplishing the goals of the relevant treatment phase. In behaviour change, assessment would focus on targeting the skills necessary for more adaptive family functioning. Intervention would be aimed at helping the family develop those skills in a way that matches their relational patterns. In generalization, the assessment focuses on the degree to which the family can apply the new behaviour in broader contexts. Interventions would focus on helping generalize the family behaviour change into such contexts.

This programme costs between the range of \$1,350 to \$3,750 for an average of 12 home visits per family. It was also found to be very cost-effective in several clinical trials.

### 4.3 Multisystemic Therapy

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behaviour in juvenile offenders. MST targets risk factors in a youth's social network (family, peers, school, neighbourhood) that contribute to his or her antisocial behaviour while strengthening the protective factors in those). MST programmes are most appropriate in those communities in which stakeholders (i.e., juvenile justice, mental health, family court, the schools, social welfare) and funders are concerned with decreasing rates of out-of-home placement, that is, seeking alternatives to incarceration and residential treatment. MST strives to promote behaviour change in the youth's natural environment, using the strengths of each system to facilitate change. This highly structured, individualized, comprehensive programme has reduced the number of out-of-home placements for serious juvenile offenders, and it has reduced the antisocial behaviour and criminal activity of these youths. In the USA, the total cost of supporting a MST team of 1 supervisor and 4 Therapists would cost near \$350,000 and would provide the ability to treat about 60 families per year. It is claimed that this programme can reduce recidivism up to 75 %.

MST provides a youth's primary caregivers with skills and resources to deal independently with difficulties that arise when rearing teenagers. This is done by using identified strengths to develop natural support systems (e.g., extended family, neighbours, friends) and by removing barriers (e.g., parental drug abuse, high stress, poor relationships with mates) to effective family functioning. Family members design the treatment plan, which helps to ensure the family's involvement.

Multisystemic therapy is based upon the following nine basic treatment principles.

- Principle 1:** The primary purpose of assessment is to understand the fit between the identified problems and their broader systemic context.
- Principle 2:** Therapeutic contacts should emphasize the positive and should use systemic strengths as levers for change.

**Principle 3:** Interventions should be designed to promote responsible behaviour and decrease irresponsible behaviour among family members.

**Principle 4:** Interventions should be present-focused and action-oriented, targeting specific and well-defined problems.

**Principle 5:** Interventions should target sequences of behaviour within and between multiple systems that maintain identified problems.

**Principle 6:** Interventions should be developmentally appropriate and fit the developmental needs of the youth.

**Principle 7:** Interventions should be designed to require daily or weekly effort by family members.

**Principle 8:** Intervention effectiveness is evaluated continuously from multiple perspectives, with providers assuming accountability for overcoming barriers to successful outcomes.

**Principle 9:** Interventions should be designed to promote treatment generalization and long-term maintenance of therapeutic change by empowering care givers to address family members' needs across multiple systemic contexts.

### 4.4 Multidimensional treatment foster care

Multidimensional Treatment Foster Care (MTFC) is a cost effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behaviour, emotional disturbance, and delinquency. MTFC is a 6-9 month programme that was designed as an alternative to incarceration or group-home care for youths who are referred by the juvenile justice system and are court-mandated to out-of-home care.

It is based on the Social Learning Theory model that describes the mechanisms by which individuals learn to behave in social contexts. It describes the daily interactions that influence both pro-social and

antisocial patterns of behaviour. Consequently, the MTFC programme recruits and trains community families to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community. MTFC parents implement a structured, individualized programme designed to build on the adolescent's strengths and to establish clear rules, expectations, and limits.

MTFC parents are supported by a case manager who coordinates all aspects of the youngsters' treatment programme and is on call on a 24hr basis. The case manager will have previously reviewed a prototype daily programme with the youth while he or she was in detention. The case manager will also have held a pre-placement meeting with the youth's parents to explain the programme and obtain approval and consent. Three days after the placement, a meeting is held with the MTFC parents and the youth to review how the placement is progressing. Routine consultation with MTFC parents is a cornerstone of the MTFC model. MTFC parents are contacted daily (Monday through Friday) by telephone, and data is collected on the youth's behaviour during the previous 24 hours. These calls are structured through the Parent Daily Report (PDR) Checklist (Chamberlain and Reid, 1989) and allow MTFC parents to identify potential problems and review plans for the coming day. Each day, youths earn points for adaptive and prosocial behaviours across home, school, and community settings; points are lost for negative or undesirable behaviours. Daily points are then used to "purchase" short- and long-term privileges. As youths progress through the programme, the level of responsibility and privilege increases. Youths participate in weekly individual therapy sessions that are focused on developing effective problem-solving, social, and emotion regulation skills. The teenagers biological parents (or other guardian) are also worked with intensively during the placement period, as well as during a 12 month after-care period in order to be taught effective parenting and family management techniques. The family therapist assesses the parents' strengths and areas that need improvement and the barriers that have prevented effective parenting in the past. The youth's parents are encouraged to have frequent and continual input in their child's MTFC programme. The case manager schedules regular

home visits for the youth. These visits are used to practice and refine the juvenile's daily programme in preparation for aftercare.

After the MTFC juvenile completes his or her placement and returns home, the youth's biological parents or legal guardians participate in an aftercare group with other parents. This group serves as a support network and is led by a case manager or therapist. Case managers remain on call to families, and PDR calls continue on a daily basis for 6 months, at which time they are reduced to weekly calls.

The cost per youth is \$2,691 per month and the average length of stay is seven months. Evaluations of MTFC have demonstrated that programme youth compared to control group youth:

- Spent 60% fewer days incarcerated at 12 month follow-up;
- Had significantly fewer subsequent arrests;
- Ran away from their programmes, on average, three times less often;
- Had significantly less hard drug use in the follow-up period; and
- Quicker community placement from more restrictive settings (e.g., hospital, detention).

## 5. Legally backed services

The following are also services that can be implemented in the community. However these services are backed by a clear legal framework and professionals operate in this frame work. The following are frameworks that the United Kingdom and the United States have adopted to help children and adolescents with emotional and behavioural difficulties.

### 5.1 United Kingdom

When young people in the UK are recognised as being at risk of offending behaviour, they are set on the path of the Youth Justice System which, broadly speaking, targets youths at the Prevention stage, at the Pre-Court stage and even whilst they are appearing in court.

A vast array of services are provided in order to enable professionals working with these young people to be helped before the need for custody arises, and at the same time helping them be diverted from formal criminal proceedings. Yet despite sentencing alternatives, young people do get sentenced to custody and this can occur either through a Detention and Training Order (DTO)<sup>2</sup> or through Section 90/ 91<sup>3</sup>. Once a young person is then sentenced to custody, the Youth Justice Board<sup>4</sup> (an executive, non-departmental body) sees which accommodation best suits the needs of the young person. This Board is also the body that sets the standards for young offenders' secure facilities.

According to the Youth Justice Board, the secure settings available for young offenders placed in custody are:

- **Secure Training Centres (STCs)**

- Centres (average bed capacity = 80) run by private operators contracted by the Home Office
- house youths up till age 17, who have been sentenced to custody
- they do not cater for large numbers of residents, keeping a high staff/ resident ratio (3 staff to 8 residents) in order to focus more on the individual needs and requirements of each resident
- STCs aim to provide educational and rehabilitative services on-site, as well as establish and maintain links with the community, in order to help reduce re-offending

- **Secure Children's Homes**

- small secure settings (average bed capacity – 40) run by

<sup>2</sup> A DTO is issued to young people between the age of 12 years and 17 years, whose custodial sentence translates into a term of between 4 months and 2 years.

<sup>3</sup> A young person convicted by the Crown Court under Section 90/91, can expect to receive any term of incarceration up to the adult maximum for that same offence, even if it is life.

<sup>4</sup> The Youth Justice Board issued the Strategy for the Secure Estate for Juveniles' in November 2004, which outlines the principles along which the YJB aims to bring a radical improvement in the secure estate management of young people in custody.

the social services overseen by the Department of Health and the Department of Education

- house youths of both sexes aged 12 years till 16 years
- maintain a high staff to resident ratio, with special focus on the physical, emotional and behavioural needs of the youths in custody

- **Young Offender Institutions (YOIs)**

- larger facilities run by the Prison Service, accommodating young residents up to the age of 21 years
- They have a low staff to resident ratio
- The individual needs of the residents are not necessarily catered for, making YOIs mainly containment units

## 5.2 United States

In the United States, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) offers a Model Program Guide (MPG) which lists all evidence-based programmes dealing with young people with criminal behaviour, from the point of prevention till after custody (re-entry).

According to the OJJDP, the main evidence-based programmes making up residential interventions are:

### 5.2.1 Cognitive Behavioural Treatment (CBT)

CBT is a problem-focused, goal-directed treatment approach which helps people recognise dysfunctional thought and belief patterns, which in turn are at the root of maladjusted behavioural patterns. The practical approach of CBT has made it particularly successful with different client groups of different ages, and coming from a vast array of settings. In relation to problematic behaviour amongst young people, CBT has been found to elicit change in the areas of:

- Delinquency, criminality and violence prevention: Several studies have hailed variations of CBT as effective in altering distorted cognitions that breed delinquent behaviour (Little, 2005) and also reduce recidivism. Such programmes do not only target young people, but also extend their services to

the family and the school environment, thus incorporating Functional Family Therapy as well as Multisystemic Therapy in the repertoire of services on offer. Successful programmes using CBT are:

- The Dialectical Behaviour Therapy Program for Incarcerated Female Juvenile Offenders
  - The Michigan State Diversion Project
  - FAST Track
- Substance use and abuse: In tackling the faulty beliefs surrounding the use and abuse of substances, CBT programmes adopt 3 main routes. Some programmes work mainly on the cognitive level, targeting the erroneous beliefs on the universality of use/ abuse that lay the groundwork for youths to start experimenting with substances. On a more behavioural slant, other programmes see substance use/ abuse as a learned behaviour, and thus focus their efforts at helping youths at risk learn how to recognise, anticipate and avoid situational cues leading to substance abuse. Thirdly, other programmes deal with more advanced cases of substance abuse, and apart from the young person, also work with the family, specifically the parents. One such example is the Adolescent Portable Therapy.
  - Teen pregnancy and risky sexual behaviours: CBT has also been found to be an effective therapy with young girls who are sexually active and identified to be at risk in matters relating to sexual health and potential pregnancies. Such programmes not only try to minimise risky behaviour such as unprotected intercourse and STDs, but also encourage these girls to think positively in relation to their health (Harrington, 2001). Successful programmes incorporating CBT are PACE (Practical and Cultural Education) and Urban Women Against Substance Abuse (HIV/ AIDS).

- School failures: Research has indicated that there exists a relationship between the children's self-defeating thoughts about their school performance, and actual school failure. Furthermore, negative strategies of achievement at school seem to be related to youth problem behaviours as well as adult adjustment difficulties. Academic programmes using CBT try to combat such negative cognitions on school performance whilst enhancing positive behaviour.



*Svetlana Magro – Siggiewi – 14 years*

Such programmes work on different levels:

- Individual level: one-on-one mentoring, eg Across Ages
- Classroom level: e.g. The Incredible Years
- The school level: e.g. School Transitional Environment Program
- Community level: e.g.: Movimiento Ascendencia

### 5.2.2 Correctional Facility

The OJJDP Juvenile Residential Facility Census of 2000 investigated 3,600 juvenile correctional facilities that vary from boot camps to small family-style units. Research indicates that the smaller the facility, the lower the rate of recidivism, as small secure settings can provide their residents with more individualised treatment (Howell, 1998; Mendel, 2003). Further research points to the fact that recidivism rates in large facilities can reach to up to 70% within 2 years of release. Despite these studies, most young people sentenced to custody end up serving their time in such institutions. Only recently, in the US, following harsh criticism on the conditions of juvenile institutions, has there been a move towards the need for alternatives to detention (Howell and Lipsey, 2004).

### 5.2.3 Day Treatment

Day Treatment programmes are carried out in non-residential centres which require the clients to attend the centre during the day. The programme is highly structured, offering intensive supervision whilst at the same time providing the juveniles with educational and treatment opportunities to address their delinquent behaviour. The programme also includes weekend activities, but costs are drastically reduced due to the fact that the participants do not sleep on the premises. Unfortunately as yet, there are no major evaluations measuring the effectiveness of these centres, yet preliminary studies do indicate a dramatic reduction in recidivism rates (Williams and Turnage, 2001; Howell, 1998; Lipsey, 2000).

### 5.2.4 Group Homes

Group homes are small residential units housing an average of 10 young people who have been referred there either by the court or by the public welfare agencies. These homes are manned either by 'house parents' or by qualified rotating staff who offer assistance with the juveniles' social, emotional and behavioural difficulties. The main treatment model employed is known as the Teaching Family Model, which incorporates structured behaviour interventions and the presence of trained staff who act as 'parents'.

Studies carried out on such homes indicate an improvement in the behaviour of the young residents whilst they are in the home, yet once released, this improvement deteriorates over time (Kiringin et al, 1982). Other studies comparing the treatment outcomes of day centres and therapeutic foster homes concluded that foster homes offer more lasting therapeutic benefits than group homes (Chamberlain and Reid, 1998). One reason being offered for this disappointing outcome is that often the client group being referred to such group homes, have more serious behavioural problems making them unfit in the first place to be placed in foster care.

### 5.2.5 Residential Treatment Centres (RTCs)

RTCs are residential treatment facilities catering for a juvenile population with a history of substance abuse and mental health problems. The young people residing at such centres are too disruptive to benefit from other less secure environments, yet at the same time do not merit the kind of secure confinement present in mental state hospitals or correctional facilities.

The types of treatment which are on offer in RTCs include, psychoanalytic therapy, psycho-educational counselling, behavioural management, group counselling, and medication management. Whilst RTCs structured environment offers protection and treatment opportunities to its residents, studies have shown that similar treatment outcomes can be achieved in less restrictive environments (Joshi and Rosenberg, 1997). However, privately run RTCs offering an intensive after-care service seem to have promising outcomes in the treatment of juvenile offenders (Gordon, 2000). Examples of successful RTCs include the Ohio's Paint Creek Youth Facility, and Maryland's Thomas O'Farrell Youth Centre (TOYC).

### 5.2.6 Wilderness camps

Wilderness therapy is an emerging treatment intervention in mental health practice which aims at helping adolescents overcome emotional, adjustment, addiction, and psychological problems. Wilderness therapy features therapeutic assessment, intervention and treatment of problem behaviours, and assessment of outcomes. It involves immersion in an unfamiliar environment, group-living with peers, individual and group therapy sessions, educational curricula and application of primitive skills such as fire-making and backcountry travel. These processes are all designed to address problem behaviours by fostering personal and social responsibility and emotional growth of clients.

There are two types of wilderness therapy programmes:

- expedition programmes in which participants remain in the field for the duration of the treatment process;

- base camp programmes. In these programmes, participants reside in a structured base camp, and then leave on expeditions, returning to the base camp for follow-up activities.

Expedition wilderness therapy programmes are further organized into “contained programmes” and “continuous flow” programmes. Contained programmes are shorter, up to three-weeks in length, in which clients and the treatment team stay together for the duration of the trip. Continuous flow programmes are longer, up to eight-weeks in length, and have leaders and therapists rotating in and out of the field (eight days on and six days off is a typical rotation for field staff).

Wilderness therapy proposes that problem behaviour of young people stems from the various environments from which they come, with the most powerful influence being the family. Due to this, the family is expected to be actively engaged in the treatment process. Natural consequences experienced in wilderness living allow staff to step back from traditional positions of authority to which the client is accustomed. This dynamic relationship dramatically restructures the client’s relationship with the therapist and field staff.

The wilderness therapy process is guided by phases defined as:

1. **Cleansing Phase:** The initial goal of wilderness treatment is to address client chemical dependencies by removing the participants from the destructive environments that perpetuated their addictions.
2. **Personal and Social Responsibility Phase:** After the initial cleansing phase, natural consequences and peer interaction are strong therapeutic influences, helping clients to learn and accept personal and social responsibility.
3. **Transition and Aftercare Phase:** The final weeks of the process involves clients preparing to return to the environment from which they came. Staff work with them to process what they have learned and how to take these lessons home with them.

Wilderness therapy takes place in very intense social units (usually six clients and three leaders) with wilderness living conditions making co-operation and communication essential for safety and comfort. Proper ways to manage anger, share emotions and process interpersonal issues within the group are modelled and practised in a neutral and safe environment. Thus, wilderness therapy provides hands-on learning of personal and social responsibility, with modelling and practice of appropriate social skills and co-operative behaviours, all reinforced by logical and natural consequences from the wilderness conditions.

### 5.2.7 Other Evidence-based programmes available in the US

The OJJDP web-site offers a whole list of programmes available to youths at risk of delinquent behaviour, within all points of the model programme guide (MPG) continuum.

## 6. Residential/therapeutic services

This section of the paper reviews some of the services, applied mostly in the UK and the US, for children with severe difficult behaviours which are already living within a residential home.

Experience and recent studies have indicated that particular developments in the structure of the ‘traditional’ residential home, (also known as group homes or foster homes), help making the services more beneficial for children with very difficult behaviour.

### 6.1 Residential Homes

A considerable number of children, who cannot live with their family, and are cared for within a residential home, exhibit difficulties in their behaviour. Many times this is a result of the different traumas they may have been through, including the admission into the residential home itself.

Residential Homes aim at providing child-centred settings within a family structure. In this environment children and youth are allowed to safely explore avenues for changing behaviours and attitudes. The

care and stability provided within these Homes are already therapeutic to many children.

Through a family-type approach each resident receives individualised care and each is introduced to fairness, justice, and responsibility for one's own behaviour. Children and youth are taught personal management skills in the community, family and peer relationships.

The physical structure, the number of residents and the training and choice of staff are all very important in the provision of a healthy service. Bruno Bettelheim in the 1940's introduced the idea of working in the 'lifespace'. Bettelheim believed that children with very difficult behaviours required a round-the-clock psychotherapeutic environment. This approach has developed into Lifespace Intervention. Working in the 'lifespace' involves the conscious use of everyday events to promote the growth, development and learning of children and young people (Smith, 2005).

Residential Homes vary a lot in the level of structure and control, ranging from family-type systems to semi-structured systems.

## 6.2 Community Mental Health Services

Although the structure of a Home, a good balance between discipline and care, and the environment help a lot of children with their behaviours, the availability of formal therapeutic services is still very important. These include:

- a) Individual therapy (through various approaches such as Psychodynamic; Art Therapy; My Life Story; Art Therapy, Equine Assisted Psychotherapy; cognitive behavioural etc)
- b) Group Therapy
- c) Family Therapy
- d) Psychiatric Interventions

Formal Therapeutic services are not only directed towards 'controlling' the child's behaviour but also intervene in the wider spectrum, including parents, siblings and significant others.

A case of a child placed in a residential home usually involves a lot of professionals. These might include residential workers; school teachers; individual therapist and family therapists; psychiatrists and probation officers. These therapists can be either allocated to the child directly or to other family members. Collateral therapeutic Interventions focus on communication between the various professionals and placement stability. A case manager is usually responsible for collaborating the various interventions, both with the child and the family.

## 6.3 Crisis Intervention Teams

This involves a multi-disciplinary team that provides crisis intervention within the Residential Setting. This team assists the child or youth without the need to leave the residential placement or other unnecessary referrals.

## 6.4 Crisis Intervention Centres

Crisis Respite Centres provide a calming respite to children and youth for a short period, while longer term intervention is being planned and arranged. Such programmes are designed to meet the following objectives:

1. to provide crisis intervention for youth and children in a mental health emergency situation that does not require hospitalisation but does require immediate assistance and relief;
2. to provide respite care in situations where the child or youth needs to be removed from his/her current situation due to high levels of stress;
3. to provide emergency care in situations where the child or youth needs to be removed from his/her current situation due to the child being in danger of being subjected to harm.



*Jessica Darmanin – Zabbar – 14 years*

### **6.5 Special Programs / Highly structured group homes**

Children with severe difficult behaviours might require highly structured programmes. These are usually behaviour modification programmes and some times include schooling. Such settings are usually staff-secured and with a high staff-resident ratio. Recently these programmes are developing a lot into different forms and approaches based on cognitive-behavioural interventions – such as Wilderness Camps, Military Camp Experience etc.

### **7. Conclusion**

The above report seeks to put forward a range of services and programmes which the members of the working group had exposure to through personal and professional experience and/or research and which they believed could be applied to the Maltese context, following a discussion in the research group. A major recommendation of this report is that a thorough evaluation of the local setting and its present services is necessary before any programme from abroad is applied locally. The needs which are highlighted from such an evaluation should point towards

the appropriate services available internationally and towards the manner of adaptation of such a service to best fit the local scene. Any services or programmes should first be implemented on a pilot basis.

The programmes are presented in an order which was primarily dictated by convenience in that programmes and services in the various sections overlap and may be amalgamated with others in an attempt to create a local system of support which best fits the Maltese islands. This support is aimed not only at children with very challenging behaviour and their families, as it is a strong belief of this group that the onus of the problem does not rest there. All the systems involved with such a child and family ought to be supported to secure the best possible environment which provides safety and care as these systems also own the problematic situation. Thus, while programmes are put forward which are aimed at helping the child and his/her family, this report also suggests approaches which take place in schools, residential homes and society at large. It should also be noted that the basic structures for some or many of the abovementioned services may already exist, but their implementation is useless without sufficient funds, training and legal backing.

It is a firm belief of this working group that first support should be given to the child in the systems and institutions which s/he frequents already. Thus, it is imperative that involvement with the family, peer group, school, and community takes place before it is considered whether the child ought to be placed in a separate institution or programme specifically for his/her very challenging behaviour. Suggestions for when there is a total break-down of the child's natural environment are put forward in this report, but such highly structured residential services should be considered with a firm focus on an eventual re-integration into the natural home, school and community environment.

However, such momentous decisions concerning the lives of children and families require the constant communication and collaboration between and within various agencies to reduce the possibility of piecemeal work. All too often, children fall through cracks in the system and situations which might have been managed suddenly escalate and go

out of control. When agencies and professionals work better together, provision for the child and his/her family is better ensured and the risk of repetitive and fragmentary work diminished. One of the most salient lessons from our research of what is happening in other countries is that, given the complexity of SEBD, the multidisciplinary agenda offers the most promising way forward in the search for effective provision for children and young persons with very challenging behaviour.

There is presently an unfortunate frequent change and turn-over of professionals who come in contact with children. Owing to the lack of resources, training, opportunity and low pay, professionals are frequently dissatisfied with their conditions of work and may move on after a few years of dedicated work, thus bringing about the unfortunate loss and waste of the experience gained with this client group. It is thus recommended that individual professionals are nurtured and supported as it is often such persons who are in the front-line of distressing and difficult situations. Adequate supervision and working conditions need to be provided for such professionals, which support will also ensure a lesser turn-over and occurrence of burn-out. This will ensure better stability for the child at the receiving end of the service. Similarly teachers have a very important role in supporting and preventing these children from failure and exclusion, and should receive adequate training at both generalist and specialist levels in responding to and supporting children with challenging behaviour in school. The earlier problems are identified and addressed, the more the chance of success there is.

This report touches briefly on the services and programmes mentioned and presented in the working group. More information and suggestions could not be included for the sake of brevity, and further inquiries into any of the proposed approaches would be welcomed and addressed.

The primary aim of this research project was to identify evidence-based programmes and services which have been found to work for children with very challenging behaviour. As such its brief was largely limited to tertiary prevention and remediation. There was a common belief amongst the various group members, however, that this approach

should be accompanied by primary intervention which seeks to promote children's healthy development and prevent challenging behaviour from becoming established in the first place. The home, the school and the community should all serve as supportive caring contexts which promote the healthy development of all children. •

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See Me, Listen to Me!  
Children's Perspectives  
Ms Mikela Gonzi

**"Li l-lehen tat-tfal jisimghuh...  
mhux johduh for granted..."**

**"That they should listen to what  
children have to say... they shouldn't  
take us for granted..."**

Angela Abela, Arthur Azzopardi, Astrid Camilleri,  
Bernard Caruana, Chiara Borg, Doriennie Coleiro, Forough Hessabi,  
Josephine Muscat, Josette Stensen, Lara Tonna, Malcolm Tortell,  
Marjoe Abela, Marthese Cini, Rosette Portelli, Rosienne Farrugia,  
Ruth Farrugia & Tessa Anastasi.

## 1 INTRODUCTION

States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. (Article 12.1 *Convention on the rights of the child*. U.N. General Assembly, 1989)

The rationale of this study is directly related to the overall objective of the whole project; that of seeking to address the various concerns that youngsters with challenging behaviour present. In this section, the views of the youngsters themselves on this topic are being privileged.

### 1.1 Aims of the study

The aims of the study are three-fold.

- To find out what the children's understanding is about why and how they have ended up in a service designed for youngsters with challenging behaviour
- To elicit the children's experience of the service they are in.
- To gather the children's suggestions and ideas about what they feel would be helpful

## 2. RESEARCH DESIGN

The methodology chosen for this study was a qualitative one where a total of 19 children were interviewed individually. The interviews were conducted by 8 interviewers who attended and participated in the discussion of the research design and the tools to be used in the study.

## 2.1 How the participants were selected

After discussing various options, a decision was taken, together with the Commissioner for Children, that to reach such children, interviews would be carried out with youngsters who are currently in services that are meant to address the needs of children with challenging behaviour. Such services are: Fejda, Suret il-Bniedem (Casa Spinelli and Casa Leopoldo), Young People's Unit (YPU), The Young Offenders' Unit of Rehabilitation Services (YOURS), and the special schools Mater Dei and St. Patrick's Craft Centre.<sup>1</sup>

We felt that this was the best decision to take in spite of the fact that we were aware that a few of the children attending these services were not exhibiting very challenging behaviour but were put there because of the lack of vacancies in various other settings.

Unfortunately such a decision meant that the study would not research the perspectives of children with challenging behaviour who are not currently, or who have never been, in those specific services. Children with a disability who present a very challenging behaviour were also not included in the study.

Given that the aim of the study was that of listening to the children themselves, the children's perspectives were not triangulated with those of their professional workers' or with their parents' points of view.

The persons running the services were contacted and asked to provide the research team with the number of children who were currently using the service. It was clarified that by 'children' we meant all children under the age of 18. Given that most of the children with very challenging behaviour who are placed in a service are normally older, all children interviewed were 10 years of age or older.

Initially, the research team aimed to interview all of the children attending the 6 services. It resulted however, that due to the large

<sup>1</sup> Refer to the description of services on pgs.124-184.

number of service-users in YPU, St. Patrick's Craft Centre and Mater Dei, further selection had to be carried out. With regards to YPU – following discussion with the research group, the Commissioner for children and the Head of the service – it was decided that the best would be to focus on those children who were currently at YPU and those who were 'phasing out' and thus, still using the service. Children who were either on leave, or rarely go to YPU were not interviewed.

Of concern is that the students at Mater Dei and St. Patrick's Craft Centre are quite a large number<sup>2</sup>. Moreover all students were out on vacation throughout the timeframe in which it was planned for the interviews to take place. The research team, together with the Commissioner for Children and the Assistant Director of Education for Special Educational Needs, agreed to send a letter to all parents. This described the scope of the study and asked those interested to participate to contact the research group.

## 2.2. The Participants

Of the 27 children who were originally contacted, four children did not wish to participate, 2 children could not be contacted, 1 child had moved out of the service by the time the interview was carried out and 1 child was listed in two of the services.

Throughout the course of the interviews, it emerged is that 2 out of the remaining 19 children did not seem to have challenging behaviour. These children indicated that they do not have challenging behaviour:

**Huma ħafna li m'għandhomx bżonn programm li qegħdin hawnhekk. Fis-sens li jien ma naraniex li għandi bżonn programm [Claudine].**

There are many here who don't need a programme. I mean, I don't see myself as needing a programme (Claudine).

Information about and from these 2 children has not been included in the demographics and in the analysis. An exception has been made in

<sup>2</sup> Refer to the statistical details and information provided on pgs. 78-93.

the section presenting the suggestions, in which their ideas and wishes have been included.

*Table A* features the 17 youngsters as they come from different settings.

**Table A. The different settings from where the children were interviewed**

Fejda	5
Suret il-Bniedem – Males	2
Suret il-Bniedem – Females	1
YOURS	1
YPU	5
Mater Dei School	2
St. Patrick's Craft Centre	1
<b>Total children selected for interview</b>	<b>17</b>

Of the 17 participants, 9 were males and 8 females. All of the respondents were Maltese, 2 of whom were adopted. With regards to the children's ages, 1 of the participants turned 18 by the time we interviewed him, 1 of the children was 17 years old, 2 were 16, 6 were 15, 1 was 14, 2 were 13, 2 were 11, one was 10 and one was going to be 10 soon after the interview.

With regards to the parents' status 6 of the participants had parents who were married and living together; 8 came from a family where the parents were separated and 1 came from a family where the parents were never married. Also, two of the participants' fathers were dead, and of the two widows, one is now cohabitating with a partner.

The parents' occupations have been listed in table B:

**Table B. The parents' occupations**

Occupation	Mother's	Father's
Police	1	
Cleaner	2	
Cashier	1	
Masonry, electrician		1
Masonry		1
Sprayer		1
Electrician		1
Public transport		1
Barman		1
Shipbuilding		2
Handyman		1
Cook		1
Housewife	10	
Participant does not know	1	1
With government but did not specify		1
First pilot interview & was not asked	1	1
Works but not specified	1	1
Parent dead		2
Unemployed		1

**Table B. The parents' occupations (continued)**

Of the 17 participants: 13 are still at school; 2 have finished school but do not work; 1 is following a course to become a tile layer; and 1 wishes to begin a course at MCAST. Table 3 provides details about the care-giver/s whom the participants lived with prior to entering into the service.

**Table C. The care-giver/s with whom the participants lived, prior to entering into the current service/s.**

Prior to entering current service, the participant/s lived with:	Number of participants
Parents before coming to service	4
Mother only	2
Father only	2
Mother and partner	1
Grandmother together with mother, mother's partner and a sibling.	1
Aunt/uncle	1
Residential home (ranging from having been in 1 to 4 different homes)	6

With regards to the participants' locality: 2 are from Valletta; 4 from Cottonera; 2 from Żejtun; and 1 from each of the following localities: Marsa, Żabbar, Mellicha, Qormi, Dingli, Rabat, Tarxien, and Żebbuġ. Table D below depicts the participants' duration in the service.

**Table D. The participants' duration in the service**

Duration	Number of participants
2 weeks	3
3 months	3
6 months	2
1 to 1½ years	4
1½ to 2 years	3
4 years on and off	1
Does not know but describes as a very long time.	1

### 2.3 Formulating the interview questions

A set of questions were put together so as to elicit as much information as possible that could answer the research questions. These questions were

piloted by carrying out three pilot-interviews. They were also discussed with the participant following the interview. As a result the structure of the interview questions, their sequence, and some of the content was changed. The final interview questions were divided into:

**Part A** sought to elicit the demographic information of the participants. In this first section, questions were more factual and the children could answer them more easily. Research shows that one way to make a child feel confident that s/he can contribute successfully is to start off with easy questions that you know s/he will have the answer to (Arskey and Knight, 1999).<sup>4</sup>

**Part B** comprised 5 qualitative and open-ended questions.<sup>5</sup>

The first question asked the children for their experience of the services in which they currently are:

*Question 1. What is your experience here at X? How would you describe your experience to a friend of yours?*

Such a question helped the child get in touch with his/her inner feelings. Through the pilot interview it emerged that question 1, even though necessary, may be difficult to answer immediately. Thus, the research team agreed that if the respondent hesitates, is too brief in his/her answer, or shows that s/he does not know where to start from, the interviewers could use the following probes:

- What would you tell him/her about how you spend your time here?
- What would you tell him/her about how you feel here?
- How do you get on with the other residents here at X?
- What do you like over here?
- What are the things that help you over here?

<sup>4</sup> Refer to Appendix 1: Interview Questions – Part A

<sup>5</sup> Refer to Appendix 2: Interview Questions – Part B

- f) **What advice would you give your friend if she were to come here?**

The probes were agreed on so as to increase consistency throughout the interviews and thus increase the study's validity. The next question asked for the children's memories of their past, and again, through the probe questions, assisted the children to speak about this in a holistic way. It also helped to shed light on how they perceive their behaviour, on how they describe the sequence of events that led them to where they currently stand, on their awareness/explanation of why they are there and on their story.

*Question 2: If you had to relate your life-story about the time since when you were very young until today, what are the experiences that you will surely include?*

Probes:

- a) **If you had to describe the time you spent at school, how would you describe it? What would you say?**
- b) **What happened after you finished school? (depending on age)**
- c) **In what way would you mention or describe your family?**
- d) **What explanation would you give about how you've ended up here at X?**

The scope of the third question encouraged the participant to give ideas and feedback about the specific service they are currently in. This served to help them focus on what they already know and to come up with concrete and practical ideas based on their experience.

*Question 3: If you had to say something to the authorities about this service, what would you tell them?*

Such a question also served to prepare the participant for question 4, which is more abstract and requires the child to come up with more abstract ideas that may not necessarily be based on their own experience.

In fact in a research that studied children's perspectives on families, it was found that:

There were some differences between age groups: younger children seemed to express themselves in concrete terms while older children were more generalised in their use of language and drew on complex abstract notions... (Morrow, 1998)

*Question 4: If you were in a powerful position where you could change things or create new services in Malta – that could be of support & help for yourself or for other young persons (who have been through experiences that are similar to yours) – what would you come up with? What ideas would you have?*

*Question 5: Would you like to add anything else?*

Question 5 was the last invitation that was made to them to express their views on anything they wished to pinpoint.

#### 2.4 Interviewing Process

Prior to conducting the interviews, the interviewers were briefed on the carrying out of the interview. Several points, ensuring consistency throughout the interviews were clarified. The research team agreed that all interviews would be tape recorded and transcribed.

Furthermore, each interviewer had to write a brief summary in which they described and discussed their experience and ideas throughout the interview. This was to be sent by email to the rest of the team. "It is important that at regular intervals throughout the study you take stock to see what worked well, what did not work and where there is scope for improvement" (Arskey and Knight, 1999).

#### 2.5 Ethical Considerations

Before carrying out the interview, a few minutes were spent with the participant in which confidentiality was clarified and secured (Kvale, 1996) and in which it was made clear that they had the right not to participate, the right to choose not to answer any of the questions and

<sup>6</sup> Refer to the consent form and agreement form in the Appendix

the right to stop the interview at any time<sup>6</sup>. The purpose of this was to safeguard the participants' privacy and welfare, and to give them a choice about whether to participate or not (Arskey and Knight, 1999). Prior permission was given to all participants to take part in the study by their parents or legal guardians. The aim and goals of the study and how this research is part of a general project was also explained to all persons involved.

Throughout the study, the identity of all the participants was separated from the information given so as to guarantee anonymity. Furthermore, error inoculation (Frankfort- Nachmias & Nachmias, 1992), where errors are deliberately introduced into individual records while leaving the aggregate data unchanged, was also minimally used in the report. Moreover a fictitious name was given to each participant in the written report. The names were eliminated in the theme '*Suggestions*' so as to avoid any possibility of the reader recognising the participant's identity by the comments made and connecting this with the fictitious name.

Another measure, aimed to protect the participants' identity, was that findings and discussions speak of the heterogeneous sample across-board in relation to challenging behaviour rather than analysing the specific settings one by one. Another reason for this approach was in order that specific settings would not be put under the spotlight. Rather, insights gained from the research would provide food for thought for all the services under study.

## 2.6 Method of Analysis

The process used for analysis was thematic, where firstly *vertical hermeneutics* was used in which the single cases were analysed, thus allowing the unfolding of manifest and latent views and ideas. Following this, the process of *horizontal hermeneutics* was carried out, where the sum of all interviews was analysed (Leithaeuser and Volmerg, 1998), as cited in Schorn, 2000. Moreover the process of blind reviewing was used, where the analyses was carried out by two persons separately. The themes that emerged were then compared. This process was chosen to increase the internal validity and reliability of the study (Silverman,2001).

**Table E. The themes and sub-themes.**

	THEME		SUB-THEMES
3.1	<b>Family, through the participant's eyes, characterised by losses.</b>	3.1.1	Family, through the participant's eyes.
		3.1.2	Family background strongly characterised by loss and longing.
3.2	<b>Appraisal of services</b>	3.2.1	The children's feelings about the service.
		3.2.2	What they like most.
		3.2.3	Tendency to compare the community/residential life to life at home.
		3.2.4	Other residents – a negative effect?
		3.2.5	The service perceived as stigmatising.
		3.2.6	In the service you have to obey the rules.
		3.2.7	Very little to do at the service.
3.3	<b>The professional staff</b>	3.3.1	Feelings towards the professional staff
		3.3.2	Expressed need for significant relationships and attachment.
3.4	<b>Understanding why they are in the service.</b>	3.4.1	Perceived sequence: significant event leading to being at the service.
			a. Negative experiences at school.
			b. Bullying and displacement.
			c. Peer Pressure.
			d. Disobedience, impulsivity and harm to self/others.
			e. No longer fitting in the residential home.
			f. Family difficulties, abuse and death.
		g. Unclearly.	
		3.4.2	Need for clear goals and timeframe
		3.4.3	Inappropriate behaviour is equated with being in the service.

*Table continues overleaf*

3.5	School experience	3.5.1	The social and academic aspect.
		3.5.2	Changing schools.
		3.5.3	The family and the school
3.6	See me; Listen to me!		/
3.7	Suggestions		Refer to Table F.

## 2.7 Conclusion

In the following chapter the various themes will be presented.

## 3. THEMES

In this chapter, the themes coming out of the interviews will be presented. The principal themes that emerged were seven, some of which are further divided into sub-themes. These have been presented in Table E above.

### 3.1 Theme 1

**Family – through the participant’s eyes – characterised by losses.**

Throughout the interviews, most children spontaneously spoke about their family. Most of the descriptions of their family and past experiences were expressed with a significant undertone of sadness and loss.

#### 3.1.1. Family, through the participant’s eyes.

One person in particular hardly touches upon her family. When asked about her family all she said was: “Kollha ġlied...Problemi hu” [Helen]; “They are always quarreling .... Problems, you know” (Helen). One participant initially described her family as ideal and then went on to speak about the relationship she has with the different members of her family:

**Familja ideali, għalija...Ma hija l-iktar li, hekk – mhux għax imorru tajjeb ħafna ta' – imma, per eżempju qiegħda hawnhekk jien, iċempel kuljum u hekk – ħafna...Mad-Daddy tajjeb, mhux ħazin, normali. U mal-Mummy, insomma. Imorru naqra ħazin, ġieli tajjeb, insomma, hekk... [Faye]**

An ideal family, as I see it ... My best relations are with my brother, you know – not that we get on very well – but, for example, I’m here, he calls me on the phone everyday, and so – we get along pretty well ... I’m on good terms with Daddy, not bad, normal. And with Mummy, it depends. Our relation is rather bad, sometimes it’s good. It depends, you know... (Faye)

Another young interviewee expresses different feelings about his own family. He describes his experience at home as turbulent and full of conflict. There is a negative and sad tone throughout the whole interview “Niġġieldu (sad)...Pause” [John] “We quarrel” (sad) ... Pause (John). On the other hand there is one specific and clear point when he feels happy and this is when he speaks of his visits to his mother. Another respondent who has no contact with her mother explained that she feels there was a change in the relationship with her father when she moved into the service she is in.

**Ma tantx għandi relazzjoni tajba mal-familja. Il-papa insomma. Qabel konna naqblu ħafna jiġifieri – qabel ma ġejt hawn – imma nbidel iż-żmien. [Karen]**

I’m not on good terms with my family. With my father I get along. Previously we were on very good terms, that is – before I came here – but it’s not the same anymore now. (Karen)

Another participant emphasises very much that he gets on well with his siblings, but not so much with his mother:

**Bħal ħuti: li dejjem konna *close*, dejjem ħabbejna lil xulxin, orrajt iġġielidna, imma dejjem imxejna ma' xulxin u hekk... u għadna bil-kuntatt - nisperaw li nibqgħu. [Paul].**

Like my siblings: we were always close, we always loved each other, it’s true that we quarreled, but we always got along and thus ... we still contact each other – we hope to remain so. (Paul)

In a study eliciting children's perspectives on families by Virginia Morrow (1998), sibling relationships were found to be important. While such relationships are rarely conflict-free, they are often underpinned by a good deal of mutual affection and support.

One of the respondents explained that when he used to visit his grandfather, the relationship kept him somewhat away from trouble:

...per eżempju jien qabel, li kien ifisser ħafna għaliġa, kont immur man-nannu tiegħi, ma' kontx nagħmel dawn il-kummiedji. [Mark]

For example, before, and that meant a lot to me, I used to go out with my grandfather, I never gave him a hard time. (Mark)

In a study by Dunn & Deater-Deck (2001), it was found that grandparents were key confidants for children facing family changes. One participant who is adopted speaks very positively of his parents and of how they support him:

Għal qalbi ħafna. Ihobbuni. Ommi tiegħi ħafna paċenzja bija. Missieri ġieli jehodni x-xogħol miegħu u dejjem jgħiduli x'għandi nagħmel u biex inżomm kalm. Jixtruli kollox u kuntent ħafna. [Andrew].

I feel very happy. They love me. My mother is very patient with me. My father sometimes takes me to his workplace and they always tell me how to behave and to keep calm. They buy me everything I need and I am very happy. (Andrew)

Another participant first speaks of the arguments he has with his brother "X'nilgħabu?! – nagħtu bis-serjeta'...Imbagħad naghmlu xi gimgha ma nitkellmux" "What? We play together?! – We are always fighting really... Then we don't even say a word to each other for a week."and then explains that he does not get on well with his mother but speaks positively of his relationship with his father:

Mal-mummy ma tantx immur tajjeb għax ma tantx inkun id-dar u n-naqra li nkun id-dar brodu. Mad-daddy naħseb

immur tajjeb ħafna ...Għadni sa' illum noħroġ magħhom. Fil-weekend immoru bil-lanċa nistadu...meta jkun bnazzi. [Jason]

I'm not on good terms with my mother because I'm rarely to be found at home and the little time I spend there is awful. I think I get along very well with Daddy ... I still go out with them. During the weekend we go fishing with the boat ... when the weather is fine. (Jason)

### 3.1.2 Family background strongly characterized by loss & longing.

There were several moments in the interviews where the participants expressed a strong sense of loss. This emerged particularly when the respondents related the most significant memories of their life. Three of the participants described how they felt when a member of their family died: "Meta miet missieri – Alla jahfirlu, din dejjem insemmiha. Ma ridtx immur l-iskola..." [Louisa] "When my father died – May he rest in peace! I always recount this - I didn't want to go to school ..." (Louisa); "Tad-dwejjaq meta mietet iz-zija u hekk u meta tlajt go homes ohra fejn ma xtaqtx immur jien ...tad-dwejjaq." [Faye] "It was sad when my aunt died and even when I had to go to other homes where I didn't like to go ... really sad." (Faye); and:

Tal-mewt ta' missieri – għax it-tip ta' memorja li l-iktar iffissajt fuqha: dik il-ġurnata, u hekk... u nibqa' niftakarha, u hekk...għax niftakarha. Għax hekk jew hekk, il-missieri nirrispettah u hekk ...Fis-sens li – kif kien iġibli rispett...u kif dejjem ħabbna sa l-aħħar...qadt ma' missieri sakemm wasal il-dik tiegħu (referring to his father's death) – il-bqija imbagħad bdejt nara aktar li rrid naħseb għar-rasi għax ma nafx fejn naqbad immur...ħafna taħwid għax spiċċajna mill-iskola... [Paul]

When my father died – because it is that kind of remembrance that always comes to mind: that day, you know ... and I will always remember it, you know ... because I remember it. Because

anyway, I respect my father and so ... I mean that – the way he respected me ... and the way he loved us till the end ... I stayed with him till the thing happened (referring to his father's death) – afterwards then I started to realize that I had to take care of myself because I did not know where to go ... there was a lot of confusion as we had finished school ... (Paul)

Another participant explained how finding out that her father is not her natural father created confusion in her life:

**Meta kont żgħira l-mummy kienet iġġibli l-ħwejjeġ mill-Ingilterra, mill-magazines kienet iġġibhomli. Bdejt nikber qisni bdejt nimmatura u hekk. Kont indum ħafna barra. Imbagħad il-mummy qaltli li d-daddy mhux missieri proprja u qisek iktar, thawwadt. [Lara]**

When I was young my mother used to buy me clothes from England, she used to choose them from magazines. I started to grow up and I felt like becoming mature and thus. I used to return home late. Then my mummy told me that daddy isn't truly my father and I felt more confused. (Lara)

A great sense of loss is expressed by Anna who explains that her family was normal until her father began drinking: "Ifhimni kelli l-background tiegħi ta' familja – normali. Missieri beda jixrob, kien hemm is-swat, xorb, għajjat u biża." Listen, my family's background was normal. My father started drinking; there was beating, drinking, shouting, and fear."

Another respondent expresses disappointment when describing a memory of her Holy Communion: "Meta għamilt il-preċett kien ikrah hafna, ma' hadtx gost u hekk, għax kienet qaltli ommi li ġejja u ma ġietx." [Helen] "My First Holy Communion was really ugly, I didn't feel any happiness at all, because my mother had told me that she will be there, but she didn't come." (Helen). There is also a sense of loss with

regards to innocence and a happy childhood expressed by a participant who explains that she has hardly any nice memories:

**Ma tantx għax meta kont żgħira qisni dejjem l-ikrah rajt fhimt? Ma tantx niftakar affarijiet sbieħ. [Karen]**

Not really, because when I was young I always looked on the dark side of life, do you understand? I don't remember so many nice things.

### 3.2 Theme 2:

#### Appraisal of services

All interviews in some way or another elicited the children's views, judgements and appraisal of the service they are in. Perhaps this is the theme which has the most sub-themes due to the individuality of each child, the differences between one service and another, and the various aspects to the services. This section begins by an overview of the children's feelings about being in the service. It then highlights what the children like most and their tendency to compare living in the residence to living in their home. The findings and discussion moves on to other sub-themes: their relationship with the other residents; having to cope with stigmatisation; having little to do at the services; and that decisions take a long time to be taken.

#### 3.2.1 The children's feelings about being in the service

The children expressed a range of feelings about being in the service but most of the participants suggested that the feeling is not nice, ranging from sadness to outright disgust and rebellion. However, one respondent claimed that he enjoys being in the service:

**Nieħu gost, daqqa ngħin lis-surmast, nagħmel l-'crafts', imbajjad, innaddaf, nagħmel il-lessons u dejjem insib x'nagħmel. [Andrew]**

I like it, sometimes I help the headmaster, do the crafts, paint, do the cleaning, attend the lessons and I'm always occupied. (Andrew)

A respondent explains that if she were to tell a friend how she feels in the service, she would say that she could mention nothing positive about the service:

...ma nista' ngħidilha xejn sabiħ. Għax eżempju jekk jieħduk x'imkien ha jieħduk bil-karita', hekk... trid tmur tittallab għax ma jkollomx biżżejjed budget biex tħallas. Minn fil-ghodu sas-sebgha irridu noqogħdu hawnhekk bil-fors. [Lara]

... I can't tell her anything nice. For example, when they take you out with them they do it out of pity, you see ... you have to go and beg because they don't have a big enough budget to be able to pay. We have to stay here from the morning till seven o'clock. (Lara)

One participant expressed mixed feelings about the service. There is an undertone of monotony and lack of stimulation in his description of the repeated schedule and similar days:

Daqqa tajjeb, dan l-aħħar qisni hekk, inhossni naqra ħazin. Inqum fil-ghodu, nagħmel id-duties, nagħmel ta' bilfors jigifieri, dan l-aħħar, imbagħad immur għall-kors, niġi hawnhekk ninħasel u mbagħad ikolli il-biċċa tiegħi, nagħmilha u wara noħrog u niġi biex norqod...Dik il-ħajja tiegħi hawn. [Josef]

Sometimes I feel good, lately it's so and so, I feel rather down. I wake up in the morning, I do my duties, not heartily that is, lately, then I go for the course, I come back here and work and then I do the task which awaits me and afterwards I go out and come back to sleep ... That's my life here. (Josef)

Another participant speaks about the disillusion he felt when he entered the service. He describes it as:

Li thawwadt...li dħalt f'dinja differenti ovvja...hawnhekk... li dħalt f'dinja differenti milli kont taf u hekk...u almenu

kif smajt fuq qabel hawnhekk, ħsibt li ha nidhol f'xi ġenna, imma ma tantx jidher li qisu post sabiħ. [Paul]

That I get confused ... that I entered a different world obviously ... in here ... that I entered a world which is different from the one I knew and so ... and at least as I got to know about this place before, I thought I would be entering some paradise, but it does not seem to be a nice place. (Paul)

Replying to the interview question: *What is your experience in the service? How would you describe it to a friend* (together with the various probes related to this), most of the responses clearly suggested that: to them, the experience is not nice and that one should avoid going there. One participant said that he'd suggest that one should escape from the service: "Jahrab, jahrab" [John] "He should escape, escape." (John). Another participant speaks about the lack of liberty he feels:

Li jidhol hawn, l-ewwel ħaġa, ma' nixtiequx li jkolli ħabib jidhol hawn ġew. Għax m'hawnx ħafna esperjenzi sbieħ hawn ġew. L-ewwel ħaġa li tkun maqtuġħ minn mal-familja tiegħek...li m'għandekx libertà, hawnhekk m'għandekx libertà. [Mark]

First of all, I wouldn't like him to come here. I don't like a friend to end up here. There aren't many nice experiences here. Foremost you will be separated from your family ... you can't live the way you would like to live, you don't have any freedom here. (Mark)

Another respondent also speaks of the lack of liberty in another service and speaks of how he feels tied down by the duties:

Id-duties tiddejjaq bilfors. Il-ħin tagħhom bilfors, u anke nidhol hawnhekk, għandek duty fil-ghodu, jitfagħlek waħda wara nofs in-nhar u waħda fil-ghaxija. Niddejjaq. Trid tlaħħaq bla libertà qisu. Ma naħsibx jekk immur ngħix waħdi ser noqgħod nagħmel dawn l-affarijiet jiena... (Id-duties) kuljum u tqazzist issa." [Josef]

You can't but get bored with the duties. Their time is enforced. Even when I come here, I have to do my morning duty, another one is scheduled for the afternoon and another in the evening. I get bored. You have to keep up with the deadline and thus you can't enjoy freedom. If I were to go and live on my own I don't think that I will do all these things ... (The duties) everyday and I'm really fed up now." (Josef)

Another participant would advice a friend not to come to the service and to be careful of the carers:

**Nghidilha tiġix 'l hawn...Nghidilha tkellimhomx għax jekk tghidilha xi haġa taqbeż fuqek (referring to a care-worker). Hekk ha nghidilha, nghidilha lesti *machine gun* għax bis-serjeta'. [Lara]**

I will tell her not to come here ... I'll tell her not to speak to them because if you tell her something she will pounce on you (referring to a care-worker). That's what I'm going to tell her, I'll tell her to be ready with a machine-gun for it's really so.

The following words of Louisa, clearly shows how she feels:

Participant: L-esperjenza, lil shabi ta' l-iskola u lil kulhadd: biex ma jersaqx l'hawn għax ma tantx nohorgu. Ġewwa. Qisek qieghda – imagina habs – hekk. Imma imbagħad nurses ok imma. Kulhadd ihobbok... Imma bil-hinijiet biex tiekol, m'għandekx hin li tista' taqbad u tiehu platt inti. Qisu hemm struttura ta' hinijiet – ehe – li trid toqghod għalihom u ma tistax tiekol meta trid...jekk ma jkun hemmx xi hadd qalbu tajba u jtina x'nixorbu... Nghidilha biex ma tersaqx l'hawn. Għax naħseb aghar mill-habs – għax il-habs, tista' tghid kelma imma hawn ma tistax tghid li trid. Xejn.

Interviewer: Trid iġġib ruhek sew hux? [Interviewer]

Participant: Sew, inkella, inkella *single room*.

Interviewer: *Single room* x'inhi? [Interviewer]

Participant: Toqghod wahdek għal ċertu hin – perkazu skond x'ghamilt. Jien darbtejn dhalt. [Louisa]

Participant: The experience, to my schoolmates and to everybody: not to come to this place because we seldom go out. We are kept inside. As if you are in a prison, that's how it is. But on the other hand the nurses are OK. Everyone loves you ... But there are fixed times for eating, you can't just take a plate and eat when you feel like eating. There seems to be a fixed time-table – which is to be followed and you can't eat whenever you like ... as far as there isn't a kind hearted person who's ready to give us something to drink ... I'll tell her not to come to this place. Because I think it's worse than being in prison – because in prison you can say a word but here you cannot say anything. You can say nothing.

Interviewer: You have to behave well, no?

Participant: Well or else, or else 'single-room'.

Interviewer: What is 'single-room'?

Participant: You have to stay alone for some time – it depends on what you've done. I found myself inside there twice. (Louisa)

One participant described mixed feelings about the service he is in. He begins by criticising the system: "L-iskola m'hiex xi skola tajba." "The school isn't a good one." He then speaks positively of the relationships he has there: "ħbieb għandi, teachers ihobbuni l'istess... qisni qieghed id-dar..." "I have friends, I'm also loved by the teachers ... it seems like being at home ...". Following this he says that he feels he does not learn enough in the school: "Li ma tantx titgħallem (silence)... naghmlu siegħa kitba fil-klassi, siegħa, siegħa u kwart, il-bqija nilgħabu fil-ground..."

“That you don’t learn a lot (silence) ... we spend an hour writing in class, one hour, an hour and a quarter, the rest of the time we spend playing in the ground.”. On the other hand he’d promote the school to a friend:

**Ejja hu gost – jġifieri, ma’ tiddejjaqx hemmhekk...tgħaddi ż-żmien hemmhekk, jġifieri filgħodu nidhol...dik is-siegħa naraha ġurnata u il-bqija lanqas narah għaddej il-ħin. [Jason]**

Come and enjoy it – that is, you won’t get bored there ... you’ll have a good time there. That is, I come here in the morning ... that one hour seems as long as a day, otherwise time flies by. (Jason)

### 3.2.2 What they like most

In reply to the question asking what the participant likes most about the service, Maria says: “Il-kamra nahseb tiegħi...żewġ sodod, għamara bajda, bit-toilet u bix-shower tagħna, jġifieri għandek tiegħek stess” “My room. I think ... Two beds, white-coloured furniture, we have our toilet and shower, that is you have your own.”. The sense of privacy is clearly important for this participant. She also says that she likes the fact that the residents cook, the reason being that: “halli forsi la nikbru...inkunu diġa’ nafu nsajru...Anke innadfu u hekk – għal ġid tagħna.” “Maybe when we grow up ... we will already know how to cook ... Even how to do the cleaning and so – for our own good.”

Another participant clearly states that the time she likes most is that spent with the Occupational Therapist:

**Meta tiġi l-O.T...teħodna il-gym, nagħmlu il-fuħħar – il-clay, u għandna treadmill, ġieli inpingu, innadfu il-kamra aħna...nieħdu pjaċir, u ġieli jekk noqgħodu kwieti, toħroġna... [Louisa]**

When the O. T comes ... she leads us to the gym, we do some pottery – the clay, and we have a treadmill, sometimes we do some drawing, we clean our own room ... we enjoy it, and, if we behave well, she might take us out ...[Louisa]

One participant speaks positively of the service, emphasising that she does not feel tied down: “M’għandix irbit hawn...” [Anna] “I’m not tied down here ...”

### 3.2.3 Tendency to compare the community/residential life to life at home.

Another sub-theme which was quite significant is that the children tend to compare life in the community/residence with the life they know at home. A few participants spoke of how different their life is now that they are in the services. The sense of loss in their words is evident:

**Hemm tfal oħra probabbli jmorru l-baħar. Huma jgħidulna li rridu nimxu bħal familja oħra. Bħal familja oħra ma tistax timxi. Għax huma filgħodu jmorru il-baħar u aħna minn filgħodu sas-sebġha ta’ fil-għaxija rridu noqogħdu ġewwa bil-fors.” [Lara]**

There are other children who will probably go to the seaside. They tell us that we should get along like any other family. We cannot behave as another family. Because in the morning they go to the seaside and we have to stay inside from the morning till seven in the evening.” (Lara)

Participant: Xi kultant inhossni daqsxejn imdejjaq, minhabba li għax jaqbdu miegħek u hekk, u li mhux xi ambjent familjari...

Interviewer: Familjari x’tifhem bija?

Participant: Fis-sens l-ambjent li kont drajt qabel u hekk, meta kont ngħix ma’ missieri u ommi u hekk, inbdilt f’ħafna affarijiet...ħinijiet speċjalment... [Paul]

Participant: Sometimes I feel a bit down, because they start picking on you and so, and that is not a familiar environment ...

Interviewer: What do you understand by ‘familiar’?

Participant: I mean the environment I had got used to and so, when I used to live with my father and mother and so, I changed in many a way ... especially the times ... (Paul)

Most children expressed a deep sense of longing for their parents now that they are in the services. Lara explains that being in the service is an ugly experience because of this:

**Esperjenza kerha. Ma tistgħax tgħid li inti ferħana għax inti ma tkunx qiegħda mal-familja tiegħek. Pereżempju jien nixtieq immur m'ommi. [Lara]**

An ugly experience. You can't say you're happy because you are not living with your family. For example, I would like to live with my mother. (Lara)

Another participant says that she would give the following advice to a friend:

**Nghidli li kieku jersaq l'hawn, ommok u missierek mhux ser jarawk dejjem, li xi ftit granet hux, xi granet biss... Pause [Louisa]**

If he were to come here, his mother and father will not be seeing him always. That is only a few days no, some days only ... Pause (Louisa)

Two other participants expressed a great sense of longing for being with particular family members: "Għax hawn m'hawnx l-ahwa, jew ommijiet...(very sad)" [David] "You don't find your siblings here, or mothers ... (very sad)" (David)

and: "Niddejjaq hafna...Għax jien irrid noqgħod mal-mummy mhux hawn." [Peter] I get bored ...for I want to stay with my mother and not here." (Peter)

Several participants highlighted the lack of freedom, the regimental aspect of the timetable which is incomparable to being at home, too strict

at times, inflexible rules and how they feel about this:

**Heq nagħtu kas ġieli ikun hemm, nagħtu kas irrid nara programm fuq it-TV u ma nkunx nista'. Thossok irrabjata... tiddejjaq. [Maria]**

Let's say maybe there is, let's say I want to watch a programme on T.V. and I will not be able to do so. This makes you angry ... I won't like it. (Maria)

**Jien inhossni naqra imdejja għax nippreferi li noqgħod id-dar nieħu pjaċir, niekol fi x'hin irrid, u hekk. [Louisa]**

I feel a little down because I prefer to stay at home enjoying myself, eating whenever I feel like it, and so. (Louisa)

An interesting very strong message was from those children whose family background is abusive and/or experiencing problems. These children appreciate the fact that even though they may not be happy in the service, it is safer than home and also provides for their basic needs:

**Mhux kuntenta, imma tajjeb: aħjar mid-dar. [Helen]**

I'm not happy, but it's good: better than at home. (Helen)

**Kont għaddejja minn storja d-dar – qisni ħadt ir-ruh – timmissjom lil tal-familja imma dejjem aħjar. Dejjem trid tqis għat-tajjeb tiegħek. [Anna]**

At home I had a troubled life – now I'm feeling better – one misses the family members but it's better. One should always keep in mind one's well-being. (Anna)

**...jien hawn irrid nibqa' għax hawn qiegħda komda. Hawn, ċerta li mhux qiegħda nissawwat... Li n-needs tiegħi kuljum qed isiru, l-ikel qed nieħdu, qed ninħasel – mhux titfili l-gyser. X'hin irrid nista' noħroġ. Mhux għax tkun irabbjat jew jigi...nagħmlu mod tigi xi carer hawn bin-nervi, ħa**

**tiġi tixrob, ha tiġi ssawwattni? Le m'għandix dritt! Imma d-dar kienu jgħiduli jiena ommok u missierek għandi dritt insawwtek. [Anna]**

... I want to stay here for I'm comfortable here. Here, I'm sure I'm not going to be beaten ... That everyday I will have all I need, I'm being provided with food, I can wash myself – no one switches the water-heater off. When I feel like it I can go out. If somebody is angry or comes ... let's say that some care worker comes here feeling angry, is she going to start drinking, is she going to start beating me? No, she can't do it! But at home they used to tell me: "I'm your mother/father, I can hit you." (Anna)

One participant says that the service is better than home because of the company she has which she doesn't have at home:

**Ifhem, ġieli ngħid aħjar hawnhekk u ġieli ngħid aħjar id-dar... Mhux eżatt bħad-dar, mhux bħal ma tgħix id-dar għax regolamenti u hinijiet u hekk. Imma aktar aħjar hawn għax tkun mal-ħbieb, hekk imma dejjem id-dar aħjar. [Karen]**

Listen, sometimes I tell myself that it's better here and sometimes I say it's better at home. It's not exactly like home, not like when you live at home, because there are rules and fixed-times and so on and so forth. But it's better here because you'll be with your friends, you know, but home is always better. (Karen)

### 3.2.4 Other residents – A negative effect?

Through the interviews, it became clear that several children feel that the other residents pick on them and that their privacy and personal space is not always respected. This is a real challenge. Others speak positively of the other residents and some express mixed feelings about this. It is very clear that the children's experiences vary according to: their own character, personality, ways of relating and communicating. Their experiences also depend significantly on the other residents.

One respondent speaks very positively of the other residents, some of whom are older than she is: "Uuu jhobbuni. Qishom mummies tiegħi" "They love me so. They seem to be my mummies." She seems to have developed her own philosophy about how to relate to the other residents:

**La timxi sew magħhom huma ha jimxu jekk inti ha toqgħod tirrabja ha toqgħod tinnervja għal xejn – iġġib in-nies ta' barra qabilhom...din familja. Inti trid titrattahom bħalma trid li jittrattaw lilek, ma tridx titrattahom hażin u taħseb li inti ha jittrattawk tajjeb. Għax dan kulhadd ihoss... [Anna]**

If you treat them well that's how they'll treat you. If you get angry and lose your temper for no reason at all – you treat outsiders better than you treat them ... this is a family. You have to treat them like you want to be treated by them, you should not treat them badly and then pretend that they should treat you well. For everyone has a heart. (Anna)

The following are mixed comments: "ġieli orrajt u ġieli le." [Maria] "Sometimes they're all-right sometimes not." (Maria); "Ok, għax tampar xulxin u naqblu" [Lara] "OK, we're peers and we get along." (Lara); "Mat-fajliet all right..." [Karen] "It's all well with the girls ... (Karen)

**Insomma. ġieli joqgħodu jaqbdu miegħi. Dejjem...ġieli perkażu, jiena niddejjaq jekk taqbad u tmissli oġġett bla permess tiegħi. U jaqbdu ibabsu... [Louisa]**

It depends. Sometimes they start picking on me. Always ... Sometimes, for example, I don't like having somebody touching something which belongs to me without first asking for my permission. And they start meddling ... (Louisa)

**Għall-ewwel li ġejt kont niġġieled ma wieħed għax qabziti u tajtu daqtejn ta' ponn, imma issa ikkalmajt. [Andrew]**

At first, when I came here, I used to quarrel with a person because he got on my nerves and I punched him, but now I calmed down. (Andrew)

One participant says that one should be on his guard with regards to the other residents and basis this on his own experience. He would advice the following to a friend:

Ovvjament biex ma jhallix lir-residenti l-oħrajn jagħmlu li jridu bih. Li ma jafdax affarijiet personali tiegħu bħal wallet, sigaretti u affarijiet hekk. Joqgħod attent fejn jagħmilhom, joqgħod attent lil min ħa joffri u ovvjament jekk ikollu ħajja daqsxejn iebsa, ma jgħidx lil kulhadd għax imorru ixandruha, u jinqered hemmhekk imbagħad ... eħe, u forsi 'l quddiem jidra xi residenti u hekk u jkun jista' jara ċar li jista' jafda u hekk. Imma mall-ewwel imbagħad, ma jaqbillux, biex ma jiġrilux bħali. [Paul]

Obviously so as not to be pushed around by the other residents. That he should not leave personal belongings like a wallet, cigarettes or similar things, running around. He should be careful where he puts them, to be on his guard to whom he's going to offer and obviously, if he had had a rather hard life, he should tell nothing to anybody because they will tell others about it, and that's when he will feel dismal then ... and yes, maybe, as time passes by, he'll get to know some of the residents and so he will be able to see more clearly who he can trust and so. But not from the very beginning, it would be good for him, so as not to experience what I have been through ... (Paul)

Some of the youngsters idealise the other residents whose behaviour may influence them in a negative way.

Jogħgobni (is referring to the other 'residents'). Nitgħallem ħafna affarijiet. Għadni zgħir u tgħallimt. Ipprovajt nagħmel kollox fil-ħajja. Tgħallimt ħafna affarijiet...perezempju kelli ħafna esperjenzi. Perezempju man-nies tad-droga hawnhekk...Ma' nies perezempju li qatlu hawn...[Mark]

I like them (is referring to the other residents). I learn a lot of things. I'm still young and I have learnt. I tried to do everything in life.

This same participant explains that these persons helped him:  
...jgħidulek tagħmilx hekk għax jiġrilek hekk u jiġrilek hekk...jgħiduli toqgħodx titkessaħ pereżempju b'dan il-mod, jew tagħmilhiex ma' ċertu ħbieb għax hekk. Hawnhekk kulhadd akbar minni. Fhimt? Kulhadd ifehmni biex ma nergax nidħol hawn. [Mark]

I learnt a lot ... for example, I went through many experiences. For example, with drug abusers here ... With people here, for example, who have committed murder... (Mark)  
: - they tell you not to do this because this and this will befall you ... they tell me not to behave badly, for example, in this manner, or not to seek the company of certain friends, you know. Here everybody is older than me. You understand? Everybody explains to me so as not to return to this place. (Mark)

He may be unaware of how the other persons may be influencing him.

### 3.2.5 The service perceived as stigmatising.

A few of the participants spoke about how the very fact that they use the service, almost inevitably leads to labeling especially when it is made obvious that they are service-users. An example is that of Roberta who goes to school in a vehicle that has words printed on it that indicate that she is using a particular service:

...ġieli nistħi mmur l-iskola għax ġieli jwassluni huma t'hawnhekk u fuq il-karozza jkun hemm miktub dipartiment xi ħaġa. U meta mmur l-iskola jgħiduli, insomma huma jafu, ħafna minnhom jafu li qiegħda l-istitut imma niddejjaq... [Roberta]

... Sometimes I feel ashamed to go to school because sometimes they take me there, people from this place, and on the car there are the words 'Department ...' something. When I go to school they tell me, you know, they know, many of them know that I am in the institute, but I don't like it ... (Roberta)

Another participant describes the comments that people normally pass once they get to know that he has been in the service. Seemingly, such comments make him feel judged.

...ma' tkunx xi haġa sabiġha, anke toħroġ barra – dak kien (name of service). Pereżempju lili ma' tagħmillix differenza, imma mhux meta n-nies jgħidu ara dak kien (name of service), għandu 16-il sena. Anke pereżempju tkun tkellem tfajla, tmur tfiehem lil missierha li jien kont (name of service), mhux affarijiet sbieħ hu, anke għall-kondotta, ix-xoġhol għall-kollox. [Mark]

... it's not something nice, even when you go outside – he was at (name of service). For example, it doesn't do any difference to me, but when people point and say: 'Look! He was at (name of service), he is 16 years old.' Even, for example, if I were to go out with a girl, how am I to go and explain to her father that I was at (name of service); these aren't nice things no, even for one's conduct certificate, for employment, for everything. (Mark)

One participant explains how he has learnt to keep his personal life-experiences to himself. He has had a bitter experience where he shared a personal issue with another resident and this was spread around the neighbourhood. The following words show a strong underlying sense of betrayal and exposure:

Participant: ...hajtek u hekk, mhux tmur ixxandar ma' kulhadd għax id-darba l-oħra kont għidt kelma hawn ġew jiena u marru jxandruha u anke in-nies ta' barra saru jafuha. Issa dawn in-nies ta' barra ma jafunix, l-ewwel darba li rawni hawnhekk, dawn in-naħat, jġifieri, ma nafx...

Interviewer: Qisek ġejt ittimbrat...

Participant: Ġejt jġifieri: 'boom dak għamel dik il-haġa'.

[Paul]

Participant: ... it's your life you know, you should go and tell everybody because last time I said something in here and it was spread around and even people from outside got to know about it. The outsiders do not know me, the first time they saw me it was in this neighbourhood, that is, I don't know ...

Interviewer: You feel like having been stigmatized.

Participant: I was, that is: "Boom, he did that thing?" (Paul)

A few participants explained that due to their background and situation, they have been labeled since they were young:

**Li missieri jixrob...[l-istudenti l-oħrajn kienu jgħidu:] 'imsawwta, fejn hu x-xurban? Sakranazz!'...Dejjem inżomm ġo fija. [Anna]**

That my father was a heavy drinker ... (the other students used to say): 'Victim, where is the drunk? Drunkard!' ... I always restrained myself. (Anna)

It is clear that it would help if persons responsible for running the services take all necessary precautions to avoid giving anyone the opportunity/reason to label the child any further.

### 3.2.6 In the service you have to obey the rules.

Whilst many of the participants had already suggested that they would advise their friends to run away from the place if they were to be admitted, nevertheless most of them were aware that in the service you were bound to obey the rules. When asked what advice the residents would give to a friend about the service, the most repeated answer was the understanding that to get on well one should obey the rules:

**Nghidilha biex tobdi r-regoli u r-rules. U jekk ikollok xi sistema biex taħrab taħrabx għax tiġi aġħar. U tobdi mill-care workers." [Roberta]**

"I will tell her to obey the regulations and the rules. And if she ever dreams of escaping, she should never do it, for she would

be much the worse for it. I will also tell her to obey the care workers.” (Roberta)

**Heqq, trid tnaddaf, inkella konsegwenzi, jekk tidghi nagħtu kas inaqsulha il-pocket money, u hekk. [Maria]**

Hey, you have to clean, or else you’ll suffer the consequences, if you swear let’s say, you’ll have less pocket-money, and so. (Maria)

**Jogħhod sew. Ghax inkella konsegwenza... Hekk meta johroġ minn hawn jipprova ma jergax jagħmel li għamel biex ma jergax jigi hawn. [Faye]**

To behave, or else he will suffer the consequences ... When he leaves this place he should try his best not to repeat what he had done so that he won’t come back here. (Faye)

**L-ewwel ma’ ngħidlu oqgħod sewwa u obdi ħalli ma’ tidħolx hawn ġew... Biex jobdi mill-ewwel ha jitlaq minn hawn. [Helen]**

The first thing I’ll tell him is to behave well and to obey so that he will never come here ... To obey at once so that he will leave this place. (Helen)

### 3.2.7 Very little to do at the service.

In various interviews, participants say they are bored and have nothing to do to occupy their time. Several children feel at a loss as to how to spend their time. Notwithstanding the rigid timetables in some services, some children explained that this does not fill their time, and that what they need is more games, activities, outings and flexibility to be able to plan their free-time properly:

**...ma tantx għandna biex negħdew, fhimt? Ghax filgħodu naħslu, imma qisu għal nofs in-nhar, paċenzja nara t-television, ma tantx għandi, imma ġejja u sejra fil-bitha,**

**imma m’hemmx dawk l-affarijiet li rridu nagħmlu fhimt?... Iva l-ġurnata twila ħafna. [Karen]**

...we don’t have many things to do so as to while away the time, you understand? Usually we work in the morning, but at about mid-day, I can’t stick watching television, but I’m always on the go, going in and out of the courtyard, but there aren’t those things we like doing, you understand? Yes, the day is rather long. (Karen)

**Il-ħin iktar ma nagħmel xejn milli nagħmel affarijiet. Eq u li kiekieku ikollna daqsxejn iktar ħin għal ħrug u hekk...[Paul]**

I spend a lot of time idling rather than doing something. Eh, and if we were to have more time to go out and so ... (Paul)

Two children stand out in their ability to make the most of what they have. There is a sense of resiliency – where both participants are creative and resourceful. This clearly helps them to cope with their situation and to fill up their time. Louisa explains that:

**Hawnhekk, min ikollok...bħali...xi ħaġa biex tqatta il-ħin, jien għandi d-drawing book u affarijiet, ġibthom mid-dar biex ikolli x’nagħmel. [Louisa]**

Here, you should, like me, have something to while away the time with. I have a drawing book and things which I brought with me from home so that I can fill my time. (Louisa)

Moreover she said that when she is in the single room and has nothing to do she manages to invent a game:

**...Jiena b’kollox nilgħab – tgħidli mela proprja belha inti.... Jiena l-aqwa li kelli dan...noqgħod nilgħab b’subagħja taparsi *puppets*...qattajt il-ħin hekk. [Louisa]**

I play with anything – you might say that I’m really stupid ... Since I have this, I can’t ask for more ... I play with my fingers

imagining they are puppets ... I spend a lot of time like this.  
(Louisa)

The other participant explains that he likes the crafts most. He goes on to describe how he puts personal effort in what he does. There is an underlying feeling of pride and contentness:

Il-‘crafts’, għax ngħaddieh il-ħin. Ara din il-mejda, irrangajtha jien. Kienet bis-saqajn jiċċaqalqu, invitajtha u issa ara kemm hi soda. Għamilna dak l-almanakk. Dak jibqa’ għal dejjem. Issa fil-‘crafts’ ħa nibdew xi xogħol bl-injam. Nieħu gost anke nbajjad u nirrangaw il-kmamar. Għamilna l-air conditioner u bajjadna barra. [Andrew]

The crafts, because I fill my time. Look at this table, I fixed it. Its legs were shaky, I screwed it and now, look how steady it is. We did that almanac. That will remain there forever. During the crafts lesson, we will soon start working with wood. I enjoy painting and arranging the rooms. We installed the air-conditioner and painted the wall on the outside.

### 3.2.8 Decisions take a long time to be taken – care orders in particular

A small number of residents who are on care order expressed the distress and helplessness they feel when it takes so long for decisions to be taken. Such decisions regard, for example, sleeping at their parents, meeting parents and holding meetings with their siblings. This participant sounded frustrated and angry at the lengthy process:

Dak iż-żmien (of abuse from father) stajt naqtgħu. Kont immur għand il-mummy u stajt naqtgħu, għax stajt nagħmel hekk. Imma hawnhekk ma tistax. Issa rrid nistenna sitt xhur sakemm tkellem il-board imbagħad tistenna sitt xhur wara u mhux dejjem tgħidlek tista’ titlaq. Ħafna affarijiet per eżempju nkun irrid norqod id-dar, trid tara thalliniex jew le. [Lara]

That time (of abuse from father) I could stop it. I used to go to my mummy and I could stop it, because I could do so. But here you can’t do that. Now I have to wait six months till I can speak to the board, then I’ll have to wait another six months and one is not always given permission to leave. There are many things, for example, if I would like to go and sleep at home, I’ll have to see whether I will be allowed to go or not. (Lara)

The Convention on the Rights of the Child clearly states that, except if it is contrary to the child’s best interest, it is the children’s right to meet their parents regularly. (Article 9.3 *Convention on the rights of the child*. U.N. General Assembly, 1989) Such lengthy procedures may at times be depriving the children of this right.

## 3.3 Theme 3

### The Professional Staff

There was mention of members of staff several times throughout the interviews. Such comments have been gathered in this section, with an emphasis on the way in which the children relate with the professional staff, and their need for significant relationships. The term ‘professional staff’ shall be used throughout this section to refer to all the professionals involved in the children’s lives. This includes for example psychologists, social workers, occupational therapists, psychiatrists, care workers and so on.

#### 3.3.1 Feelings towards the professional staff.

Several comments were passed describing how the child feels with regards to the professional staff. A number of respondents spoke positively of their relationship with members of the professional staff: “Għax jifhmuna hawnhekk, in-nurses u hekk jifhmuna. Anke O.T. u hekk.” [Helen] “Because they understand us here, the nurses and others understand us. Even the O.T. and others do understand us.” (Helen); “Tajjeb. Sejra tajjeb hafna mal-care workers...jien għalija inhossni sew.” [Faye] “I’m doing fine. I’m doing fine with the care workers ... on my part I’m feeling all-right.” (Faye).

**Il-carers kollha x'hin tridhom ser ikunu hdejk fhimt? Ikkollok problema ser issibhom hemm. Dejjem għandek spallejn fuq x'hiex tistrieħ – dik importanti...għax tkun id-dar mhux ser toqgħod tghidilha kollox għax tweggagħha – dawn le. Dak li tħoss tista' tghidu. [Anna]**

Whenever you need the care workers they'll be beside you, you understand? If you have a problem they'll be there to help you. You will always find a shoulder to lean on – that's important ... at home you will not tell her anything for fear you'll hurt her – that problem does not exist here. You can say whatever you feel like saying. (Anna)

Research shows that the majority of children with more difficult behaviour find that having a particular member of staff whom they trust and can turn to in times of trouble helps them to manage and improve their behaviour. (Ofsted, 2005).

### 3.3.2 Expressed need for significant relationships and attachment.

In answer to the probe 'what helps you most in the service?' several participants spoke about the support they feel by having significant relationships based on good communication:

**Il-careworkers għax biċċiet minnhom jifhmuni hafna. [Karen]**

The care workers, because some of them understand us a lot. (Karen)

**(Meta) jigi 'is-psychologist' tiegħi. [John]**

(When) my psychologist comes. (John)

**Nagħtu kas jkollna xi haġa – eżempju: niġġieled jiena u missieri, nagħtu kas. Tigi tghini l-careworker u hekk,**

**noqogħdu nitkellmu. U hekk, qisna nerggħu nirrangaw. [Maria]**

Let's say we'll have some problem – for example, let's say I quarreled with my father. The care worker helps me and so, we spend time talking to each other. And so, it seems that we return to be on good terms again. (Maria)

**Il-care workers u s-social workers joqogħdu jtkellmu miegħi u meta' ma nkunx nista' nifhimhom joqgħodu jkellmuni bil-mod u jfhemuni. [Roberta]**

The care workers and the social workers talk to me and when I find it hard to understand them they speak slowly to me and explain to me. (Roberta)

Another participant, when asked what helps her most, expressed the need for having such relationships – someone with whom she could speak to about how she is feeling:

**Li... il-pinolli...mhux pinolli, il-mistura. U li jkollna min jkellimna u ifehmna u t-tobba li jigu, l-OT, u gieli jekk jkun hawn xi nurse li tista' tiftaħ qalbek, tigi...Anke gieli jekk perkažu jigu xi studenti wkoll. Jekk perkažu għandi ħabiba tiegħi hawnhekk għanda carer, wkoll tista' tiftaħ qalbek magħha. [Louisa]**

That ... the pills ... not pills, the medicine. And having someone to talk to us and explain to us, and the doctors who visit us, the O.T., and sometimes if, for example, some students also come to visit us. If for example, here I have a friend who has a care worker, you can also confide in her. (Louisa)

One participant clearly states that at times he feels respected, 'treated well' and has learnt many things through the professional staff. He is also frustrated when at other times, he feels that his views and opinions are not given any weight and this frustrates him:

**Ifhimni eh, daqqa jittrattawk tajjeb u daqqa litteralment hazin... Nixtieq allura li, naf li jkolli raġun, jagħtijuli. Mhux haqq għal-baġħla ittini tort biss hux?! Daqqa niċċajta, daqqa jkollna l-argumenti hux?! Mhux dejjem xorta... Ifhimni hares, dawn hawnhekk għallmuni hafna lili. {Josef}**

Listen here, sometimes they treat you well and sometimes they really treat you badly. Therefore, I would like that when I know I'm right, I am given that right. And not, by the dickens, I am always to blame?! Sometimes I joke, sometimes we quarrel, no?! It's not always the same. Listen here, these people here have taught me a lot of things. (Josef)

Another participant confirms the wish to be respected and understood by the professional staff:

**Kuntent hafna għax jgħallmuni u jisimghuni... Qed nitgħallem naqra ftit ftit u li jifhmuni mhux ikeċċuni u jgħajjtu miegħi. {Andrew}**

I feel happy because they teach me and listen to me. Little by little I'm learning to read; that they understand me and do not send me away or shout at me. (Andrew)

Another respondent explained that when she is given several repeated things to do, she gets confused because of the way she is told:

**Il-carers hemm all right, jġififieri imma hemm ċertu minnhom...Eżempju: trid tagħmel xi haġa – jien għidli darba u daqshekk! Jien nkun naf, mhux toqgħod tgħidli mur aghmel hekk, mur aghmel hekk, mur aghmel hekk. Hi tehodlok rasek u mbaġħad fl-aħħar tinfixel. {Lara}**

The care workers are all-right, that is, but there are some of them ... For example, if I have to do something, just tell me once and that's that! I'll understand what I'm expected to do, and I hate being told repeatedly to do a thing. She keeps drumming it in and then finally confusion sets in. (Lara)

Such words are indicative that clarity and checking with the child if s/he has understood would help.

A respondent emphasised how the professional staff strengthened her, boosted her self-esteem, helped her to believe in herself and helped her grow. The following words are beautiful and clearly demonstrate how a caring, empathic, encouraging and supportive relationship could help a young person flourish:

**Imbaġħad iġibuk aktar konxja tiegħek innifsek, jgħidulek – jien kelli s-self esteem veru baxx. Jiena allavolja għandi 16, minn dak li għaddejt iġgħaluk tikber iktar – is-self-esteem kien veru zero – kelli hafna abbuż fuqi...fhimt? U billi ma kellix self esteem, jgħidluli 'Inti tiswa' għal xi haġa! Inti tajba għal xi haġa!...Inti tajba għal hafna affarijiet! Għala ma' tgħinhomx? Għala ma' thallihomx jikbru dawk l-affarijiet, thallihomx imutulek, qegħdin fidejk użahom'. {Anna}**

Then they'll make you understand better who you are, they tell you – I had a very low self-esteem. Although I am sixteen years old, the experiences that I have been through, make me feel bigger – my self-esteem was at zero level – I was heavily abused ... you understand? And as I had no self-esteem, they tell me: "You're worth something! You're good for something... You are good for many things! Why don't you help them? Why don't you let those things flourish, don't let them die, you have them in your hands, use them." (Anna)

For effective teaching and learning and improved behaviour to take place, children with challenging behaviour need to feel that they are wanted and valued by at least some of the professional staff (Visser 2003). These findings have been replicated in published studies of the University of Birmingham's EBD Research Team Daniels et al (1998), Cole et al (1998); Visser, Daniels and Cole, (2001) and other researchers including Munn et al (2000).

One participant emphasised the importance of professional workers recognising and acknowledging the internal strengths and drives that individuals have. She claims that no matter how much professionals might try to drive a person into a particular direction, it will never work unless the client is striving internally in that direction because s/he believes in it and feels ready to do so. Moreover, she claims that what an individual needs is guidance, encouragement and that the worker moves at his/her own pace:

**M'intx se tmexxini int. Għaliex għandek tmexxini int once li jiena nista' nimxi?!...Forsi – imbilli tgħidli – dan il-ħin...dal-ħin ma' nistax jien. Miniex lesta, se jagħmilli ħazin, u mhux tajjeb...X'ħin tkun lesta int, inkun lesta jien. Ngħinek...fidi ħa...nista' ngħinek. Fhimt?... Billi tgħidilha int għal xejn. Hi trid timxi – wehedha [Anna].**

You're not going to lead me. Why should you lead me, once I can walk on my own? Maybe – it's no use telling me – this is the moment ... I can't at this moment. I'm not ready yet, it will do me harm, and not good ... When you are ready, I will be ready too. I will help you ... take my hand ... I can help you. Do you understand? Your telling her is useless. She must walk – on her own. (Anna)

A Maltese report by Fr. Victor Zammit McKeon et al. (2005) about "The need for a therapeutic childcare community in Malta" emphasises that particular therapeutic programmes hold excellent results due to the:

...high staff to children ratio, the excellent team work between all staff members, the great respect for children, the absence of punishment, the absence of shouting by staff members and consequently the gentle way of speaking to the children, the learning from each experience approach, the ongoing training of all members of staff, the ability to adapt to each child's needs even in group situations.

### 3.4 Theme 4: Understanding why they are in the service

Clarity, goals and aims pertaining to a service/programme are necessary pre-requisites to the outcome and effectiveness of the service. One of the interview probe questions asked the child what explanation s/he gives for having ended up in the particular service. This consequently gave an indication of what the child *has understood* with regards to why s/he is in the service.

#### 3.4.1 Perceived sequence: significant events leading to being at the service

Several children interviewed explained that coming to the service was the result of a significant episode that led to a sequence of events. Two participants for example, explained that their behaviour changed greatly because of happenings at school. This could be somewhat related to what research has found that the challenging behaviour of many younger pupils arises mainly as a result of poor language, social skills and emotional development fitting to their age (Ofsted, 2005). Other such episodes were: being bullied; peer pressure; disobedience and risky behaviour; no longer fitting in a residential home; unclarity; family difficulties, abuse and dealing with death. It is interesting to compare these factors to the definition of challenging behaviour<sup>7</sup>.

#### 3.4.1(a) Negative experiences at school

One respondent explained that in primary school: "kont bully first class, kollox kont nagħmel sew" "I was a first class bully, I did everything well.". However when he moved into secondary school:

**Is-surmast ma ħax grazzja miegħi u dejjem kien ikeċċini 'l barra mill-klasi...min kien jgħidli xi ħaġa kont intihielu. Insejt kif naqra u nikteb għax is-surmast ħarbatni u dejjem jaqbad miegħi. Fl-aħħar kont ġieli nagħmel għalih. [Andrew]**

<sup>7</sup> Refer to definition of challenging definition on pg....(include def from Fr. Antoine's report)

The headmaster didn't like me at all and he was always sending me out of class. I was always fighting whosoever said something about me. I forgot how to read and write because the headmaster confused me and was always picking on me. Finally I even started to attack him. (Andrew)

He went on to explain that he was never understood in that school: "Għax qatt ma fhemuni, qabdu miegħi u għamilt minn kollox biex nitlaq. Ma ridtx nibqa' l-(school's name)." "Because they never understand me, they picked on me and I did everything to leave. I didn't want to remain at (school's name)."

It is clear that this participant connected the lack of understanding and his misbehaviour to how he was treated by the headmaster's attitude. There is even an underlying sense of rejection in the respondent's words. This is emphasised further when he explains that the fact that he has a good relationship with the present headmaster has helped him to move on:

**Is-surmast li għandi bħalissa jħobbni ħafna u qalli li kif nagħlaq is-sittax-il sena jsibli xogħol hu. Issa diġa qed nispelli għax qabel l-anqas kont naf ittra waħda. [Andrew].**

My present headmaster likes me a lot and he told me that when I'll turn sixteen he will find me a job. Now I already know how to spell because I didn't know one single letter. (Andrew)

Another participant explains that he has very negative memories of school. He didn't get on well with the teachers or the other students. He then explains:

**Minni, minni ukoll, minni kien jiġi ħażin...Kont niddejjaq ħafna hemm...pereżempju lill-oħrajn kien itihom kitba hekk, u lili itini kitba għaliha...lili u lill-ieħor fil-bank miegħi. Kont niddejjaq hu...Sal-year three għamilt allright u imbagħad it-teacher...kienet ħarxa...u minn hemm bqajt sejjer lura...Sal-year three...kont naf nikteb u naqra u nagħmel,**

**imbagħad bdejts sejjer lura...l-mummy kienet titla' xi tlett darbiet fil-gimgha l-iskola... kienet tkun iktar l-iskola milli d-dar. [Jason]**

It's my fault also, I didn't get on well ... I used to get very bored there ... for example, he used to give a type of written work to the others, and a different kind to me ... to me and my bench-mate. I didn't like that, no ... Up to year three I was doing fine and then I had a teacher ... she was harsh ... and from there on I started regressing ... Up to year three ... I knew how to write and read and get along, then I started slipping back ... my mother used to come to school about three times a week ... she spent more time at school than at home. (Jason)

### 3.4.1(b) Bullying

Two participants describe how the bullying they experienced effected their own behaviour. This participant explains how he would keep all the anger he felt inside and then let it out when at home.

Participant: Ġieli jkolli nervi mill-iskola u nmur id-dar bihom.

Interviewer: Kif kien ikollok in-nervi mill-iskola?

Participant: Shabi jagħmluli n-nervi.

Interviewer: Kif?

Participant: Jiġġieldu miegħi u jgħajruni.

Interviewer: U int x'kont tagħmel?

Participant: Ma nagħmlilhom xejn imbagħad immur id-dar u noqghod nigġield għax ikolli n-nervi. [Peter]

Participant: Sometimes I get nervous at school and when I return home I'm still nervous.

Interviewer: How is it that you used to feel nervous at school?

Participant: My friends make me nervous

Interviewer: How come?

- Participant: They used to quarrel with me and call me names.  
 Interviewer: And how did you react?  
 Participant: I didn't react in any way, but then when I returned home I used to pick up fights because of my nerves.  
 (Peter)

The other respondent explains that when she was bullied she would do whatever she was told:

...Ibbuljaw lili biex nagħmel hekk, u jiena, qisni tiġieġa - ħeqq nagħmel kollox li tgħidli...smoking, serq, xorb...ħabba shabi għax dejjem ngħid 'iva' 'u iva', 'iva'... U l-iva li għidt jien u għal kemm-il darba għidt 'iva' spicċajt hawn. [Louisa]

... They bullied me to do so, and I, acting like a chicken, used to do whatever I was told to do ... smoking, theft, drinking ... It's all the fault of my friends because I always say 'yes', 'oh yes', 'yes' ... And the 'yes' I used to say and the many times I said 'yes' landed me here. (Louisa)

#### 3.4.1(c) Peer Pressure

One participant acknowledged the fact that he was influenced by his friends to have taken the direction he is in now. He explained that:

Imbagħad bdejt nagħmel ma' ċertu ħbieb, bdejt minn haġa żgħira, imbagħad tibda kbira u tibqa sejjer biha. Imbagħad kelli ħafna ħbieb, illum l-aħjar il-ħbieb sa l-għatba tal-bieb. [Mark]

Then I started frequenting certain friends, I started with a little thing, then it started getting bigger and you'll get hooked. Then I had a lot of friends, today I don't trust anybody. (Mark)

#### 3.4.1(d) Disobedience, Impulsivity & Harm to self/others

Disobedience at school, and with parents, was one factor that clearly

led one child to begin using the service she is currently in.

Em, ma obdejt lill-Mummy meta bdiex tgħidli...bdejt ngħidilha mhux veru u hekk u spicċajt hawnhekk...Tagħtini parir u ma ħadtux. [Faye]

Eh, I didn't obey mother when she tried to open my eyes ... I used to tell her that what she was saying wasn't true and that's why I ended up here ... I did not accept her advice. (Faye)

Impulsivity is another factor, which emerged in two of the interviews. One person impulsively acted out in a way that could have seriously injured herself and/or one of the professional staff. Her explanation for doing so was that:

Ġejna għall-laqgħa mal-psikjatra u qagħdu jgħidu fuqi. Qagħdet tugżani li għamilt xi affarijiet, u qbadt u... [Helen]

We came to meet the psychiatrist and they started discussing me. She accused me with doing certain things, and I started to ... (Helen)

Another participant actually described the pattern of impulsivity: Bdejt ngħagġel ħafna b'moħħi. Bdejt nara kbir, fhimt? Għax jien tip ta' bniedem li nagħmillek per eżempju erba' xhur, ħames xhur, sitt xhur kwiet. Jiġi xi haġa ġo moħħi. Fhimt? Noqgħod newden fuqha, nibda ngħid għal xiex jien kwiet, nibda nagħmel ħafna affarijiet. F'gimġha waħda, f'gimġha waħda kemm hu veru, fi tlett ġimġat, jew xahar spicċajt (mentions name of service). [Mark]

I was lost in fantasy. I was seeing things out of proportion, do you understand? I'm that type of person who, for example, spends four months, five months, six months living calmly. Then I think of something. You understand? I start brooding on it, I start asking myself why is it that I'm so calm, I start doing a lot of things. In a week, in one week, truly, in three weeks, or in a month's time I ended up at (mentions name of service). (Mark)

“Moffit and Lynman (1994) propose that underlying the development of disruptive behaviour, disorders are neuropsychological dysfunctions associated with a difficult temperament, which pre-disposes children to impulsivity, irritability and over-activity. Consistent with this, Newman & colleagues (1997) found that children who showed a difficult, under-controlled temperamental type at age 3 were more likely to be rated as antisocial in adulthood... (However) other longitudinal research indicates that the link between aggression and difficult temperament is not a direct one; instead it is mediated by family factors (McMahon & Estes, 1997)” (Wenar & Kerig 2005).

### 3.4.1(e) No longer fitting in the residential home

Three respondents explained that they ended up in the service because they felt there was an age gap between themselves and the other residents in the residential home they were in. They emphasise that it was their own decision to leave the residential home they were in and to move into the service. Here, naturally a question arises as to whether these children really *do* have challenging behaviour and consequently, whether these children have been placed in the right service for their needs. The following are the participants' words:

Le għax ridt jien biex ma nibqax fejn it-tfal iż-żgħar hu.  
[Roberta]

No, I came here of my own free will so as not to remain in the company of young children. (Roberta)

...Kien hemm ħafna tfajliet u hekk u kienet qaltli ħa npoġġik (mentions name of current service she is in) għalissa. Imbagħad kienet tiġi tgħidli.... 'kif inti sejra?' u hekk. Għal bidu kont naqra aħjar minn issa, għax għal bidu tinda tara kollox sabiħ u qegħditilha.... u mbagħad bqajt hawnhekk. [This is one of the participants who did not seem to have very challenging behaviour.] (Claudine)

... There were a lot of female adolescents and she told me that she will be placing me at (mentions the name of service she is currently in) for the moment. Then she used to come and ask me ... “How are you getting along?” and so. At first I was feeling better than I'm feeling now, because in the first days everything seemed wonderful and I told her ... and then I stayed here. (Claudine)

Participant: L-ewwel kont għand is-sisters, iddejjaqt u ġejt hawnhekk...kollha tfal żgħar u hekk, ma taqbilx magħhom.

Interviewer: Bdejt thossok kbira għal hemmhekk?

Participant: Kbirra ehe. Kelli sittax-il sena. B'dak il-mod imbagħad ġejt hawnhekk. [Maria]

Participant: First I was under the care of the nuns, I got fed up and so I came here ... they were all young children and so, I didn't fit with them.

Interviewer: Were you feeling that you have grown up and that you couldn't stay anymore in that place?

Participant: Of course I was a grown up. I was 16 years old. That was what made me come here. (Maria)

### 3.4.1(f) Family difficulties, abuse and coping with death.

A few respondents connect particular emotionally burdened episodes that have caused an upheaval and turmoil in their life to being in the service. They see that such episodes have led to a sequence of events that in turn, resulted in them using the service. Such episodes are related to family difficulties, abuse and difficulties in coping with death. Quotes of the children's words shall not be used so as not to disclose personal information that may make it easy to identify the child.

The survey carried out by (Ofsted, 2005) shows that many of the pupils showing challenging behaviour in early years settings and schools are

from troubled families or are in public care. These vulnerable pupils are more likely to display difficult behaviour when they feel that responses to them by staff or other pupils are insensitive or derogatory.

### 3.4.1(g) Unclarity

One respondent Karen, related the sudden way she ended up in the service. The abruptness and sudden decision clearly left an impact on this child and the actual reason why she has ended up in the service seems to be shadowed by her parent's abrupt decision and thus has remained unclear. Several times, the parent would tell her: "ha naqflek, ha naqflek" "I will lock you up, I will lock you up." though this never happened until once she woke up in the morning and she was told: "ha niehdok hemmhekk [name of service], pakkja hwejgek." [Karen] I'm taking you there (name of service), pack up your things."

This young person clearly expressed helplessness in the interview by the following words: "Jigifieri ma stajtx naghmel mod iehor." "That meant that I could not do otherwise." She seems to have not understood exactly why she has been 'sent' to the service and in fact claims that she does not agree that she should be in the service:

**"Jien ma naqbilx ma [mentions parent] li qeghda hawnhekk. Jien ghalija qiegghda ghal xejn hawnhekk. Min-naħa tiegħi...imma hekk ngħid qegghda ghal xejn hawnhekk...".**  
[Karen]

"I don't agree with (mentions parent) that I'm here. As I see it, there is no reason for me to be here. As I see it. But that's what I say. I'm here for no reason whatsoever ..." (Karen)

### 3.4.2 Need for clear goals and timeframe

As can be seen in section 2.4 some children see a strong association between behaving well and entering or leaving the programme. It was interesting that no children mentioned any clear time-frames or goals. Even though there was no direct question about this, a sense of confusion, frustration, unclarity and irritation came out several times in this regard. Whilst this section considers these feelings, it is important

to keep in mind that this section is based entirely on the children's views. The professionals' and parents' views have not been heard, nor have the children's files been consulted.

One participant in particular, spoke about the many times he asks the doctors and his mother when he can leave the programme and go home. The answer is always that he would go home when his behaviour is good.

Participant: Ġieli nibki, u ġieli noqghod fuq is-sufan u nitlob biex immur id-dar...

Interviewer: Ġieli ghidtilha lill-mummy kif thossok hawnhekk?

Participant: Iva, u tghidli issa jara t-tabib biex johorgok, u tghidli biex noqghod bil-għaqal...

Interviewer: ...ġieli kellimtu [lid-daddy] fuq hawnhekk ?

Participant: Iva, l-istess li ngħid lill-mummy.

Interviewer: U x'jghidlek ?

Participant: Bħal mummy biex noqghod bil-għaqal...

Interviewer: Ġieli ghidtlu lit-tabib kemm inti mdejjaq u tibki ?

Participant: Iva u jghidli li jekk noqghod bravu nkun nista' mmur id-dar. [Peter]

Participant: Sometimes I cry, and sometimes I sit on a sofa and pray to be sent home ...

Interviewer: Have you ever told your mother about how you feel being here?

Participant: Yes, and she tells me that the doctor will see when I can be dismissed, and she tells me to behave well...

Interviewer: ... Did you speak to him (your daddy) about this place?

- Participant: Yes, the same things I tell my mummy.
- Interviewer: What does he tell you?
- Participant: Like mummy; to behave well ...
- Interviewer: Did you ever tell the doctor that you're feeling down and that you cry?
- Participant: Yes, and he tells me that if I behave well I would be able to go home. (Peter)

There is a strong sense of helplessness where it seems that the power and control is in the doctors hands. He says that he spends his time praying to go home to his mother:

**Fuq is-sufan – dejjem l-istess – (ħareġ kuruna tar-rużarju mill-but) nitlob biex forsi mmur mal-mummy – u nikteb lill-mummy (urini poeżija ta' Dun Karm jisimgħa 'Warda' – li kkopja minn fuq ktieb ta' tifla, madwar penga l-fjuri u kiteb 'To Mummy'). [Peter]**

On the sofa – always the same – (he took out the rosary beads from his pocket) I'm always praying maybe I'll go back with mummy – and I write to my mother (He has shown me a poem by Dun Karm called 'Warda' – which he copied from a girl's book, he drew some flowers around it and wrote the words 'To Mummy'). (Peter)

Claudine (who the research team believes that she is placed in the wrong service), expresses confusion, irritability and an inability to feel that she can settle or feel part of one place:

**“Fil-fatt...is-social worker li kelli qabel, kienet tinkwieta ħafna għax jiena għamilt xahar ma nafx jekk ser nibqa. Kont ngħidilha ....imma x'ser nagħmel? Ħa nibqa hawnhekk? jew mhux ser nibqa hawnhekk? Għax hekk, tkun qed tgħix go post ma tafx ser jiġri minnek.... Imbagħad kienet qaltli...ma nixtieqx li tibqa hawnhekk imma ma għandix fejn tmur....hallewni hawn. Jiġifieri bħala homes hawn ftit ukoll. [Claudine]**

In fact ... the social worker I had before, was very worried because I spent a month toying with the idea of quitting. I used to ask her: 'But what am I going to do, am I going to stay here, or am I not going to stay here?' For, you know, living in a place where you don't know what is to become of you ... Then she told me ... 'I do not like you to remain here but I cannot send you to any other place'... They kept me here. It must also be said, that as regards the homes, there are only a few. (Claudine)

In a study, carried out by MacDonald and Williamson (2002), it emerged that with regards to agreeing on goals and action plans, a difficulty was that staff often did not distinguish between the 'overall purpose of the work' and the 'desirable outcomes'. Unless 'pinned down' to specific changes, such aims are almost impossible to monitor. Best practice suggests that it should be clear *in whose opinion* these changes should occur and called for *desired outcomes* that were observable, specific and stated in simple language.

In this light, it is necessary that services for children with challenging behaviour assess the child prior to accepting him/her into the service/programme. Clarifying with the child *why he or she is in the programme* is of great importance so as to minimize fear, confusion and helplessness, and in turn to promote support, understanding and clarity. Setting goals, clear guidelines and action plans within a timeframe will also give the child far more control in the situation. The child will be able to know that this will not go on forever – that if s/he keeps to the goals he will no longer need to use the service. Such goals and action plans should be applied consistently to the child's life in general.

The child needs to experience consistency not only when *in* the programme but also *out of it*. This implies that a multi-systemic proactive approach (Henegger et al,2002) will contribute to achieving such consistency for the child. It also inevitably implies that professional

<sup>8</sup> Refer to Article 12.1 *Convention on the Rights of the Child*. U.N. General Assembly, 1989 mentioned in the introduction.

staff need to adopt an approach that is integrative – where the child is involved in the decision making process, where the focus is on acquiring new skills and where the child feels in control of what is happening to his/her life. After all, this is a right clearly stated across nations:

The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice. (Article 13.1 *Convention on the Rights of the Child*. U.N. General Assembly, 1989)

This is of particular significance when discussing and deciding upon the child's future and life<sup>8</sup>.

### 3.4.3 Inappropriate behaviour is equated with being in the service.

As is evident in the words quoted in the previous section, most of the children relate the 'service they are in' to 'challenging behaviour'. The children *do* understand that challenging behaviour is somehow connected to the service they are in. What differs across the interviews is their understanding of 'challenging behaviour' and their understanding of the scope of the service.

For some children, even though they are actually in the service, it is unclear as to how the service is supposed to help and support them. When Jason was asked why he thinks he is in the service he said: "Jien naf? Biex jiggduli aktar dixxiplina support"

A few children are clearly aware that their behaviour is inappropriate: "Aggressiv. Kont aggressiv l-iskola. Ghadni sa lllum jgigifieri." [Josef] "Aggressive. At school I was aggressive. That's how I still am, that is." (Josef). Some others regard what they do as 'wrong' by realising that they disobeyed their parents: "Ma' kontx nobdi...lill-Mummy...Kont irrid xi haġa, irrid, inkun - inkun irridha bil-fors..." [David] "I did not obey ... mummy ... I would have liked something, wanted it, wanted it by all means ..." (David). As mentioned in the section 2.6 "In the service

you have to obey the rules.", a few participants claim that they'd advice other children to be good so as not to end up in the service they are in: "L-ewwel ma' nghidlu oqghod sewwa u obdi halli ma' tidholx hawn ġew." [Helen] "The first thing I would tell him is to behave well so that he will never have to come to this place." (Helen)

One participant claims that to be good his mother tells him not to do what the other children in the service do: "Biex ma naghmilx affarijiet li jaghmlu dawn it-tfal – it-tfal t'hawn...Jghidu affarijiet hamallagni." [Peter] "Not to do the thing these children do – the children here ... They say vulgar words ..." This same participant and others, believe that so as to leave the service one must 'be good'. Peter actually tells other children: "Jien nghidilhom biex joqghodu bravi halli jtilqu minn hawn" "I tell them to behave well so that they will leave this place.". With this believe it does not make sense to this child *why* he is still in the service. His words indicate confusion and irritation when saying that even though he was naughty at home, he is not naughty in the service. Logically in his view, he should leave the service because he is behaving:

Interviewer: Ġieli staqsejt lil xi hadd, lit-tabib, lin-nurse, lill-mummy jew lid-daddy, ghalfejn qieghed hawn?

Participant: Iva u jghidu ghaliex kont imqareb...

Interviewer: Tahseb li veru ?

Participant: Hawnhekk mhux imqareb. Id-dar kont. [Peter]

Interviewer: Did you ever ask somebody, the doctor, the nurse, you mummy or your daddy, why you are here?

Participant: Yes and they tell me due to my having been naughty ...

Interviewer: Do you think that is true?

Participant: I'm not naughty here. At home I was. (Peter)

The children's level of awareness seems to effect the extent to which the children understand why they are in the service and what is appropriate behaviour. This is very helpful for change to take place

(Macdonald & Williamson, 2002) In this section clearly emerges that it is vital for children to understand exactly what aspects of their behaviour is unacceptable and what they need to be doing during the programme for them to be able to move out.

The above indicates that approaches, which are multi-systemic, cognitive-behavioural, and based on functional-assessment, will be beneficial to the child. Other afore-mentioned factors that hold an effect on the way the child behaves (e.g. family difficulties, loss, bullying and abuse) clearly indicate that the child may need the intervention of a psychologist and possibly of family therapy. The service-providers/professional staff should be trained to properly assess the child's needs prior to and whilst using the service. At the moment as Zammit McKeon points out

“We have an alarming rate of disturbed children but what we are offering them is far from a solution to their problems – exclusion from public schools, high support carers and when everything fails they are admitted to the YPU which adds more problems to these children who are not mentally ill, but hurt and discouraged children.” (Zammit McKeon et al., 2005)

### 3.5 Theme 5: School experience

The children's experience at school varies greatly. Some children describe their experience in a very positive way: “L-iskola kont niehu gost mal-hbieb u hekk.” [Lara] “At school I used to enjoy life with friends.” (Louisa); “Kont nikteb pulit u noqghod bil-ghaqal – kienu jhobbuni t-teachers.” [Peter] “I had a good handwriting and behaved myself – the teachers loved me.” (Peter). Other children describe it as a difficult time.

#### 3.5.1 The social and academic aspect

Participant: Kont immur tajjeb, imma qisni sfrattajt fl-ahhar Miss. Ghax kont idejjaqt...

Interviewer: X'dejqek?

Participant: Il- homework...Kien ikolli naghmlu d-dar.”  
[Karl]

Participant: “I did pretty well, but finally I became unruly, Miss. I got annoyed ...

Interviewer: What annoyed you?

Participant: The homework ... I had to do it at home.” (Karl)

It is clear that for most respondents the social aspect of school, in particular, the relationship they had with students and school staff, has a strong effect on how they experienced school.

“Tajjeb u ħażin. Tajjeb fis-sugġetti, mhux ħażin fis-sens li l-eżamijiet ngħaddi minnhom u hekk. U ma tantx kelli ħbieb u hekk. Kont waħdi.” [Faye]

Good and bad. I was good in the subjects, not bad keeping in mind that I always passed the exams. I didn't have many friends. I was lonely. (Faye)

The following words - apart from indicating why the participant is currently in the service – show how he was influenced so much by his friends at school and by the school context. He explains that one leaves school with what he has 'learnt' or 'been exposed to' at school:

L-iskola ma' ddejjaqt x hekk, imma ma kontx inħobbha ħafna, ħafna l-iskola. Mill-iskola qisek tibda', issa l-iskola tkun liema tkun fhimt? Jiġifieri mill-iskola ssib ħbieb...Issa jekk trid toħroġ mill-iskola ta' injorant toħroġ, skont inti. Imma m'għażiltx dik it-triq, għażilt mat-tip tal-livell...[Mark]

I was not very annoyed at school, but I didn't like school very much. You start at school, whatever kind of school it may be, understand? That is, you make friends at school ... Now it depends on you whether you leave school without having learnt

anything. But I did not choose that way, I chose according to the type of level ... (Mark)

The rest of the interview with this young person indicates that when he speaks of leaving school as someone 'ignorant' he seems to mean that a person can choose to leave school as someone naïve and un-exposed to the realities of the world. He compares this to the direction he chose: leaving school as someone 'at a different level'. By this, he seems to mean someone who has acquired knowledge and experience of the realities of life and has been exposed to the criminal world.

One participant explains how having to endure bullying has left him with very negative memories of school: "Le, jien dejjem kwiet kont. Dizastru hux. Jien dejjem kwiet kont...". "No, I was always a quiet boy. A disaster, that's it. I was always quiet ...". He also goes on to explain that his life at home was full of conflict and abuse. [Josef] In fact, (as already mentioned in 3.4.1a: *Negative experiences at school.*) bullying at school, and having difficult and harsh relationships with members of staff, was a major factor that determined the child's behaviour at school.

Jason explained that because a member of staff picked on him continuously his experience was:

**"Ħazin ħafna... Kollox – teachers, tfal kollox...kont niddejjaq ħafna hemm... iqqabbizomli s-sir u ingaralu l-mejda". [Jason]**

"It was very bad ... Everything ... teachers, children, everything ... I used to be very annoyed there ... the teacher used to get on my nerves and I threw a table at him." (Jason)

As the children themselves imply, building a good relationship with the pupils is vital for them to profit from their time at school. This warrants great effort from the teachers, as Cole (1998) points out in his research.

### 3.5.2 Changing schools

Interestingly two respondents explained that they had to change from one school to another several times. One of them who is still in primary school, has already been to 4 different schools. These constant changes must have certainly had an impact on the quality of the relationships this child has developed at school.

Another participant, who is at the end of secondary school, has also been to 4 different schools. This participant explains that she managed to cope with the situation by getting to know the other students: "Għall-ewwel hekk ma tkunx tafhom hekk lil shabek, sakemm jidrawk, u sakemm tidra lilhom, imbagħad orrajt." [Maria] "At first, you know, you don't know your friends well, until they get used to your company, and till you get used to theirs, then all is well." (Maria). This possibly helped her to learn how to adjust and be more flexible, and consequently to adapt to life in the various services she was in.

On the other hand, other respondents speak of the difficulties they found when they moved from primary to secondary school. The change in schools shows a clear shift in their experiences. Paul speaks positively about his childhood at school. However he describes a shift between the primary school and secondary school. In the first school he recalls being more at ease and close with his peers. In secondary school, however, he wasn't as close with his new peers and this bothered him.

**Meta kont żgħir kont close u hekk mal-ħbieb, u konna nidħqu u hekk – niċċajta... l-aħħar skola li kelli...ma konniex close daqshekk fil-klassi, qisna niġu b'zonn meta jkollna l-eżamijiet u hekk, il-bqija, vaganzi u affarijiet hekk, ma tantx konna inkunu f'kuntatt...[Paul]**

When I was young I was really close with my friends, and we used to laugh and joke ... in my last school ... we weren't that close in class, we just helped each other when we were having exams and so, otherwise, holidays and such things, we didn't keep in contact. (Paul)

### 3.5.3 The family and the school

Finally, research shows that problems at home, and the baggage that children carry with them to school, also has its toll on how they get on. This emerged throughout several interviews. A study shows that children who had difficult, negative relationships with either father or mother were more likely to be anxious, depressed, worried or to be aggressive or have problems at school. It was not clear whether the poor relationship caused the adjustment problems or vice versa. (Dunn & Deater-Deck, 2001).

Moreover, in the same study, children were asked to complete 'maps' of the emotional closeness of their various relationships and the youngest (aged 5-6) also drew pictures of their families. Both 'maps' and drawings paralleled the findings from talking to the children. For instance, children who placed their fathers or stepfathers on the 'map' as not emotionally close were almost three times more likely to be reported by teachers as having problems at school.

### 3.6 Theme 6 See me, listen to me!

The message – *listen to me, see me as an individual, understand me, talk to me, discuss with me and value me* – is one of the strongest messages that has emerged from the interviews. The following are such examples, each quote expressing the child's need to have someone to speak to and understand him/her:

**Il-care workers u s-social workers joqgħdu jtkellmu miegħi u meta ma nkunx nista' nifhimhom joqgħodu jkellmuni bil-mod u jfhemuni. [Roberta]**

The care workers and the social workers speak to me and when it's hard for me to understand them they speak slowly to me and explain to me. (Roberta)

**Għax jifhmuna hawnhekk, in-nurses u hekk jifhmuna. Anke O.T. u hekk. [Helen]**

Because they understand us here, the nurses and others, they understand us. Even the O.T. (Helen)

**Il-careworkers. Għax meta nħossni mdejqa immur niftaħ qalbi magħhom. [Faye]**

The care workers. When I'm feeling down I go and confide my worries to them. (Faye)

Other children used the interview as a direct request to the professional staff and persons responsible asking them to listen to what they have to say. Furthermore, the research by Virginia Morrow (1998) shows that in response to questions exploring 'being listened to', children want to be able to **'have a say' in what happens to them, rather than to make decisions themselves.**

In this regard, two of the participants emphasised that it is important to listen to the child's voice and not just the parent's:

**Li l-lehen tat-tfal jisimgħuh... mhux joħduh for granted... mhux jisimgħu mill-parents tagħhom, minnhom iridu jisimgħuh, hawn hafna jisimgħu mill-parents tagħhom. [Anna]**

That they should listen to what the children have to say ... they shouldn't be taken for granted ... they shouldn't listen to what their parents say, they should hear them speak, there are many who listen only to their parents. (Anna)

**Hawn per eżempju, it-tfal isiru jafu l-istorja tagħhom sew, biex idahhluhom fil-homes fejn tlajt jien. Mhux għax x'tgħid l-omm biss u allura tal-bint mhux ser jisimgħuha għax qalet hi. Isiru jafu t-tnejn. [Faye]**

Here there is a clear indication that narrative therapy, story telling, and other expressive forms of intervention (drama therapy, art therapy etc.) would help the child express his/her feelings and stories whilst knowing that s/he is being valued and listened to.

Confidentiality is also emphasised by one participant who explained that when one shares her feelings or past with a professional staff this must be kept confidential. She explains that she had shared some personal information and this was disclosed to the whole class.

Għax imbagħad huma ikabbru l-affarijiet...mhux se tgħid 'jiena nsib l-għajnuna meta jien nitkellem miegħek, niftaħ qalbi, dik għajnuna kbira għalija'... huma jkabbru...Għalfejn tikxfni mal-klassi kollha dik il-problema li ġejt ngħidlek? ... allura worth it ngħid din mal-klassi kollha l-problema tiegħi – mhux miegħek biss – għax xorta ser isiru jafu. [Anna]

Another important finding is the children's wish to be given the time and place to comment on how they feel in the service. One service dedicates time in which the residents can speak about how they are feeling: "Naghtu kas x'idejjaqna mill-careworkers, kif qegħdin nimxu ahna..." "Let's say, what we don't like in the care workers, how are we behaving ...". This is referred to as the 'residents meeting' and was mentioned by several participants. It seems that there is a body of knowledge which advocates for professional staff to engage in effective inclusive practices, which can have a significant impact on reducing challenging behaviour (Visser, 2003). One respondent explained that she wishes that such meetings keep being held on a regular basis:

Participant: Suppost darba fil-ġimgħa. Suppost!

Interviewer: Tixtieq li tibqa' darba fil-ġimgħa?

Participant: Tibqa'. Tibqa', u darba f'xagħrejn mingħalija ikollna staff and resident's meeting. [Maria]

Participant: It's supposed to be held once a week. That's how it ought to be.

Interviewer: Would you like it to be held once a week?

Participant: It should be held. It should be held, and once every two months, as far as I know, we hold a staff and residents meeting. (Maria)

She explained that in fact, some of the residents' complaints have been listened to and action has been taken. Another participant said that if she were to be in a power position, she'd listen to what children have to say: "Kieku mmur fl-istituti u nara x'qed idejjaqhom it-tfal halli nipprova nirranġa." [Lara]. Another respondent explained that if she were a carer

herself, she'd calm an angry child down, and be there for the child, rather than get angry with her:

...jikkalmawhom, johorguhom naqra fil-ġnien jikkalmaw naqra...mhux tkompli tgħidilha 'ħa ntellek Mt. Carmel għax hemm l-aħjar'...hi iktar ħa tibda tirrabja. [Maria]

They calm them down, they take them outside, in the garden to calm down a bit... and not to keep on telling her, "I'll send you to Mount Carmel for it's better there?" "... She will surely get angrier. (Maria)

Another participant [Helen] asks that professional staff attempt to understand the children as much as possible "Li jifhmuna tajjeb.": "They should understand us well." She explains that whilst some nurses already do so, others do not.

The respondent who seems not to have challenging behaviour explained how important it is to be able to express one's feelings and opinions. Her words advocate for all children – whether they have challenging behaviour or not. She speaks in retrospect and acknowledges that as a little child she had no one to speak to: "Qabel ... I mean... hekk ma kellniex ma min ngħidu x'inhossu u hekk..." "Before ... I mean ... we had nobody to whom we could say what we feel and so ...". She also explains that they weren't allowed to speak their opinion in the children's residential home she was in:

Jekk inti ħa tqum biex tiddefendi ruħek taqlaha. L-unika persuna li diffendiet ruħha spiċċat qalatha u telgħet hemm fuq ukoll. U bil-kura sa' llum, għax iddefendiet ruħha din. Ma kellna lehen ta' xejn. Dik l-importanti I mean... jekk persuna ikolla b'zonn l-għajnuna issib mill-ewwel, fhimt? [Claudine].

If you stand up to defend yourself you'll be paid back. The only person who defended herself was paid back and was also sent to Mount Carmel. And she is still under a cure, just because she defended herself. Nobody ever listened to what we had to say.

That's the important thing. I mean ... if a person needs help, she will find it at once, you understand? (Claudine)

On a more general note, one participant spoke of the need to be listened to by someone who is open minded, non-judgemental and would not be scandalised by what s/he hears:

Per eżempju (mentions name of village) il-qassisin kollha xjuħ, ma jifhmukx! M'hemmx żgħażaġħ. Tgħidilhom mort nieħu d-drogi, "x'inhu !?!" u ħafna ġenn. Ma jifhmukx. Ma ta' (name of place) ma tistax tqerr magħhom. [Anna].

For example (mentions name of village) the priests are all old; they don't understand you! There are no young priests. You tell them that you tried drugs, "What?!?" and they make a lot of fuss. They don't understand you. With those of (name of place) you can't confess to them. (Anna)

Another participant asks people not to judge, condemn or focus solely on what a person has done. He claims that if one deserves to be corrected for what has been done than, then one should be given some sort of consequence. However, if one is making an effort to change his/her life, to keep learning and so on, then that must be taken into consideration. He feels that he should be given another chance because of the effort he is showing. The following message is clearly asking society to listen to him and to see him as a whole person, as an individual who has done mistakes:

Ningħata ċans, l-aħħar wieħed, imbagħad jekk nitilfu dan iċ-ċans, ngħid haqqni hu. Imma jien qed nagħmel ħilti li mmur l-iskola. Ftit li hawn...hekk, li jagħmluha ta! Ara kemm tisma' fuq droga u hekk, u jtuhom iċ-ċans, aħseb u ara jien. Mhux m'għamilt affarijiet kbar...imma fejn ħaddieħor ma' nħossnix li għamilt affarijiet kbar... [Mark]

I should be given a chance, the last one. Then, if I throw away this chance, I will have to blame myself. But I'm doing all I can to attend school. There are only a few ... that is, who do it! A lot



Jessica Darmanin – Zabbar – 14 years

is said about drugs and other things, and they are given a chance, then what about me. Not that I didn't do serious things ... but compared to others I don't feel I did serious things. (Mark)

### 3.7 Theme 7: The Children's Suggestions

"Li jirrangaw ommi u missieri, jien naf...fejn trid tmur jekk mhux go home."

"That my mother and father should settle their differences. I don't know ... where can one go if not to a home."

It was only a very small number of participants who hardly gave any suggestions. However, as in the above quote, throughout the interviews their words said more than enough about their wishes and needs. In this section the children's suggestions are presented. All of the children's proposals have been gathered into sub-themes and have been summarised in the table below.

What the children put forward is clearly related to their individual needs and wishes both within and outside the service. They give suggestions that are specific – to the service they are in, and at other times, more generalised – at a national level. The fictional name for each participant was omitted throughout this section so as to avoid any possibility of determining who the person is, from the suggestions that s/he made.

Table H: The children's Suggestions.

The Children's Suggestions	SUB-THEMES: A NEED FOR...	
	7.1	A better environment and atmosphere
	7.2	Privacy
	7.3	Finding things to do – Indoor & Outdoor activities
	7.4	Acquiring basic skills
	7.5	Venting out feelings
	7.6	Regular group sessions
	7.7	Being kept informed
	7.8	Career preparation, independent living and financial support
	7.9	Less rigidity
	7.10	Regular meetings with family members – especially siblings
	7.11	Professional Staff
	7.12	Re-evaluating the way 'Mt. Carmel' is used
	7.13	Assessment: The right service for me
	7.14	Re-evaluating the effectiveness of having youngsters of different ages in the same service
	7.15	Doing away with the <i>single room</i> & providing better ways of teaching a child.
	7.16	Residence for young people who still are under 18 but too old to remain in a children's home
	7.17	Schools
	7.18	Need for safe leisure and entertainment in the country
	7.19	The judiciary system and rehabilitation
7.20	Support services in Malta	

### 7.1 A better Environment and atmosphere

Several children spoke of the wish to have nicely finished rooms with a warm environment that feels like a home and that is welcoming to children and young people.

**Kieku tfal ta' l-eta' tiegħi u hekk, servizz ikun aħjar kieku tidhol go dar ...mhux qisek dhalt go Mużew...bla divertiment, kieku tgħid hemm xi daqsxejn indoor games jew xi haġa, jew mużika...**

Maybe for children of my age and so, the service will be better if one enters a home ... not like you're entering a Museum ... without any entertainment, although there are some indoor games at least, or something else, or music ...

Moreover, in one service there was no available room to carry out the interview and this had to take place outside and in full view. This, in itself, suggests the need for adequate counselling rooms which are available and may be used when needed. A request was also made to have the computers within the service utilised, updated regularly and made available for the residents.

**Computer m'għandniex. Ilni ngħidilhom żmien. Anke l-iskola meta kont qed nitgħallem il-computer jiena...all right, għaddejt...għaddejt mill-eżami tal-computer...imma l-ħin kollu mmur għand sħabi biex dana u hekk.**

We don't have a computer. I've been asking them for a long time. Even at school when I was studying the computer ... all-right, I passed ... I passed my computer examinations ... but I had to continually go to my friends in order to practice.

**Għandna (computer) wiehed f'kull kamra. S'issa għadhom ma tawnix lezzjonijiet fuqu.**

We have (a computer) one in every room. But still we have not had a single lesson on it.

A comment was made about the quality of the food given to the residents:

**Jiena ma nafx...imma hawnhekk l-ikel qisu dejjem...jixtrulna imma qisu dejjem ikun second hand. Nagħmlu mod il-mayonnaise vera hażin...Qisek tidher li qegħda ġo home... anke frott u hażix. Iġibuhom b'xejn mil-pitkalija. Għalfejn? Ikunu ser jithassru dawn...dejjem leftovers ta' xi hadd. Anke nagħmlu mod filli ma jkollniex yoghurt u filli jiġi xi container yoghurt. Ikun ser jiskadi u xi hadd jagħtihomlna. Dik inhossa... vera hekk... Anke l-hobż jixtru hafna u jifriżawh. Imbagħad meta immorru aħna biex nieħdu biċċa ħobż ikollna npoġġuha ġol-microwave. Jiġi qisha dan, kollha qisha ilma.**

I don't know ... but the food here seems to be always ... they buy things for us, but it seems that it's always of a poor quality. Just to give an example, the mayonnaise is really horrible ... As if one shouldn't expect better in a home ... even the fruit and vegetables. They are brought for free from the vegetable market centre. Why? They are almost rotten ... we always get the leftovers. Let's assume that we have had no yoghurt and all of a sudden we are supplied with a container full of yoghurt. Having reached its expiry date, somebody sent it to us. This hurts, it really does ... It's the same with bread which is bought in bulk and then frozen. Then when we want to have a piece of bread we'll have to place it in the microwave oven. It gets soggy.

## 7.2. Privacy

A clear suggestion is to acknowledge and respect the child's need for privacy both in his/her own room and with regards to his/her personal life.

**Jekk inti tfajla oħra ma tistax tidhol, imma carer tista' tidhol biċ-ċavetta. Ipprovajna niġġieldu għalhekk, għax hemm min jaqbad u jidhol, mhux sew li tidhol ġo kamra....**

If you are another girl you can't come in, but a care worker can come in because she has a key. We tried to plead against this, because there are some who just open and come in; it's not becoming to enter into a room ...

**Irrid il-ħajja privata tiegħi...Le qatt ma jista' jkollok privacy hawn. Privacy biex tinħasel biss. Lanqas biex torqod ngħidlek jiena...biex torqod man-nies ħa torqod...**

I want to have my private life... No, one can never enjoy privacy here. You can enjoy your privacy only while you are washing yourself. I would dare say not even while you're asleep ... you have to sleep with people.

## 7.3 Finding things to do – Indoor & Outdoor Activities

A large number of participants spoke about the lack of stimulating events in the service. They ask to have indoor games to use, so as to occupy themselves and while away the time.



*Tiziana Mercieca – Żabbar – 15 years*

**Plus hekk, ikollna xi logħob biex ngħaddu l-ħin għax hawnhekk l-anqas jgħaddi l-ħin.**

Plus this, we have some games to while away the time because here time seems to stop.

**Li jimxu aktar tajjeb magħna. Per eżempju mhux toqgħod hawnhekk minn filgħodu sas-sebġha irid ikollna xi haġa mhux ma**

**nagħmlu xejn. Taf x'jigifieri niċċassaw, noqogħdu nħarsu lejn xulxin? Għax it-televiżjoni wara nofsinhar jinfetaħ...**

They should treat us better. For example, we should not stay here from the morning till seven in the evening with nothing to do. Do you know what it means just staring in each other's face? The television set is turned on in the afternoon ...

This is also the case for outdoor activities where the main message is 'take us out!'

**Li għandna li ma tantx għandna biex nedgħew, fhimt?... Hekk, anke nagħmlu mod ikollna logħob bejnietna jew bħal playstation, affarijiet hekk fhimt li jokkupawlna aktar il-gurnata.**

The problem is that we don't have much to while away the time with, you understand?...So it would be good were we to have games we could play together or a Playstation, things like these with which to fill our day, do you understand?

**Il-ħin iktar ma nagħmel xejn milli nagħmel affarijiet. Heqq, u li kieku ikollna daqsxejn iktar ħin għal ħruġ u hekk...**

I spend more time idling than I spend doing something. You see, it would be good if we were to have some more time for going out.

**Nghidilhom...lill-gvern kieku jien...li imqar jghid li kbir t'hawn tal-YPU – lil ta' Mt. Carmel...għax Mt. Carmel kollu...biex imqar it-tfal speċjalment, mhux tajjeb tħallihom ġewwa. Joħorghom naqra, mhux igibu skuża ħabba x-xemx. Għax jekk tilbes beritta u tagħmel naqra sunblock... tkun protected ....u naqra nuċċali tax-xemx.**

I would tell them ... to the government maybe I ... at least to tell the boss here at the YPU – to those at Mount Carmel ...

because all Mount Carmel ... at least the children especially, it's not correct to leave them indoors. They should be taken a little outdoors, and they shouldn't find an excuse because of the sun. If you wear a cap, a pair of sunglasses and apply a sun-block, you'll be protected.

One child suggests that the children could be offered various opportunities to learn new skills:

**Ikun hemm teachers għal affarijiet li jixtiequ jitgħallmu t-tfal...Min jgħalliem per eżempju sign language u hekk. Jien nixtieq ħafna nitgħalliem is-sign language.**

There should be teachers for the subjects children would like to learn...For example, there should be teachers to teach sign language and the rest. I would like very much to learn the sign language.

#### 7.4. Acquiring basic skills

The appreciation of existing activities and the emphasis on maintaining this emerged in several interviews. This includes addressing two aspects. The first is that of learning to acquire basic skills, including cooking, cleaning, hygiene and basic home economics. The second is that of acquiring psychological, social and emotional skills. In other words working on skills including: learning to calm down, working on anger management, self control, decision making, coping skills, dealing with peer pressure, being assertive, assuming responsibility for actions and weighing the consequences of one's actions. All these issues emerged across the various interviews and were expressed by the participants in several ways.

#### 7.5. Venting out feelings

Emphasis was put on the need to have a safe place, and to hold regular meetings, where the residents are given the space to express their feelings and ideas.

**Nagħtu kas resident meeting ilu daqsxejn ma jsir issa. Għax ġieli qas ikolla çans għalina. Darba minnhom għamilna xahar mingħajr resident meeting.**

For example, it's quite a long time since we had a residents' meeting. Sometimes we don't have the time to meet. Once we spent a month without having a residents' meeting.

**Jagħmlu xi post u noqgħodu nagħmlu crafts u hekk, sports u hekk...Għaliex fejn inkunu nistgħu niżvugaw fl-affarijiet.**

They should provide a place where we can practice crafts and things like that, sports and similar things ... In such a place we would be able to relax while we're doing these things.

#### 7.6. Regular group sessions

One participant in particular expressed the need for regular group sessions:

“Eżempju jagħmlu qisu speçi ta' laqgħa bejn iż-żgħażaġh, u kulhadd jagħti l-opinjoni tiegħu – x'jaħseb li ...kif nistgħu insolvu dawn il-problemi hawn t'hawnhekk għall-istess problemi u hekk, li għaddew minna. Qisu speçi ta' grupp... ovvjament ikun hemm xi hadd li jista' jmexxi...itihom parir. Qishom isiru ħbieb imbagħad. Joqogħdu jitekellmu...ihtar ma jgħaddi iż-żmien...jibdew jitolgħu, ħbiberija u hekk il-problemi isiru parti mill-background u imbagħad jarawk 'il quddiem ihtar kuntent hux... m'hemmx għalfejn ikunu ta' l-istess eta, għax kieku anke kbar...hawn ħafna mill-kbar li jtuk pariri tajjeb u forsi għandom ihtar esperjenza”.

“For example, they can organize some kind of meeting among the young people, and everybody expresses his opinion – what one thinks that ... how we can solve these problems, the ones we have here, the ones we encountered. It will be like a type of group ... obviously there has to be someone to lead ... advices them. They will become like friends then. They will talk ... the more

time passes ... friendships will be built and thus the problems will become part of the background and then, as time goes by, they'll see that one feels happier, isn't it so ... there's no need to have only peer groups, for there may even be adults ... there are many adults who are able to give a good advice and probably have more experience.”

#### 7.7 Being kept informed

One participant spoke of the wish to be informed of meetings, visitors and phone calls. She feels that the residents should be informed directly – rather than through the staff – of changes and decisions taken, especially if this concerns or affects them; one case in point is when donations are brought to the service:

**Meta jkunu ser jagħmlu xi ħaġa jgħidulna...Darba kienu qaluli li ġabu computers. Flokk tawh lilna ħaditha s-social worker u tas-social worker ta' qabel tawh lilna fhimt?...jekk ikun hemm xi laqgħa inkunu infurmati għax mhux dejjem jgħidulna....Nagħmlu mod nirrangaw fuq il-pocket money sewwa...li jżidulna lira oħra, lilna jgħidulna, isma židnilkom dana oħra. Għax jista' jkun li ma jtuna xejn fhimt?... Ehhe ġieli jaqbżuhom il-carers... affarijiet...ħafna...jew jinsew jgħidu qed tifhem? Jew ikollna xi appuntamenti li ma jgħidulniex...hekk...jew iċempel xi hadd...**

When they are planning something they should let us know. Once I was told that they brought a computer. Instead of being given to us, the social worker took it, and we were given the one which was used by the previous social worker, you understand? If a meeting is to be held we should be informed because they do not let us know ... Let's figure there was some agreement about pocket money ... that it was increased by one lira, they should tell us: “Listen, we have given you an increase!” For maybe they will not give us anything, you understand? Eh, sometimes the care workers do not tell us these things ... many ... or they might forget, you understand? Or we are not informed that we have some appointments ... you know ... or somebody phones ...

### 7.8 Career preparation, independent living and financial support

Throughout the interviews – especially with the older participants - a great need for being prepared for the future emerged. Such needs included career planning, enhancing awareness of existing services, finding a job, and being assisted towards finding a place to live independently. Continuation and follow-up in this regard is mentioned as necessary. Appreciation was shown by participants who felt supported in this.

**Nipprova nimxi waħdi...nipprova jġifieri. Ħafna nipprova. Imma m'hawnx fejn taħdem u jien ma nafx ħafna skola, imma rrid nitgħallem ta'...**

I try to do things on my own ... I do try. I try a lot. But it's hard to find a job and I don't have much education, but I do want to learn ...

**Iva qed jgħinuni biex insib post fejn noqgħod u post fejn naħdem ukoll.**

Yes, I'm being helped to find a place where to live and also a place where to work.

**Nixtieq immur noqgħod waħdi imma li m'hawnx fejn taħdem...mhux it-tort tiegħi.**

I would like to go and live on my own, but there's nowhere to work ... it's not my fault.

**Li kieku taf x'ngħidlu?... 'Aħjar issibli post!'**

Do you know what I will tell him? - "You better find me a job!"

**Li nixtieq jien, la nitlaq minn hawn insib xogħol, għax jien b'idejja nagħmel kollox. Inbajjad, inkaħħal, basta b'idejja."**

"When I leave this place, all I want is to find a job, because I'm able to do everything with my hands – painting, plastering – given that it's a job I can do with my hands."

One participant spoke of the need for professionals and the government to acknowledge the difficulties that these young persons face when trying to find a job. Moreover another participant expresses the need to be encouraged, reinforced and perhaps assisted towards achieving positive goals:

**Qed nagħmel minn kollox biex imqar insib part-time imma issa qed niddejjaq. 'Lilkom ħadd ma jridkom' – hekk jgħidulna.**

"I'm trying everything to find at least a part-time job, but now I'm getting fed up. 'Nobody wants you' – that's what they tell us.

**Li jekk ħa jagħmlu xi ħaġa għal ġid tagħna...ma tkunx diffiċli għalina. Li nkunu nistgħu nidhlu għal din il-ħaġa. Bħal eżamijiet u hekk ma jkunux tqal, nifhima, għax dan ħa jkun xi naqra, imma...almenu tgħid forsi inkunu nistgħu ingibuha naqra u hekk dil-ħaġa, inkunu nistgħu naslu għalija... edukazzjoni u affarijiet oħra...eżempju bħall-karozza – naħseb żdiedet il-dik tal-komputer...hawn ħafna li m'għandomx computer...trid tbatu naqra biex iġġib il-liċenzja.**

If they are going to plan something for our benefit ... it should not be difficult for us. It should be within our reach. A thing like an examination should not be hard, I do understand that it will be a little hard, but ... at least we can be left with some hope that we'll be able to succeed ... education and other things ... like for example the car – I think that the computer has been

included ... there are many who do not have a computer ... it would be rather hard to obtain the license.

**Ġabuli applikazzjoni u hekk għamluli ħafna kuragg biex nagħmel it-test u gġieldu ħafna għalija biex nagħmel il-kors ta' 'mekkanik engineering'.**

They brought me an application form and that encouraged me a lot to do the test and they did their utmost so that I would be able to follow the mechanical engineering course.

One participant also spoke of the need for financial support. She explained that the residents need pocket money to go out in the evenings and to buy basic things that they wish for. More than that however, she speaks of another resident whose parents do not provide her with the basic material needs (e.g. clothes). She feels that when this is the case such children should be assisted and provided with these basic needs.

### 7.9 Less rigidity

The lack of flexibility especially with regards to time tables and routines leads to frustration.

**Inkun ġej lura u ninqabad fit-traffic jiena, imbagħad tiġi hawnhekk u ngħidilhom 'inqbadt fit-traffic' u jgħiduli 'ma jinteressanix, missek kont hawn!'.**

On my way back, sometimes I do get stuck in a traffic jam. When I arrive here and tell them: "I was stuck in the traffic", they just tell me: "It's not our problem, you should have been here!"

**Fil-ħdax, ħdax. Jew it-telephone box...tinfetaħ fit-tlieta u ikun it-tlieta neqsin ħamsa u, nagħmlu mod, ħabiba tkun ser toħroġ....hemm min jiftaħa, hemm min ma jiftaħix (is referring to careworkers). Qed tifhem?**

The time limit is strictly 11 o'clock. As regards the telephone-box ... it is opened at 3 o'clock and the time is five minutes to three ... and, let's figure, one of my friends is going out ... there are some who open it, there are some who don't (is referring to care workers). Do you understand?

The need for space, more freedom and more flexibility is mentioned by a number of participants:

**Minn mindu kont żgħir s'issa inħossni ħabs...imbagħad kif trid il-bniedem ma jitlax aggressiv.**

All the years since my infancy seem to have been spent in a prison; therefore how can it be possible that a person will not grow up to be aggressive.

**Illi forsi li jirrangaw ta' l-irqad ta' wara nofs in-nhar...mhux għalija biss għax hawn residenti li jieħdu il-pilloli u hekk... tkun ġej mix-xogħol...xejn wara nofs in-nhar ma tkunx tista' (torqod).**

To try and change the policy of not allowing any sleeping in the afternoon ... not only for me because there are residents who take pills and so ... you have just returned from work ... you're not given the chance of taking a nap in the afternoon.

**Kulhadd iżomm iċ-ċavetta tal-locker tiegħu...Biex imqar ma jgħidux 'Aħna m'aħniex afdati?' jgħidu 'Aħna afdati'.**

Everyone keeps the key to his locker ... So that at least they will not say: "Aren't we trusted?" On the contrary they would be able to say: "We are trusted."

Interviewer: X'tissuggerixxi perezempju fuq il-hinijiet ta' l-irqad?

Respondent: Għall-iskola orrajt. Perezempju jekk naraw xi film inkomplu narawh...mhux jieqfu f'nofsu...tiddejjaq



Emmanuel Farrugia – Victoria, Gozo – 15 years

ma tistax tarah jispiċċa. Fis-sajf heqq ukoll sal-11:00. Heqq imqar ituna sal-11:30.”

Interviewer: What are your suggestions about the times to sleep?

Respondent: “During schooldays, it’s all well. For example, if we start watching a film we should see it all ... it shouldn’t be stopped halfway ... it’s annoying not to see how it ends. In summer it’s also up to 11.00 p.m. At least we should we allowed up to 11.30 p.m.”

Iktar affarijiet forsi biex igawdu biex jieħdu pjaċir bihom... Mhux qed ngħidlek li ma jzommux dixxiplina ta...l-ommu, imma l-bniedem trid tħallih naqra maħlul, ma tistax tħallih issikkat.

More things with which they can enjoy themselves more ... Listen, I’m not saying that there shouldn’t be discipline ... There should be discipline, but you have to give some relaxation to a person, you can’t keep him always restrained.

#### 7.10 Regular meetings with family members – especially siblings

One participant expressed a strong wish to meet her siblings regularly:

“Inkun irrid narahom imqar darba f’gimgha. Imma ili ngħidilhom ...għal xejn.”

#### 7.11 Professional Staff

“Lill-gvern kieku jien...ngħid li l-istaff – mhux ħażin biss. Għandhom it-tajjeb ukoll tagħhom!”

“I would like to see the Government ... I would say that the staff – is not only negative. They have their positive side too!”

The children addressed three main aspects whilst offering suggestions about the professional staff. The first aspect was the way in which they wish the staff to relate with them. As was evident in section 3.3, children wish the staff to support and guide them when in times of crisis or conflict with other residents, or with family members. One participant explains that whilst she wishes this to happen she does not want the staff imposing beliefs or decisions upon her. She wishes that the staff realises that by doing so she would only become more rebellious: “Iktar nagħmel kontra, nagħmel kontra u nisfidak lilek... fhimt?” “I will do more contraries, I’ll do the contrary and I will defy you ... do you understand?”

In the interview, the same participant went on to explain that the staff needs to respect the child’s pace, especially when the child is experiencing

abuse at home, and when the child is brought up with the believe that whatever happens in the family should be a secret.

Ommi dejjem rabbitni “tgħidx kollox, aħbi”... jekk ikolli ħabiba li għaddejja minn dak li kont għaddejja jiena...trid iġġibha ftit ftit hawn, imbagħad tasal f’konklużjoni. Iddaħħala l-APPOĠĠ u bil-mod tiġi hawn. Kollox bil-mod, għax naf jien kemm trid ħin biex tiġi hawn. Billi ngħidilha oħroġ mid-dar u ejja hawn...billi kienu jgħiduli... u eluf kienu jgħiduli, imma jien x’hin sibt il-ħin jiena ħriġt mhux x’hin qaltli dik jew l-oħra, x’hin ridt jien.

When I was growing up, my mother always told me: “Don’t tell everything, keep things to yourself” ... if a friend is going through what I was going through ... you have to bring her here, then you’ll come to a conclusion. You first take her to APPOĠĠ and gradually she will come here. Everything gradually, for I know how long it takes to come to this place. It’s no use telling her to leave home and to come here ... it was no use telling me ... thousands used to tell me, but when I found the right time, I left, not when I was told to leave by that or the other, when I wanted to.

Another clear message, already presented in section 3.6, is the need for the staff to listen to the child and to acknowledge their needs and wishes. In that section it clearly emerged that the child wishes for the staff to listen to his/her story and version of what happened.

The second aspect addressed by the children’s suggestions was the need to consider the professional staff’s aptitude to work with the children. One participant clearly states that some members of staff, in particular the careworkers who are, after all the front liners in the service and who have the most contact with the children, should have ongoing training:

**Mhux ser issib kulhadd l-istess, però naħseb li għandhom bżonn ħafna taħriġ il-carers hawnhekk...biċċiet minnhom.**

You will not find everybody to be the same, but I think that the care workers need a lot of training here ... some of them.

Hawn biċċiet minnhom all right, jimxu all right magħna, oħrajn le...Ifhem, anke l-istaff. Bħala staff anke tinduna ħafna d-differenza. Min hu hekk... min jifhimni... min jgħajjat... Ifhimni dik kullimkien issiba, mhux ser issib kulhadd l-istess, però naħsab li għandhom bżonn ħafna taħriġ il-carers hawnhekk ... biċċiet minnhom.

Some of them are all-right, they treat us well; others don’t ... Listen, even the staff. Regarding the staff, you can also see that there are differences. Someone is one type, someone understands me ... someone shouts ... Listen, you find such a situation everywhere, you can’t find everybody to be the same, but I think that the care workers need a lot of training here ... some of them.

It would be valuable that training includes anger management. One participant specifically states that when a member of staff does not have the skills and aptitude to deal with children who have difficulties s/he must be fired:

**Biex ikeċċu s-surmastrijiet li ma jifhmux it-tfal għax mhux sew u lili tellifni ħafna s-surmast.**

To get rid of the headmasters who don’t understand children, it’s not just and the headmaster was responsible for my missing my education.

Children also wish that professionals maintain confidentiality and discuss children’s progress when it is the time and place to do so:

**Ġieli nismagħhom jitekellmu fuq xulxin ... ġieli inkunu ħdejjhom, inkunu qegħdin jitekellmu bejniethom imma aħna nisimgħu. [Claudine]**

Sometimes I hear them gossiping about each other ... sometimes we are near them, while they are talking together, but we overhear what they say. (Claudine)

**Jekk inti qed tgħid fuq persuna thallijjex tisimgħek....I mean .... jien kont fuq fil-kamra tiegħi ... filgħaxija .... u qed tgħid x'gara u qed tgħid fuqi u hekk.... I mean smajtha u ma hadtx gost....**

If you are talking about somebody see that she does not listen to what you're saying ... I mean ... I was upstairs in my room ... in the evening ... and she was telling what had happened and she was talking about me and so ... I mean, I heard her and I was not pleased.

The youngsters also wish that carers re-consider the issue of giving punishments in order to correct the children's behaviour:

**...xi kultant bil-konsegwenzi li jagħtu...it-tfal minflok jirrangaw, it-tfal aktar jirribellaw magħhom...Per eżempju huma naqra punishments ħorox. Nağhmlu mod tinqabad f'kamra ta' haddieħor ikollok torqod taħt it-tarağ...Jekk waqt it-television itella saqajk fuq is-sufan tara t-television fuq siggu għal ġimgħa jew xahar.**

... sometimes as a consequence for the punishment they mete ... the children, instead of correcting themselves, the children will get more rebellious with them ... For example, they mete out rather harsh punishments. Let's say, if you are caught in someone else's room you are made to sleep beneath the stairs ... If, while watching television, you put your feet on the sofa, you will have to watch television sitting on a chair for a week or for a month.

They also wish that the staff learn how to manage, plan, co-ordinate and supervise the duties that the residents have to do – in a consistent way, and how to handover information and daily-happenings to the staff on the next shift:

**Li jorganizzaw naqr'iktar l-affarijiet...per eżempju il-hinijiet, jirrangawhom naqa...li hafna staff jiftakru jagħmlu xogħolhom, mhux jinsew jiffirmaw li lest id-duty u imbagħad nispičcaw neħlu duty extra...**

That they should organize more things ... for example, the timetable should be bettered a little ... that many members of the staff should remember to do their work, and not forget to sign that the duty has been done and then we end up having to do some extra duty ...

The third aspect, which the children speak of is related to staff turnover and coping with such changes, especially when this has a direct effect on the staff-resident relationship. One participant speaks of the good relationship there was between the head of home and the residents, which unfortunately shifted when she assumed more responsibilities. This happened at the cost of her availability and presence with the children:

**Problemi aktar jikbru. Biex inkellmuha hekk...Anke meta ikollna xi punish mingħand il-carers...Qabel konna ngħidulha...immur nitkellem magħha u hekk. Issa: 'ma nistax.. għandi x'nagħmel....sejra id-dar'...**

Problems will get bigger. When we would like to talk to her ... Even when the care workers give us some punishment ... Before, we could go and talk to her ... I used to go and talk to her. Now she tells me: "I can't ... I have something else to do ... I'm going home" ...

#### 7.12 Re-evaluating the way 'Mt. Carmel' is used.

Unfortunately, there seems to have developed a strong association of the YPU service with punishment – at times even by staff so as to threaten or control a child. There is a great need to re-construct such an idea:

**...dejjem min imur hemmhekk għax ikunu għamli xi buzulotta, fhimt?...Bħala konsegwenza...mhux għax għandhom bżonn. Bħala...għax ma qagħdux bil-għaqal...mela titla hemmhekk.**

... whoever ends up there would surely have done something eccentric, you understand? It's a consequence, not because they really need to be sent there. As if they would not have behaved well and therefore they were sent there.

There is a clear need to clarify further *when & for what reasons* a child must be taken to Mt. Carmel.

Veru iddejjaqni dil-biċċa xogħol...jaqbd u itellawhom Mt. Carmel...Jien naf darba minnhom...tfajla kellha r-rabja u faqqat ħġieġa. Qabdu u tellawha Mt. Carmel. Anke titkellem nagħtu kas daqsxejn ħażin mal-careworkers – itellaw Mt. Carmel...mhux lil kulhadd ta'...

I really hate this ... they just sent them to Mount Carmel ... Just to give one example ... one day a female adolescent was in a rage



Nicole Marie Callus – Siggiewi – 11 years

and smashed a pane of glass. They sent her to Mount Carmel, there and then. Even if you address foul language at the care workers – they'll send you to Mount Carmel... Listen, not everyone...

One participant provides suggestions showing that responsible persons need to explore and consider different alternatives to Mt. Carmel, whenever this is possible. This also links with the need for training staff how to cope with and contain such behaviour:

Jew jikkalmawhom, joħorgu hom naqra fil-ġnien jikkalmaw naqra, u per eżempju tgħidilha nagħtu kas, mhux tkompli tgħidilha 'ħa ntellek Mt. Carmel għax hemm l-aħjar'...hi iktar ħa tibda tirrabja.

Or they should calm them down, take them out in the garden to calm down a bit, and, for example, she should tell her, let's say, she shouldn't keep telling her: "I'll send you to Mount Carmel, for that's where you should be" ... she will surely get angry.

### 7.13 Assessment: The right service for me

The following young person's words suggest that assessment in order to create a suitable care-plan that matches the child's needs and some youngsters are not placed in the appropriate service.

Fejda huwa propju programm. Huma ħafna li m'għandhomx bżonn programm li qegħdin hawnhekk.

*Fejda* is the right programme. There are many who don't need the programme for which they are here.

Also, one participant expresses the need for specialised services for children with challenging behaviour in times when their behaviour is difficult to control, as an alternative to sending them to Mt. Carmel. Moreover this participant emphasises that if the child *does not need* to be sent there, s/he should never be sent.

**Il-fatt li jitilaw Mt. Carmel ma naqbel xejn xejn magħha. It-tfal isiru aghar, vera...agħar isiru. Għandu ikun hawn xi...li għandhom naqra dixxiplina li flok imorru Mount Carmel imorru f'dawn il-homes...Pero' ma għandux ikun tfal li ikunu sewwa... għax daħal mhux hażin, imbagħad ikun hareġ aghar milli daħal.**

I totally disagree that they are sent to Mount Carmel. Children get worse, believe me ... they get worse. There should be some ... they should have some form of discipline. Instead of being sent to Mount Carmel they would be sent to these homes ... But this should not happen to those children who are behaving ... or else, if one's behaviour was fair on his arrival here, on his departure one will be behaving much worse than one was behaving when one arrived here.

Another participant asked that the government and authorities focus more on this issue, especially with regards to resources:

**“Kieku jien iktar nagħmel għan-nies bħal dawn...bħali”.**

“If it was in my power I would do much more for people like these ... like me.”

#### 7.14 Re-evaluating the effectiveness of having youngsters of different ages in the same service

The children, through their suggestions have questioned the effectiveness of the programme when children of different ages are placed together in the service.

**Anke m'ilux kien hawn tifla kella eleven magħna. Jien bdejt nitlob li jibgħatuha lura. Għax I mean eleven ma ta' sittax il-sena li għaddew minn esperjenzi koroh f'ħajjithom sewwa? Għalfejn għandek tħallat tifla ta' ħdax ma tfajliet kbar.**

Not so long ago, together with us there was an eleven-year old girl. I prayed for her that she might be sent back. For, I mean,

is it a good thing to have an eleven-year old with sixteen-year old girls who have had bad experiences in life? Why should a girl of eleven be placed among older adolescent girls.

In one particular service, the result of such a mixture of ages led to the decision that all children, irrespective of their age and maturity, have to follow the same house rules and timetables.

**Fl-għaxra u nofs,... tidħol torqod.....I mean għax hemm min ma jqumx. Dik il-problema. Hemm tfajliet mħalltin fhimt? Hawn min ma jqumx filgħodu. I mean, jiena ... mhux skola obligatorja, nista mmur naħdem kieku irrid, imma jiena għażilt għal futur tiegħi, qed tifhem? Imbagħad qishom jitrattaw lili bħal ħaddieħor.**

You have to go to bed at half past ten... I mean, because there are some who don't wake up. That's the problem. There are all types of adolescent girls, you understand? Some do not wake up in the morning. I mean, I ... I'm not obliged to attend school, I can choose to work if I want to, but I chose in favour of my future, you understand? But then they treat me like they treat the others.

**Għax jien għalija is-sibt ġieli noħroġ nieklu. Ġenn, peress li nmorru Paceville biex nieklu, ġenn biex niġu lura. Fhimt? Niġi tard naqla konsegwenza.**

Sometimes, come Saturday, I go out to some eating-place. It's crazy, when we go to Paceville to eat, the haste to come back. You understand? If I arrive a little late, I will have to face the consequence.

**Jien l-iktar li nixtieq hija dik tal-ħinijiet. Mhux kulħadd għandu l-istess età.. nagħmlu mod anke sal ħdax u nofs għalija hemm gap, tagħmel differenza. Jekk flokk titlaq fil-għaxra u nofs titlaq fil-ħdax neqsin ħamsa, il-ħdax.**

I would greatly appreciate if they were to do something about the time-limit. Not everybody is of the same age ... if, let's say, they were to allow us up to half past eleven, the small gap there is, makes a difference. If instead of leaving at half past ten, you leave at five minutes to eleven, eleven o'clock.

One participant explains that when older residents are mixed with younger ones they tend to influence them: "hafna godda li jidhlu t-tfajliet jippruvaw jinflenzawhom." "the female adolescent try to influence the new entrants." Another participant speaks of the same issue where he explains that younger residents listen to what the older ones say and idolise the words. He suggests that when a service has a determine age-range, then people who are either younger or older than the stated range, should not be admitted:

**Hawnhekk suppost tfal hawn mhux nies ta' 21, 24 sena. Ikun hawn suppost hawnhekk sa 18 jew 20 sena fhimt?...għax anke tismagħhom jitkellmu per eżempju, għax għamilt hekk u għamilt hekk...tifel li jkun tlett snin iżgħar minni, dak il-hin mill-ewwel, taparsi mhux qed jisma' u jkun qed jisma' u xi darba jagħmilha fhimt?**

This place is meant for children and not for twenty-one, twenty-four-year olds. The age limit here is supposed to be eighteen or twenty years, you understand? ... for even when you hear them speaking, for I have done this and I have done that ... a boy who is three years younger than I am, he pretends not to be listening at that moment, but he would be listening and someday he will do likewise, you understand?

### 7.15 Doing away with the single room and providing better ways of teaching a child.

Several participants spoke about the wish to remove, change or find an alternative to the concept of having a 'single room'.

**...jneħħu s-single room hawnhekk. Biex per eżempju minflok nidhlu fis-single room jaqtawlha xi outings u hekk.**

...They should do away with the single-room here. So that, for example, instead of being sent to the single-room, we won't be given permission to go for some of the outings and something similar.

**U imma mhux, indaħħalhom f'single room u imbarazz hekk. Noħroghom. Għax daww hekk iridu... Nitfagħhom go kamra u jekk iridu jaqbzu mqar anke jekk tixtrilhom it-trampoline – biex ikollhom biex jegħdew. Għax f'dik il-kamra twegġa tista'. Issabbat rasek mal-ħajt, jew tagħti xi daqqa ta' ponn mal-ħajt – u twegġa. Trampoline mhux sa twegġa. Jew dik tal-boxing. Xi ħaġa...Tisvoga.**

That's not the way, shutting them in the single-room and such rubbish. I will take them out. That's what they need ... I put them in a room with a trampoline and let them jump – so that they can let off the steam. In that room you can only get hurt. You hit your head against the wall, or punch the wall and you'll get hurt. You won't get hurt on a trampoline ... or a boxing punching-bag. Give them something on which to let off the steam.

### 7.16 Residence for young people who are still under 18 but too old to remain in a children's home

A very small number of children explained that when they chose to come to the service they are currently in, it was because they felt they were too old to remain in a children's residential home: "Le għax ridt jien biex ma nibqax fejn it-tfal iż-żgħar hu." No, I came here of my own free will so as not to remain with younger children". This is, in itself an indirect suggestion that there is a need for a residential place for young adolescents to live in: when they are in the phase of being 'too old' to be in a children's home and 'too young' to be living independently.

**Kienet qaltli ..ma nixtieqx li tibqa hawnhekk imma m'għandix fejn tmur....ħallewni hawn. Jiġifieri bħala homes hawn ftit ukoll.**

She had told me: 'I don't wish that you remain here, but I don't have anywhere else to send you' ... They kept me here. This means that there is a shortage of homes too.

### 7.17 Schools

One participant explained that there is a need for the government authorities to continue assisting and supporting schools in keeping up the environment of the school:

**Hawnhekk, f'din l-iskola kollox qed nirrangaw. L-affarijiet tbiddu u nkomplu ngħinuhom biex inkomplu nbiddu. Ġabulna l-computers u jkomplu jgħibulna l-affarijiet u nkomplu nirrangaw l-iskola.**

Here, in this school, everything is being refurbished. Things have changed and we'll continue to help them so that we'll keep on changing. They brought us the computers and they will continue to bring us other things and we will carry on with the refurbishment of the school.

Other participants suggest that the school should be made bigger "Ikabbara ftit bhala skola ...il-klassijiet" "It should be enlarged as a school ... the classrooms." and that there is a need for a bigger variety of lessons in special schools:

**Li l-ewwel iżidulna jew nagħmlu xi lezzjonijiet differenti...Ikun hemm iktar ħin għall-sports, jagħmlulna, hekk futbol.**

They should first of all introduce or give us different lessons ... There should be more time for sports, they should organize, let's say, football.

Further suggestions were to assist, help and support children who are experiencing some form of bullying, to increase the number of *understanding* teachers and to re-consider cases where children no longer want to go to school.

**Kieku lit-tfal nibghathom skola oħra u ngħidilhom biex meta jiġġieldu magħhom ma jagħtux kashom u jgħidu lit-teachers biex jgħidu lil ommhom.**

I would send the children to another school and tell them not to bother when others pick on you and that they should tell the teachers to tell their mothers.

**Ingib iżjed teachers li jifhmu għax aħna hawnhekk qegħdin ftit, tajbin imma ftit. Ingib iżjed tfal u l-iskola nagħmilha bhala skola normali b'ħafna tfal u teachers għax hawnhekk għandna żgħir ħafna. Kieku kont nikkmanda jien, t-tfal li jbatu ma nħallihomx fi skola fejn ibatu.**

I'll bring in more teachers who are able to understand us because there are only a few here, good but few. I'll admit more children to make the school a normal one with many children and teachers because this is a very small school. If I were in command, I would not leave children who suffer, in a school where they suffer.

**Niddejjaq...B'kollox per eżempju l-iskola nixtieq inwaqqagħha. Niddejjaq.**

I get fed up ... With everything, for example, I would like to destroy the school. I get fed up.

### 7.18 Need for safe leisure and entertainment in the country

At a national level, two participants expressed their wish for: new leisure and places of entertainment for young people, which promote living healthily and are safe to be in:

**Iktar postijiet għat-tfal ta' taħt it-tmintax is-sena. Nagħmlu mod Paceville u hekk kullimkien għat-tfal over tmintax. U aktar postijiet fejn nistgħu ngħaddu l-ħin.**

More places for children under eighteen years of age. Let's say that Paceville is a place for persons over eighteen. And more places where we can spend our leisure time.

**Xi haġa, hekk fejn iż-żgħażaġh, ma jaqbdux hażin. Imorru ġo postijiet oħra... Dan, nagħmel xi haġa għaż-żgħażaġh. U mhux ġo raħal wiehed. F'irħula differenti...Nagħmlu perkazu games room, qisu bar, imma b'xorb tajjeb: bħall-koka u...(drinks) mingħajr l-alkoħol. U affarijiet tajbin għat-tfal...**

Somewhere for young people, away from bad habits. They go to other places ... I would do something for young people; and not only in one village, but in different villages ... For example, there can be a games-room, some type of bar where one can get a good drink, like a Coke and (drinks) non-alcoholic, and things beneficial for children.

### 7.19 The Judiciary system and rehabilitation

Several suggestions were made with regards to the judiciary system and rehabilitation. A participant explained that when someone is still young, s/he should use the Juvenile Court rather than be sent to the Courts of Law in Valletta.

**Għax meta tidħol fil-qorti tal-kbar, fil-qorti tal-Belt mhux ta' Santa Venera, għax ta' Santa Venera għinuni. Il-qorti tal-Belt mhux bħal tal-Juvenile.**

When you go to the Law Courts, those in Valletta and not those at Santa Venera, because I was given help at Santa Venera. The courts at Valletta are not like the Juvenile Court.

He goes on to claim that the authorities should re-consider the effectiveness of sending young people to prison and how this is supporting or hindering the young person.

**Jien ngħidilhom biex meta jaslu f'post, biex jagħmlu xi haġa għat-tfal taħt l-eta', per eżempju bħal m'għandi żmien jiena jew iżgħar ma' jifgħomx (gol-habs) jew ġo istituti...**

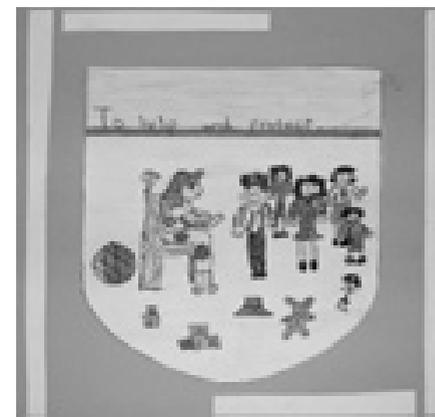
I would suggest that if young people are to be sent to some place, there should be a place for persons under age, for example my age or younger; they should not be sent to prison or to an institute.

He also expresses the need for a bigger emphasis to be placed on rehabilitation and life skills. And if need be also having an alternative rehabilitation programme instead of prison.

**Li jifthū x'imkien bħal tip ta' programm mill-aktar fis possibbli. Mhux biex immur jien per eżempju ta, biex jekk ikun hawn xi tifel jagħmel xi haġa hażina, ma' jidholx il-habs, jidhol hemm mill-ewwel.**

A new place with some type of programme should be opened as soon as possible. Not for me to be sent there, you know, but so that some boy who would have done something wrong will not be sent to prison, but he will be sent there in the first place.

**Jifgħom ġo tip ta' programm biex jgħallmuhom għal meta jkunu barra għall-hajja. Biex ikunu tajbin għas-soċjetà.**



*Leanne Verzin – 10 years*

They should be made to follow a type of programme which will teach them how to live their life when they are outside, in order that they will be good for society.

Another suggestion in this regard was that the authorities need to re-consider the issue of

re-introduction into society after prison. The extreme differences may be difficult for the individual to cope with alone.

**Għax jekk jitfgħak il-ħabs biex toqgħod taħseb...Jien nara li aktar toħroġ ribellus minn hawnhekk. Malli toħroġ issib dik il-liberta'...Trid toqgħod attent, ħafna trid toqgħod attent... Meta tidħol hawnhekk diffiċli biex ma' terġax tidħol it-tieni darba hawnhekk...Jekk ma' toqgħodx attent hu, tħoss dik il-liberta', ma' tikkalkula lil ħadd...**

If you are sent to prison you will have time to brood ... I believe that you will become more rebellious when you get out of here. As soon as you are dismissed you will find all that liberty ... You should be on your guard, very much on your guard ... Once you have been here, it's rather difficult not to return a second time ... You have to be on your guard, having all that liberty, you will look down at everybody ...

On a completely different note but one participant expressed her wish to be allowed to get married at a young age, without having to wait until she is 18.

**Minħabba ż-żwieġ hu – bilfors trid il-firma tagħhom (parents) jekk ma jaqblux maż-żwieġ tiegħek. Sa 18-il sena. Ta' 18-il sena tista' tmur issuq tista' tmur taqleb id-dinja, tmur tixrob, tmur toqgħod għal rasek, bla sens qegħda... L-eta' u l-maturita' - jista' jkollok 18 u ma tkunx matur, jista' jkollok 16 u jkollok kollox. Hawn min għandu 30 u ma jfisser xejn! Għax qas jifhem...Kieku jien għandi l-awtorita' diġa' ħriġt minn hawn – mort ngħix miegħu. Niżżewweg, ngħaqqad familja, ngeghlu jaħdem għall-familja...**

Because of marriage, isn't it – you need their (the parents') signature if they don't agree with your getting married. Until you reach the age of 18. When you are 18 years old you can drive, you can turn the world upside down, you can start drinking,

live on your own; this doesn't make sense ... Age and maturity – you can be 18 and not be mature, you can be 16 and possess everything. You can find persons who are 30 and aren't worth anything! Such people don't ever understand ... If it was in my power I would have already quitted this place – I would have gone to live with him. I'll get married, build a family, and have him work for the family ...

## 7.20 Support services in Malta.

Comments and suggestions were also placed with regards to the existing services in Malta. One participant explains that services *do* exist. “Iħhimni ġo Malta hawn hafna (servizzi), imma mhux qed jintużaw, hawn hafna affarijiet” “Listen, in Malta there are many services, but they are not being utilized, there are many things.” However, the biggest problem is whether people actually use them.

**Imma, eżempju, APPOĠĠ qiegħed jintuża, imma hawn familji li għandhom problema u mhux qed jużawh għax jibzġħu. Jigifieri l-programmi hemm qegħdin. Min jużahom irid...Jew għax jibzġħu, jew għax qed iżommu kollox ġo fihom - dik trid tistudjaha iktar sew...**

But, for example, APPOĠĠ is being utilized, but there are families with a problem who are not using it because they are afraid. That is, the programmes exist. They are to be made use of ... It's either the fear or they are keeping everything within their bosom – it's a situation which ought to be studied more deeply ...

This participant explains that if the young person is afraid to access the service, then the professionals through outreach, should encourage them to come forward:

**Mhux immur għalihom?!?!...Ikellmu lil sħabhom, jaraw minn xiex hi għaddejja, imbagħad huma stess jgħinu fhimt, bil-mod imma...**

No, I would not go to look for them?!?! They should speak to their friends, see what experience she is going through, and then they themselves help her, but progressively ...

This should be done in a multi-systemic way: “Ma min ikolli x’naqsam jiena...ma’ l-għalliema...kollox.” “With whom I am to deal with ... with the teachers ... everything.”

Another participant spoke of the need to develop a programme for children with challenging behaviour that helps one deal with problems such as compulsive stealing, peer pressure, personal problems and how to face the realities of life. Such a programme should be run by professionals who are specialised in such areas.

**Niftaħ programm. Għax hawn tip ta’ programmi veru – hawn programmi għad-droga, programmi tax-xorb. Daqshekk. Programm tal-vizzju tas-serq, jew problemi, jew għax ikun għadek m’intix matur biżżejjed, jew għax idahhuk f’xi problema shabek...Li għandna hawnhekk, per eżempju, hemm ċertu nies speċjalizzati għal ta’ l-apposta li jibdeu jgħallmuk dwar il-ħajja hekk fhimt ?**

I start a programme. It’s true there are different types of programmes – there are programmes that deal with drugs, programmes for drinking. That’s it. A programme about the tendency to steal, or problems, or because you are not yet mature enough, or because your friends get you into a problem ... What we have here, for example, there are certain professionals whose duty it is to teach you how to cope with life, you understand?

The same participant explained that a service’s primary aim should be giving care and support to children and assisting them to learn to be part of the community.

**Jifthu tip ta’ programm għat-tfal, li jieħdu naqra ħsiebhom u hekk...go tip ta’ programm ikun hemm aktar support**

**fuqek. Tip ta’ programm imma flok fuq droga, l-istess sistema, imma mhux fuq droga, fuq ħafna affarijiet, biex tkun tajjeb fis-soċjeta’...”**

“They should launch a programme for children, who should be given the care they need ... In such a programme you will be given more support. A kind of programme, but not on drugs, run on the same system, but not on drugs, on various things, to become fit for society.”

Other suggestions included the wish to have mixed genders in the services, an increase in the number of social workers for children who live in homes and residential care, and a guarantee that once a child has a professional staff allocated, there would be possible effective ways of reaching the key-worker in times of crises.

**Li jkollna xi home bniet u subien. Imma imbagħad ma jkun hemmx kunfidenza żejda. Imma mqar, nafdawhom flimkien.”**

“That we should have a home for girls and boys. But everybody has to keep within the limits. But at least they should be trusted to be in each other’s company.”

**Ma nafx kemm hemm social workers fil-homes tas-sisters... Kieku nagħmel ħafna. Għax hemm bżonn....**

I do not know how many social workers there are in the homes run by nuns ...I would appoint many more. There is the need ...

**Għax aħna għandna social workers individwali, imma bħal issa qegħdin naqra taċ-ċajt. Dik in-nhar kelli bżonn vera inkellima. Inċempel, inċempel l-APPOĠĠ u veru qed ngħidlek...Jiena ma nafx, persuna tkun għaddejja minn problema, mhux tiegħi għax all right kienet urġenti, imma xi ħadd għaddej minn problema, domt nofs ta' nhar inċempel.**

Tqabbdek waħda.. ‘zomm il-linja’... ‘jekk jogħġbok zomm il-linja għax il-linji bħal issa kolla okkupati’. Nofs in-nhar mid-disgħa ta' fil-għodu sas-siegħa ta' wara nofs in-nhar. Taç-çajt il-ħin kollu iċċempel u ma taqbadx.

We have an individual social worker, but presently not everything is well. Lately, I needed to contact my social worker. I phoned and phoned to try and get in touch with APPOĠĠ and believe me ... I can't understand, a person is experiencing a problematic moment, I'm not referring to my case although it was urgent too, but if someone is deeply in a problem, I spent the whole morning trying to get in touch. Somebody puts you through and asks you to ... 'hold the line' ... 'please hold the line because all the lines are engaged'. Should it be engaged all the time, from nine in the morning till one o'clock in the afternoon? It is absurd, having to spend all that time on the phone without succeeding to get through.

#### Conclusion

The rich data presented in this chapter portrays an informative source about the experience youngsters with very challenging behaviour go through as they start experiencing trouble and eventually end up in services meant to help them come to terms with their issues. Their valuable views provide us with some very concrete ideas of how to help them further.

#### 4. CONCLUSION

Kieku kellek tgħid xi haġa dwar dan is-servizz lill-awtoritajiet, x'tgħidilhom?:  
“Thank you talli jgħajnuna”

If you were to tell the authorities something about this service, what would you tell them?  
“Thank you for helping us.”

In conclusion the strengths and weaknesses of the study shall be presented, followed by recommendations for future research. The implications of the study will be summed up.

#### A. Strengths and weaknesses of the study.

The research group's decision to listen to the youngsters views and experience inevitably implied one major limitation to the study, this being that the children's perspectives have not been triangulated with other perspectives.

Another limitation resulted from the difficulty in defining *very challenging behaviour* and how to find children with such behaviour. Having decided that the children must be from the six chosen services, it transpired that the children interviewed did not all have challenging behaviour. In the end we felt that this was an important finding in itself and implies that greater scrutiny should be applied when placing children in such services.

The study did not include children with very challenging behaviour who are not currently in those six services. This decision however implied that a more comprehensive picture of these services could be elicited.

Another limitation is that when the data coming out of the interviews was being analysed, the reader could not identify the particular service the youngster was coming from. In some specific instances however this could not be avoided if not by censoring specific feedback given to us by the participants. Apart from the fact that analysing the six services together, had its own advantages, the decision was taken in an effort to protect the children's identity as well as refrain from putting particular services under the spotlight.

Another limitation is the way in which the students from St. Patrick's Craft Centre and Mater Dei School were selected. Whilst the process logically guaranteed having a smaller number of participants who *do* have challenging behaviour in practice, this was not really the case as not all of the children interviewed seemed to have challenging behaviour.

Such a limitation throws light on the referral process used within the education sector to refer a student from their original school to one of the two afore-mentioned special schools.

Also, notwithstanding having gathered the list of names, a large number of the children still did not participate. This was because whilst it was the parents who gave their consent for their children to take part in the research, a number of children did not want to participate. Moreover even though the parents left their particulars, the interviewers did not manage to get through to them.

Finally, another limitation is that the study only interviewed children who are between 10 and 18 years old. This means that it has not interviewed children younger than age 10 who have very challenging behaviour. To a certain extent, the age-bracket chosen allowed for further abstraction and the ability for the adolescents to come up with several suggestions. Moreover it was not feasible in terms of our resources to develop a totally different set of age appropriate interview questions



Daniel Schembri – Siggiewi – 10 years

and conduct a separate analyses of the information elicited from such children.

### B. Recommendations for future research.

Most recommendations for further research arise from the limitations of the study. Firstly, it would be interesting to carry out similar interviews with children who have been in the six services but are now no longer using them. Their suggestions would be given with hindsight and would provide a different perspective to the experience.

Another area to look at would be obtaining the views of the primary carers and possibly the professional staff who would, without doubt, have several experiences to share and relevant suggestions to make. A study, which would triangulate such information with that of the children would throw light on the needs of the professional staff (e.g. areas for further training), the family, the parents/carers and the child.

Due consideration should be given to carrying out a study that collects the views of children who have challenging behaviour but who have *never* used one of the six services mentioned in this study.

The needs of children with a disability, such as autism for example, who may also present with very challenging behaviour need to be studied in their own right.

It is also very interesting to carry out research with those manifesting very challenging behaviour who seek help in the community without attending a service. It would be interesting to see what the experience is for such youngsters to be taken care of in the community. Was it the case that the parents or the youngsters themselves refuse to attend a service when this was suggested to them? Is the service in the community better in terms of outcome? Is it cheaper or is it more expensive?

Finally another study could attempt to gather the experiences and feelings of children with challenging behaviour who are less than 10 years

old. Such studies could be triangulated by the views of the parents and those of the professionals taking care of them.

### C. Implications of the study

The themes and sub-themes that emerged through the study gave rise to a number of implications that need to be considered properly when addressing the issue about services for children with very challenging behaviour. The implications of the study have been gathered into the following three categories: those pertaining to the child, those related to the service and those that need to be addressed at a national level.

#### The child

First and foremost it is worth noting that all of the children that were interviewed came from a working class background (see Table B Parents Occupation). It would be interesting to see what happens to children with very challenging behaviour who come from middle class backgrounds. It may well be that they are the ones for whom parents seek help in the community probably in private practice rather than in state run clinics. As has been indicated earlier on, it would be valuable to pursue research in this area.

As for the youngsters at the service it transpired that for those who were attending residential programmes, separating the child from their family members gives rise to anxiety and to a sense of loss and longing which can hardly ever be compensated for. At the same time the majority of these children expressed deep regret and sadness about their unhappy family situation. Recognising such complex and difficult family situations, acknowledging them and perhaps even speaking about them with the child could help the child feel understood.

Attachment and significant relationships in the service emerged as major needs that the children have. Such a therapeutic framework, which acknowledges the need for a secure attachment with significant others, would help the professional staff to develop a warm and personal relationship with the youngsters. Such a framework would include

assessment prior to admitting the child to the service and would help in devising a care-plan that is tailor-made to address the individual child's needs.

It is clear that when relationships are based on trust, respect, and good communication, the child perceives the staff in a positive light. This implies the need for the professional staff to receive on-going specialised training, together with on-going supervision so as to minimise any possibility of burn out and so as to continuously provide support to the staff to maintain positive relationships with the children. Such training and supervision could help the professional staff to recognise the hardships that the children are going through and to understand their feelings of frustration, rebellion, anger, loneliness, loss, longing and at times claustrophobia.

#### The Service

A service should have a pleasant environment that is warm and welcoming to the child or adolescent. The atmosphere should give a feeling of safety and comfort, whilst at the same time allows the child to find and have some personal and private space. Effort should also be put in avoiding stigmatisation as much as possible.

A need emerged to revise the effectiveness of a service when the way it runs is based very much on regimental and rigid schedules and rules. The study implies that service-leaders need to question to what extent rigid rules help the individual child.

It is necessary to find a balance between maintaining structure and rules, and allowing for flexibility according to the child's needs, age, maturity and care plan. Moreover, the care plan and service should provide the child with things to do – with a number of activities, groups, and a timetable that fills up his/her time in a proactive and useful way.

The study also implies that it is fundamental for the staff to be continuously aware of the existing dynamics of the community. The professional staff needs to know how the residents get on together, what

conflicts they have and what relationships exist between them. Action must be taken when necessary, and support should be given to the children when they feel helpless and have difficulties in getting on with the others. The service-leaders should ensure that all the members of staff that have been employed have the right professional characteristics and aptitude for working with these children.

A clear implication is that the staff, parents and children need to know *what the service is catering for*. The findings in the study suggest that the child needs to know what is acceptable and unacceptable, and what happens when the rules are broken. The child needs to know why s/he is in the service and how the service is helping him. Furthermore, children who do not have challenging behaviour should *not* be placed in a service that addresses such behaviour. Rather they should be placed in an alternative setting, which addresses the needs of that child. For example, someone who can no longer remain in the original family due to abuse, should be placed in an alternative context (e.g. with foster parents or in a residential home) and not in a service which has the goals of addressing very challenging behaviour. It is also questionable as to how effective the service would be if its goals are: to address the challenging behaviour and simultaneously to be a residential home. Do the two goals compliment each other?

Several issues need to be addressed with the child including, for example, peer pressure and self-control. Also children need to be provided with the skills to make the right decisions, to consider short-term and long-term consequences and to cope with their situations. A number of children have several issues (e.g. related to family, cognitive, social, behavioural, emotional and mental health) that need to be addressed professionally. Opportunities to discuss, speak about, and work on such issues need to be provided for the child both through individual sessions and group sessions. This implies that a service needs to work hand in hand with psychologists, social workers, youth workers, family therapists, psychiatrists and so on.

It is clear that having clear aims, care plans and goals is a necessary pre-requisite for the service to be effective. This requires assessing the child, having clear guidelines, preparing action plans that are tailor-made to the needs of the child and following-up the child throughout. Goals should not be limited merely to how the child behaves in the service but how s/he behaves across contexts. Thus a multi-systemic approach is necessary where one works with the family, the school and the other contexts in the child's life. These conclusions also imply that, so as to address the issue of *challenging behaviour*, there needs to be a shift in focus. We can no longer aim at *eliminating the challenging behaviour* without first addressing the *individual child's needs*. Hopefully this will then result in eliminating the undesirable behaviour as a natural consequence.

A service must give space to the child to voice his/her opinions and suggestions, possibly to participate in choosing or planning the timetable and the activities, to have ownership in what is happening and to feel part of the service. It is essential that the staff adopts an approach that allows children to speak, that listens to the children, and that gives space for discussion, venting out feelings and dealing with conflict.

### Policy Issues at National Level

Several suggestions were put forward by the children, which implied the need to re-assess some issues at a national level.

One main issue is the apparent need for a residential service for children who are too old to be in a children's home but yet too young to live independently. Another issue is the need to place further emphasis on intervention in schools. Many children have told us how they first started experiencing problems at school when they were still very young. Early intervention is crucial for such children. Teachers and parents need to be supported by other professionals in order to be able to provide care for these children. Clinical psychologists, family therapists and social workers who work hand in hand with the school can provide valuable intervention at this stage. This therapeutic infrastructure is still lacking in our schools when in fact we know that early intervention at a multi-

systemic level is the treatment of choice for children with challenging behaviour (Henegglar, 2002)

Several findings in the study imply that it is necessary for services to work hand in hand to assist the child. This is especially the case when the support system fails to support the individual child, when there are gaps in the system, when there is too much red-tape and when procedures restrict or slow down the possibility of assisting the child effectively. These should be brought to the foreground and to the attention of the persons principally responsible for policy making, and for the provision of financial, legal and social support, in an official manner. Limitations, progress and changes should be recorded, assessed and revised continuously. This implies also the need for ministries to co-ordinate their resources, research and ideas in a way that minimises overlap and promotes synthesis towards addressing such issues (See KNF, 2003 Building Bridges).

### Conclusion

It may be regrettably far too late to provide substantial help to the youngsters who have generously shared their views and experiences with the interviewers forming part of the research team. Let us hope that the young children attending our schools and who are exhibiting oppositional behaviour will be given the attention they deserve. Oppositional behaviour does not necessarily have to develop into very challenging behaviour. •

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### Appendix 1: Interview Questions - Part A

**Age:** \_\_\_\_ **Nationality:** Maltese: \_\_ Other: \_\_\_\_\_

**Gender:** Male \_\_ Female \_\_

**How many are you in your family?** \_\_\_\_

**Siblings:** (specify sexes and ages): \_\_\_\_\_

**Parents:** married \_\_ separated \_\_ single parent \_\_

cohabitating \_\_ mother dead \_\_ Father dead \_\_ Both dead \_\_

Other \_\_\_\_\_

**What do your parents do?** They don't work \_\_

Work: (specify) Mother: \_\_\_\_\_

Work: (specify) Father: \_\_\_\_\_

**What are you currently doing?:** Work (specify) \_\_\_\_\_

I don't work \_\_\_\_\_ School (specify year) \_\_\_\_\_

Other \_\_\_\_\_

**Who do/did you live with before you came here?** (depending on area)

Parents \_\_ Only mother \_\_ Only Father \_\_ Grandparents \_\_

Aunts/Uncles \_\_ Friends \_\_ Alone \_\_ With partner \_\_

Foster Parents \_\_

Residential home /Institution(specify) \_\_\_\_\_

Other \_\_\_\_\_

**Where are you from (village/town)?** \_\_\_\_\_

**For how long have you been residing at X?** (depending on area):

\_\_\_\_\_

**Appendix 2:**  
**Interview Questions – Part B**  
**Maltese**

*Question 1:* X'inhi l-esperjenza tieghek f'X? Kif tiddeskrivi din l-esperjenza lil xi habib tieghek?

*Probes:*

- X'tghidlu dwar kif tqattgħu l-hin hawnhekk?
- X'tghidlu dwar kif thossok hawn?
- Kif tmur mar-residenti l-ohra f'X?
- X'joghgbok hawnhekk?
- X'inhuma l-affarijiet li thoss li qed jgħinuk hawnhekk?
- X'parir tagħti lil dan il-habib kieku kellu jigi X?

*Question 2:* Kieku kellek tirrakkonta l-istorja tieghek dwar iż-żmien - ta' meta kont żgħir hafna sa llum - x'inhuma l-esperjenzi tieghek li żgur tinkludi?

*Probes:*

- Kieku kellek tiddeskrivi iż-żmien li qattajt l-iskola, kif tiddeskrivija? X'tghid?
- X'gara wara li spiċċajt l-iskola? (depending on age)
- B'liema mod issemmi, jew tiddeskrivi lil familja tieghek?
- Xi spjegazzjoni tagħti dwar kif spiċċajt hawnhekk f'X?

*Question 3:* Kieku kellek tghid xi haġa dwar dan is-servizz lill-awtoritajiet, x'tghidilhom?

*Question 4:* Kieku *inti* tikkmanda jew għandek il-poter li tbiddel xi affarijiet, jew tohloq xi servizzi ġodda f'Malta, li jistgħu ikunu ta' għajjnuna għalik stess, jew għal xi żgħażaġh ohra (li għaddew minn esperjenzi simili bħal tieghek), b'hiex tohrog? X'idejat ikollok?

*Question 5:* Tixtieq iżżid xi haġa ohra?

## YOU ARE...

by JX, 11 years

**Y**OU ARE THE LENSES TO MY GLASSES  
YOU ARE THE RAINBOW AFTER A RAINY DAY  
YOU ARE THE FEATHERS TO A BIRD  
YOU ARE THE CANDLE ON MY BIRTHDAY CAKE.  
  
YOU ARE THE SAUCE ON MY SPAGHETTI  
YOU ARE THE HOOK TO MY FISHING ROD  
YOU ARE THE SHEETS TO MY BED  
YOU ARE THE INK IN MY PEN.  
  
YOU ARE THE TEA BAG IN MY TEA  
YOU ARE THE NICE BREEZE IN THE MORNING  
YOU ARE THE LEATHER TO MY BOOTS  
YOU ARE THE THING THAT I NEVER LOSE.  
  
YOU ARE THE CHAMPAGNE TO MY VICTORY  
YOU ARE THE NOTE TO MY TRUMPET  
YOU ARE THE POWER FOR MY COMPUTER  
YOU ARE ALWAYS WINNER NEVER LOSER  
  
YOU ARE THE WATER FOR MY THIRST  
YOU ARE THE FOOD FOR MY HUNGER  
WHEN I HAVE A QUESTION  
YOU ARE THE ANSWER

The 11-year old boy who penned this poem claims to have written it while keeping in mind the mother he yearns for. His life so far has been largely spent with relatives and foster families rather than with his mother, sisters and brother. He has been through seven schools and is currently living in care.

It is not often that something these kind of children do ends up in the newspapers... except maybe for all the wrong reasons, and usually this happens when these kids give vent to their strong feelings and captivate our attention... in ways that we adults then call “challenging behaviour”.

However, a poem like this one, recently published in a local newspaper, gives us an insight at the depth of their thoughts, perceptions and feelings - and the need they have to express it, in whichever way they can. With the right kind of support, these children can survive their often grievous problems and do something positive with their lives, so much so that it would be worth investing in them, rather than writing them off..

