FSWS BIENNIAL REPORT
2012 – 2013

Foundation for Social Welfare Services
Foundation for Social Welfare Services, Malta
Biennial Report, 2012-2013

212, Cannon Road, Santa Venera SVR 9034
Email: secretariat.fsws-headoffice@gov.mt
www.fsws.gov.mt

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“WE WILL STRIVE TO CONTINUE TO IMPROVE THE QUALITY OF LIFE OF THOSE WE HAVE BEEN ENTRUSTED TO SERVE”

It is my privilege to be writing this forward to the Biennial Report 2012 – 2013 of the Foundation for Social Welfare Services and its three constituent agencies, Appoġġ, Sapport and Sedqa.

I, therefore, want to start by thanking my predecessor as CEO, Ms Sina Bugeja, for the hard work and commitment she put in during the period covered by this report and which, I am sure, led to the positive results presented in this report.

That said, a quick overview of the results we have in hand shows that in 2013 Sapport served 1491 clients, Sedqa served 2640 clients while Appoġġ served 10,024 clients. This is no mean feat by any standard.

Thus, I want to give a big vote of thanks and gratitude to our employees for their dedication and conscientiousness in carrying out their duty. If it were not for these values we would not have served so many people in the way we serve them. It bears emphasizing that our employees are not motivated by money but by their desire to serve the most vulnerable members of our society and, thereby, to make a change for the better in their daily lives.

I am more than certain that this will continue to be the guiding spirit of our employees during this year and the years ahead as we will strive to continue to improve the quality of life of those we have been entrusted to serve. That is our goal and mission.

Alfred Grixti,
Chief Executive Officer
CORPORATE SERVICES

Service Overview

The biennial time under review was characterised by a highly active and productive period in all spheres within the Administration Services Division. The services offered by this Division comprise of Marketing, Administration, EU Projects, Purchasing, and Information & Communication Technology.

The sole aim of the Division is that of providing service to all agencies within the Foundation. The service provision and adoptability vary according to the emerging needs of the same agencies. Throughout the period in question, the Division worked on five major projects, namely:

- the refurbishment of Appoġġ operation’s office including Galatea building (block of apartments adjacent to the already rented block of apartments in G’Mangia);
- the refurbishment of Sedqa’s Hal-Farrug complex (roof membrane and overall refurbishment);
- the transfer of FSWS head offices from 2-3 Braille Street to 212, Cannon Road, Santa Venera;
- Marsascala Day Centre roof repairs & refurbishment; and
- the setting up of two new operating premises to host the siblings programme operated by Aġenzija Appoġġ.

Review and Analysis of Service

1. INFORMATION AND COMMUNICATION TECHNOLOGY (ICT)

On the ICT front, the years 2012 and 2013 were a consolidation of previous years. Various new personal computers and laptops were purchased to replace the ones that had served their purpose. The procurement of a further PABX and ICT infrastructure for the new FSWS Head Office at 212, Cannon Road, Santa Venera, also contributed in ensuring that our ICT structure sustains the ever growing demand of usage and requirements. The introduction of a new inventory software system also contributed in ensuring accountability and real life reporting system.

Any move in personnel and service provision infringe drastically on the ICT infrastructure. During the governing biennial period, the ICT team was directly involved in the procurement process and installation of ICT services at the new FSWS Head Office, new Appoġġ services – namely Siblings 1 and 2 – and the major reinstallation of the server transferred from 2, Braille Street to 3, Braille Street. Periodic clean-up exercises were carried out at the two main FSWS ICT servers situated at Appoġġ and Sedqa, carrying out rack-maintenance housing the servers and PABX systems.
The ICT staff members were involved in supporting the various databases for different services. These include a database for the collection of data for the Research Department.

2. ADMINISTRATION

1. FSWS and Aġenzija Sedqa Administration, 2012-2013

Concerted efforts were undertaken to consolidate the work that has already been established within this department and augment it to facilitate pathways for a more efficient service. The evolution of the Foundation’s Precincts’ Office instituted during the previous two-year period positively contributed in setting and meeting targets pertaining to maintenance and health and safety issues.

The Foundation operated from 43 different sites during the period in question each presenting health and safety issues along with continual maintenance requirements. The task of maintaining such premises is an arduous, costly and sturdy one to sustain. Yet with good financial management and dedicated staff, the Foundation can boast of good operational standards all throughout. Of particular relevance and add-ons to these sites are the Appoġġ office at Ghajnsielem in Gozo, and the two Appoġġ Siblings Services, now fully operational.

Four of the biggest challenges of this department during the period governed by this report were:

- the relocation of FSWS Head office and the refurbishment required to render the new premises accommodating to our requirements;
- the various health and safety issues related to Appoġġ Operations Offices in G’Mangia;
- the maintenance and refurbishment works carried out at Sapport’s Marsascala Day Centre; and
- the maintenance and refurbishment works carried out at the drug rehabilitation residential services operated by Aġenzija Sedqa.

Of pivotal importance was the contribution of the Administration Executive to the Senior Manager to issue all tenders and requests for quotes on time and process within established time frames to ensure that the projects in hand are not hindered by same procurement process delays. All works carried out were monitored and endorsed by the Foundation’s Architect, who has also contributed to ensure compliancy and adherence to agreed deliverables and plans, and issue the required works certification to settle payments. All the Administration Department staff’s input was central in ensuring the smooth transition and the concerted efforts proved successful.

Following is a series of photos which highlight only some of the interventions carried out by FSWS administration personnel.

Figure 3: Changing of kitchen roof at M’Scala Day Centre, Aġenzija Sapport

Figure 4: Refurbishment of premises for Siblings 1 project, Aġenzija Appoġġ
3. PURCHASING AND PROCUREMENTS / CALLS FOR SERVICE

As already highlighted earlier on, the period covered by this biennial report offered a myriad of challenges in all aspects. One of these was the streamlining with legal obligations in issues pertaining to purchasing and procurement of goods and services within the Foundation.

The list of requests for quotes and tenders follows. This reveals the considerable amount of work that was invested in the preparations of the required documents, the procurement process, contracting thereof and implementation.
<table>
<thead>
<tr>
<th>FSWS Registration Number</th>
<th>Service / Supply required</th>
<th>FSWS / Agency requiring service/supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSWS/12/01</td>
<td>Legal Services Tender</td>
<td>FSWS</td>
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<tr>
<td>FSWS/12/08</td>
<td>Photocopy Services Tender</td>
<td>FSWS</td>
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<tr>
<td>FSWS/12/12</td>
<td>Fire Alarm System</td>
<td>Appoġġ</td>
</tr>
<tr>
<td>FSWS/12/33</td>
<td>2013 Diaries</td>
<td>FSWS</td>
</tr>
<tr>
<td>FSWS/12/34</td>
<td>Supply and installation of PABX &amp; ICT network</td>
<td>FSWS</td>
</tr>
<tr>
<td>FSWS/12/37</td>
<td>Kitchen</td>
<td>Sapport</td>
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<tr>
<td>FSWS/12/42</td>
<td>Kitchen</td>
<td>Sedqa</td>
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<tr>
<td>FSWS/13/02</td>
<td>Fire Alarm System for Kommunità Santa Marija</td>
<td>Sedqa</td>
</tr>
<tr>
<td>FSWS/13/03</td>
<td>Maintenance Services</td>
<td>FSWS</td>
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<td>FSWS/13/05</td>
<td>Vehicle Maintenance Services</td>
<td>FSWS</td>
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<tr>
<td>FSWS/13/07</td>
<td>Lift Shaft Maintenance</td>
<td>Sedqa</td>
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<tr>
<td>FSWS/13/08</td>
<td>Armchairs for counselling rooms</td>
<td>Appoġġ</td>
</tr>
<tr>
<td>FSWS/13/12</td>
<td>60 TFT screens</td>
<td>Appoġġ</td>
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<tr>
<td>FSWS/13/18</td>
<td>Maintenance at Vajrita Marsascala – roof repair</td>
<td>Sapport</td>
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<td>FSWS/13/24</td>
<td>2014 Diaries</td>
<td>FSWS</td>
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<td>FSWS/13/26</td>
<td>Air conditioning units for Qormi Siblings</td>
<td>Appoġġ</td>
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<td>FSWS/13/36</td>
<td>Fire Exit signage</td>
<td>FSWS</td>
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<td>Aluminium Apertures</td>
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<td>Soffit – Marsascala</td>
<td>Sapport</td>
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<td>FSWS/13/40</td>
<td>Procurement of vehicles</td>
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<td>FSWS/13/41-69</td>
<td>Refurbishment of Siblings 2 service</td>
<td>Appoġġ</td>
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<tr>
<td>FSWS/13/73</td>
<td>Procurement of 7-seater for Siblings 1</td>
<td>Appoġġ</td>
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*Table 1: Requests for quotes, calls for services and tenders, 2012-2013*

Table 1 reveals the extent of work carried out by the Administration Department within the Foundation. Needless to say that each item listed, whether tender or request for quote, by nature necessitates preparation, implementation, evaluation, contracting and settlement.

Undoubtedly, the main advantage of the centralisation of purchasing is that economies of scales are economically viable. However, the planning required to reach such objective entails its due attention and resource. In issues related to supplies, the Procurement and Purchasing Executive has to plan and liaise constantly with all Administration Executives of the three Agencies. Subsequently, more administrative work has to be carried out.
During the recorded period, the Administration, Social Marketing & Communications Division has been entrusted with various EU-funded projects enlisted hereunder.

<table>
<thead>
<tr>
<th>Name of Programme</th>
<th>Details of the Awarding Body</th>
<th>Year of Award</th>
<th>Name of Project</th>
<th>Amount of Funds Received</th>
<th>Project Status</th>
</tr>
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<tr>
<td>European Social Fund (ESF) 2007-2013 “Operational Programme II - Empowering People for More Jobs and a Better Quality of Life”</td>
<td>Planning and Priorities Coordination Division (PPCD)</td>
<td>2009</td>
<td>ESF 3.62 - ME 2: Integration of Persons with a Disability into the Labour Market</td>
<td>€1,297,403</td>
<td>The project came to an end in January 2013, with all the set indicators being met.</td>
</tr>
<tr>
<td>European Social Fund (ESF) 2007-2013 “Operational Programme II - Empowering People for More Jobs and a Better Quality of Life”</td>
<td>Planning and Priorities Coordination Division (PPCD)</td>
<td>2009</td>
<td>ESF3.61 - E4L - Embark for Life - Integration of Young People into the Labour Market</td>
<td>€696,969</td>
<td>The project came to an end in January 2013, with all the set indicators being met.</td>
</tr>
<tr>
<td>Safer Internet Programme</td>
<td>The Lead Partner is the Malta Communications Authority, FSWS is a Project Partner, while Aġenzija Appoġġ is implementing the project. Total project budget is that of €440,000, while FSWS’s share is €162,795.</td>
<td>2012</td>
<td>Be Smart online!</td>
<td>€168,314 €2,680 €7,036</td>
<td>This project is a continuation and enhancement of the previous BeSmartOnline project.</td>
</tr>
<tr>
<td>European Commission Directorate - General Justice Action Grants - Criminal Justice. The Lead Partner is the National Offender Management Service for England and Wales (NOMS), while FSWS is one of the Project Partners.</td>
<td>STREAM - Strategic Targeting of Recidivism Through Evaluation and Monitoring</td>
<td></td>
<td></td>
<td></td>
<td>The main role within the project is that of hosting a conference (100 participants from European counties) in October 2014. All activities are fully financed by NOMS.</td>
</tr>
<tr>
<td>GRUNDTVIG In-Service Training</td>
<td>One Family Training for Trainers Family Communications</td>
<td>2012</td>
<td></td>
<td></td>
<td>A 5-day training course on coping in family life and communications - FSWS (Aġenzija Appoġġ)</td>
</tr>
<tr>
<td>LDV Mobility</td>
<td>Adult Protection - Safeguarding abuse on persons with disability</td>
<td>2012</td>
<td></td>
<td></td>
<td>To enhance the skills of professionals who work directly with persons with a disability who suffered abuse - FSWS (Aġenzija Sapport)</td>
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*Table 2: EU projects, 2012-2013*
5. SOCIAL MARKETING AND COMMUNICATIONS

One of the ever-developing roles within FSWS is undoubtedly the social marketing and communications function. There is no single definition of marketing communications: on one level, marketing communications concerns the process of the exchange of information between the organisation and any of its publics; on another level, some people view marketing communications as solely encompassing the promotion of the organisation’s offerings (be it products, services or projects) to its target audience. In reality, there is more to it, as other intangible factors such as the corporate reputation and image portrayed by all employees, amongst others, are very important factors that also influence the public perception.

During the period under review in this report, the FSWS Social Marketing and Communications team was comprised of two full-time members of staff and a third member on reduced hours (20-25 hours). The team is entrusted with the coordination of all external communication such as public relations interventions, campaigns and advertising on behalf of the Foundation and its agencies, and is the focal point for all media.

The work done by this corporate department involves a wide spectrum of initiatives, constantly developing to address the emerging needs of the public, the services and the organisation, within the social welfare field. The following are the salient points covering 2012-2013 for the Foundation and its three agencies: Aġenzija Appoġġ, Aġenzija Sedqa and Aġenzija Sapport.

1. Positive parenting campaign (FSWS)

The positive parenting campaign, also known as the Blue Ribbon Campaign, has become one of the most important yearly initiatives, mostly due to the growing interest shown by the public and the media, and also because it is considered to be an effective way of preventing child abuse. The campaign peaks around May of each year, however interventions especially dissemination of material and participation in media programmes, are coordinated throughout the year. During such interventions, the agencies and the Marketing team receive various requests for more information and/or material related to the subject. Various frontliners are also involved in the delivery of this campaign, including members of staff coming from the 3 different agencies and from different departments, thus increasing the array of topics that the Marketing team can discuss about in relation to positive parenting.

This campaign reaches various audiences through different tactics: it reaches children through the dissemination of informative, child-friendly booklets about abuse; it reaches parents and carers through tv and radio programmes, email shots, radio adverts, online information, contributions on newspaper and magazines, dissemination of leaflets in Maltese and English, etc. Professionals were also targeted especially during the 2012 campaign, through a roundtable forum that the FSWS participated in, in collaboration with the Malta Communications Authority and the office of the Commissioner for Children, entitled Interagency Work on Child Protection - Focus on Child Abuse over the Internet.

2. Fostering campaign (Appoġġ)

Fostering is another important aspect especially within Aġenzija Appoġġ, and thus it rates high on our priority list. A great number of media interventions in fact are dedicated to fostering in a bid to increase the pool of foster carers to be able to meet the demand and thus address the children’s need of a family. Throughout the
two years under review, however, one can say that this campaign was a bit diluted. With the introduction of the Out-of-Home care service and the overlap that this has with fostering, both the public and the media was not differentiating between the two services and the two different calls for carers that were being made. Thus a suggestion by the Marketing team was put forward to talk only about children in care and their need of a family rather than trying to explain that we have two intake services for prospective carers. Sharing of testimonials by foster carers and/or adults who were fostered when they were children, always prove to me more effective when doing media interventions.

3. Family workshops (Appoţg)

In 2012, the Marketing team also embarked on a small-scale campaign to promote a new programme by Aġenzija Appoţg – the Family Workshops. Media interventions and the production and dissemination of a new leaflet were the main tools used, together with promotion amongst existing service users within FSWS. This programme became quite popular and by time, less promotion was required since groups were already being formed without the need of extensive promotion.

4. Home-Start Malta (Appoţg)

Home-Start Malta, a service supported by Aġenzija Appoţg, requires yearly interventions by the Marketing team to raise awareness about the service, recruit more volunteers, and also promote various initiatives, like the publication of a recipe book in 2012 as a fundraising tactic. Including testimonials by volunteers from the service during the 2012-2013 campaigns proved to be more effective, and thus this has become a norm in order to help us pass on the message more successfully to the target audience – be it parents and also prospective volunteers.

5. Volunteer recruitment campaigns (Appoţg)

Further to the interventions to attract more volunteers towards the Home-Start Malta service, the Marketing Team also coordinates various other initiatives and campaigns to attract volunteers towards other services, namely Programm Ulied Darna, Supportline 179 and the Agency’s Community Services. These have become standard interventions in our yearly operational plans and emphasis is placed on such campaigns given that the above-mentioned services rely heavily on the number of volunteers that they manage to recruit in order to continue operating and develop new programmes.
6. Proper use of Supportline 179 (Appoġġ)

A new campaign that started off in 2012 was that promoting the proper use of the Supportline 179 service, with the main aim of minimising the number of hoaxes and hang-ups received. A poster with animated scenarios aimed for children was developed, for dissemination in all schools throughout 2014. Further to that, the Sedqa Prevention staff working directly with students were on board on this initiative by backing this poster with further discussions in class based on the portrayed scenarios. Various media interventions were also coordinated to this effect, targeting mainly adults.

7. Parenting skills campaign (Sedqa)

Aġenzija Sedqa regularly coordinates parenting skills courses – these happen both on a national level and also in collaboration with other organisations such as schools, local councils, parishes and other FSWS services. A yearly national intake takes place around October, with its promotion spearheaded by the Marketing team.

8. Hotline – BeSmartonline! (Appoġġ)

Aġenzija Appoġġ is a partner in the BeSmartOnline! project, led by the Malta Communications Authority. Support to the Hotline team in promoting events, and coordinating media interventions, were the main initiatives by the Marketing team during these two years, together with the development of the first website dedicated to online safety for children – the www.childwebalert.gov.mt website – which mainly incorporates an online reporting system whereby one can report online child abuse.

9. ESPAD Report 2011 (Sedqa)

In June 2012, in time to mark the International Day Against Drug Abuse & Illicit Trafficking, the Marketing team also coordinated the launch of the ESPAD 2011 International and National Reports. These were important events for Aġenzija Sedqa due to its major role in conducting this study locally and the Agency’s representation on the research body through the FSWS Research Department. This study also serves as a springboard for prevention projects by the Sedqa Prevention department as it provides a very clear picture of the behaviour and attitudes of young people vis-a-vis substance misuse.

10. Alcohol campaign (Sedqa)

Inspite of regular media interventions during the year related to alcohol misuse and abuse, the Marketing team collaborates with Aġenzija Sedqa for a more intensive campaign throughout December, in time for the festive season. The theme for such initiatives would focus around the consequences of excessive drinking, mainly drinking and driving. Various radio spots, media interventions and online messages and adverts are taken on board, together with joint interventions with other stakeholders in the field, including the Department for Health Promotion, the Police, Civil Protection, Mater Dei Hospital, Malta Touring Club and the Malta Transport Authority.
11. New websites (FSWS)

Marketing communications are designed to appeal to a varied audience. Thus, customer profiling is important in order to direct our message and make it as effective as possible especially since we operate in an area where the clients’ emotions play a big factor. Apart from resorting to traditional promotional tools, during the biennium under review, the Marketing team also focused on online tools. The agencies’ websites were redone from scratch and five new websites were created on the Ministry for Social Policy’s portal. www.fsws.gov.mt, www.appogg.gov.mt, www.sapport.gov.mt, www.sedqa.gov.mt and www.childwebalert.gov.mt were thus created, offering a resource centre of information and services processes, contact points, informative material for download, and regular updates about current events and projects.

12. Facebook (FSWS)

Further to the websites, the Marketing team explored the advantages of the Foundation’s presence on the social media. Whereas the websites, albeit updated regularly, offer one the possibility of extensive information about the Foundation's services and projects, social media such as Facebook would offer the public a more timely and concise medium through which they could follow our projects and causes. Thus, a number of Facebook pages were created, after the setting up of clear official guidelines that would regulate the use and updating of such pages. A page dedicated to the Foundation was aimed at increasing awareness about same organisation, rather than opting for a different page for each Agency; a previously-set profile for Aġenzija Sedqa was retained; pages dedicated to the Home-Start Malta service and Appoġġ Children’s Fund were set up; together with a page dedicated to voluntary work within FSWS. Through such channels, a different audience was tapped into and they also served as a contact with the organisations in a way that the websites could never be.

13. Children in the media

In 2012, the Marketing team in collaboration with the Office of the CEO, was consulted on the Foundation's position regarding the portrayal of children in advertising and other promotional material, this in time for the drawing up of a report for the Office of the Commissioner for Children about the depiction of children in electoral campaigns. This consultative meeting continued to increase the importance of the Foundation as a vital stakeholder when it comes to the protection of children, in this case their protection from media exploitation.

14. Other initiatives

Throughout these two years, the Marketing team also supported other initiatives, such as:

- Projects coordinated by the Appoġġ Community Services;
- School and community projects coordinated by the Sedqa Prevention Services;
- Corporate Social Responsibility initiatives coordinated by private entities and benefiting services within FSWS;
- Production of informative leaflets, such as leaflets about services (e.g. Out of Home Care, Youth in Focus and Family Workshops);
- Regular contributions in Saghtar and Taghna ta’Tfal children’s publications;
- Launches such as the Appoġġ Gozo office and the new Sapport Head Office in Santa Venera;
• Regular support to the Children's Fund fundraising committee in promoting their events, with the peak being Mickey & Minnie's wedding in October 2013, which had a turnout of over 6,000 people following months of preparation and an extensive media campaign;

![Mickey & Minnie's Wedding](image)

Figure 18: Promotion for Mickey & Minnie's wedding

• Coordination of assessments of minors and vulnerable adults prior to media exposure, in line with the Broadcasting Authority guidelines, and further collaboration with the same Authority in 2013 on the update of such guidelines and adopted procedures; and

• Constant contact with the media to provide official statements and ensure constant media exposure also through participation in TV and radio programmes and issuing of press releases (refer to Table 3).

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Press releases</td>
<td>43</td>
<td>37</td>
</tr>
<tr>
<td>TV programmes</td>
<td>258</td>
<td>238</td>
</tr>
<tr>
<td>Radio programmes</td>
<td>173</td>
<td>107</td>
</tr>
</tbody>
</table>

Table 3: Number of press releases issued and media interventions coordinated by the Marketing Team, 2012-2013

Way Forward

The challenges within the Corporate Services department are immense, yet with hard work and commitment from each and every staff member within the department we shall continue our endeavour to render service promptly to all the Foundation's services.

We shall continue allotting top priority to health and safety issues whilst undertaking embellishment requests across the whole Foundation. Of particular relevance within the forthcoming two year period is the mammoth task of installing a Case Management Software across the Foundation that will assist our frontliners to be assisted technologically to better service our clients. This will necessitate an upgrade in our current ICT infrastructure – a challenge we are preparing to tackle and surmount. We shall also ensure that the procurement and supply system is in full line with ever growing demands and requirements. Our exclusive aim is that of being of service to all FSWS agencies, and all tasks and chores undertaken become our challenge and pride.

Throughout the campaigns and initiatives coordinated through 2012-2013 by the Marketing team, it became more apparent that marketing and corporate reputation go hand in hand. The work done by the Marketing team cannot be a stand-alone but it needs to be reflected throughout by employees’ attitude and modus operandi. Thus, the way forward for the Marketing team for 2014 would surely include more emphasis on frontliners’ involvement both in Marketing initiatives, and also through a more sound internal communications system.
In 2012-2013, an evaluation process of major campaigns such as the fostering campaign, parenting skills and family workshop campaigns, and the volunteer recruitment campaigns, was introduced. This gave the team insight into which tools and tactics were the most efficient and best reached our intended audience. Subsequent campaigns could thus be planned based on such feedback provided. This evaluation process surely is worth investing more time and effort into as it is very important to plan the limited financial and human resources available in the best way possible.

Another important aspect would be increasing our presence online, especially through the use of social media rather than increasing resources on conventional media – which would still be part of our plans nonetheless. Social media can be used to its capacity also to counterbalance shortages such as lack of resources to purchase tv airtime when it comes to transmitting audio-visual spots, maximise the effect of the use of testimonials, select specific audiences for target advertising, and maximise on the advantage of having our messages shared and thus viewed by unlimited number of people.

Another item on the agenda for 2014 is a media training course for FSWS management and staff, replicating a past similar course which proved to be very useful especially for staff who represent the FSWS and its agencies on the media. By popular request, the Marketing team plans to do another intake for such course.

Last but not least, the Marketing team will also remain focused on increasing its knowledge about emerging marketing and communication trends, while adapting its flexibility in order to cover as much areas as possible within the ever-growing organisation.
Throughout the two-year period between 2012 and 2013, the Human Resources, Training and Research Division underwent several changes. The full staff complement of this Division consists of a Senior Manager, Manager, Research Leader, two Research Executives, two Training Executives, a Recruitment Executive and one Administrative Support Worker servicing the whole Division.

By the end of 2013 the Human Resources, Training and Research Division was servicing 715 employees assigned to Appoġġ (231), Sapport, including Day Centres (365), Sedqa (90) and FSWS Head Office (29).

### HUMAN RESOURCES

#### 1. Collective Agreement

Negotiations for a new FSWS Collective Agreement started in 2010. Amendments were made and discussions were held between FSWS Management, Ministry of Finance and the Union. Several meetings were held throughout 2012 and 2013 whereby representatives of both FSWS and the Union presented their proposal and/or counter-proposals. The final agreement was signed on 8th March, 2013. Soon after the agreement was reached, preparations started for the effective payment of arrears and pegging of new salary scales. This was done in collaboration with the respective Administration Executive of each Agency. By the September 2013 all dues were paid.

#### 2. Policies and Procedures

During the covering period, several policies were amended and/or updated to reflect changes within the exigencies of the services. Other policies which were introduced were the Teleworking/Working from Home and Employees Representing Malta. There were also other internal procedures which were introduced.

#### 3. Employee Handbook

During 2013 the Employee Handbook was finalised and circulated among all employees within the Foundation. This is a very user-friendly, bi-lingual tool for staff members.
4. Code of Conduct

The Code of Conduct was finalised in 2013 and disseminated among all employees. This another tool intended to guide, support and safeguard all employees, volunteers and others engaged to provide a service within the Foundation for Social Welfare Services. It complements operational policies, staff manuals, professional codes of ethics where applicable and support mechanisms in place. This Code sets another important standard for the Foundation's Agencies. It is an instrument for promoting a higher quality of service delivery by those engaged by the Foundation and for achieving higher levels of satisfaction by persons accessing services on offer.

5. Staff Queries and Movements

The Human Resources function received myriad of queries from staff, which usually were related to work conditions. In order to facilitate matters, the Human Resources Manager worked closely with the Administration Executives of all agencies.

Within the setting of FSWS an opportunity exists whereby employees can forward their request for a lateral movement from one unit to another or even from one Agency to another. A good number of requests have been entertained on the basis of placement availability. This ascertained an opening prospect for employees who for some reason or another were no longer feeling comfortable working in a particular unit. Hence they remained within the FSWS but changed the role and/or team. Consequently employees were retained within the Foundation whereby their experience was not lost but was shared within the new setting.

6. Performance Appraisals

After a lot of groundwork and training delivered by the Group HR Senior Manager to all those who had to carry out the Performance Appraisals, in 2012 the formal implementation of Performance Appraisals commenced. Prior to this, informal appraisals were carried out on a regular basis. However, in order to measure skills and accomplishments with reasonable accuracy and uniformity, a formal system of Performance Appraisals was created. Since 2012 was considered as a trial period, updates where done to the Performance Appraisal sheets when and where deemed necessary.

7. Eligibility Reports and Interviewing Report

As a measure for an expeditious and more effective outcome, the interviewing format changed. More weight was given to case studies, rather than having a considerable number of questions. This proved that whereas the majority of eligible candidates sitting for an interview did well in answering straightforward theoretical questions, when it came to more practical scenarios, the interviewees were predisposed to exert more effort in providing the correct reply. Therefore, with such modifications, members of the interviewing boards were in a better position to assess the interviewees. During this process it is imperative to select the best candidate for a particular vacancy, as the interviewing process is very time consuming.

8. Complaints Handling

Part of the remit of Human Resources is also to handle Clients’ Complaints. Only complaints which are considered relatively serious are handled by the Human Resources Division. Other minor complaints are handled at base by the respective Agency. Throughout 2012 there were 7 complaints whereas during 2013 there were no official complaints handled at Head Office. All complaints were concluded, as most of them addressed aspects of service delivery.
Conscious of the importance of handling complaints in a highly efficient and professional manner, the Foundation has committed itself to ensure that in every Agency and in prominent places in the customer care areas, boards were put up in both Maltese and English language with information to service users on their right to complain and the procedures that have to be followed when filing a complaint.

9. Quality Mark

The Foundation for Social Welfare Services has shown its commitment towards gender equality by applying for the Equality Mark Certificate in 2010. Since this certificate is valid for two years, in 2012 FSWS has re-applied for this certificate. The FSWS prides itself in being among one of the first entities to be awarded with this Equality Mark. Obtaining this Certificate was possible after the FSWS went through a thorough process whereby officials from the National Commission for the Promotion of Equality (NCPE) scrutinised all documentation provided by FSWS as concrete evidence that policies promoting gender equality were in place and were being followed. These included the Equal Opportunity Policy, Sexual Harassment Policy as well as other policies. The FSWS Collective Agreement encompassed equal salary scales according to position not gender, adopted Family Friendly Measures for all employees irrelevant of gender, all notices/material were circulated amongst all employees, and so on and so forth.

The FSWS had also set up an internal committee on equality. Each Agency within the FSWS had its representative on this committee in order to take all necessary action in case of any complaint. It is worth mentioning that to date, the FSWS has never received any complaint regarding gender inequality.

10. Freedom of Information

The Human Resources Division was involved in providing all necessary information about the Freedom of Information Act. Both the Senior Human Resources Manager and the Human Resources Manager as the FOI Officer and alternate respectively, attended several training and preparatory sessions. During the recording period all was geared up for the subsequent implementation of the Freedom of Information Act.

11. Recruitment

FSWS is considered as a large-sized entity as it employs more than 700 people. Due to the large number of employees, the recruitment function plays a key role within the Foundation. The process of recruitment is quite elaborate and time consuming. Due to the local general elections, recruitment was halted between January and March of 2013. After this period recruitment gained momentum and was on full blast by the middle of the year. Between 2012 and 2013 a total of 155 employees were selected for various posts as indicated in Table 4. These were mainly replacements; however there were also some new positions.
<table>
<thead>
<tr>
<th>Post</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Executive</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Administration Executive</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Assistant Manager</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Community and Youth Workers</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Clerical</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Driver/General Duties</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>EU Projects Executive</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Executive Secretary</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Family Therapy Workers</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Junior Psychologists</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Legal Officer</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Services Managers</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Operations Director</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Prevention Programme Facilitator</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>EU projects-related posts</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Services Executive</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Senior Executive</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Social Workers</td>
<td>26</td>
<td>14</td>
</tr>
<tr>
<td>Support Executive</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Support Workers</td>
<td>42</td>
<td>21</td>
</tr>
<tr>
<td>Training Executive</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>96</strong></td>
<td><strong>59</strong></td>
</tr>
</tbody>
</table>

*Table 4: Post within FSWS and its agencies, 2012-2013*
The Foundation's core business is to provide social welfare services, and therefore is one of the main employers for Social Workers and Support Workers in Malta. Hence, it only stands to reason that as indicated in Table 4, a significant number of people in frontline positions like Social Workers and Support Workers were recruited.

Apart from constantly liaising with different government departments and ETC, the Recruitment Executive together with the Human Resources Manager were involved in setting up of interviewing boards as well as informing prospective candidates whether they were eligible to sit for an interview or not. Following the selection process, all successful candidates were informed that they had been chosen. Once the selected candidates accepted the position, the Recruitment Executive met each new recruit and informed them about conditions of employment. This was followed by the drawing up of a contract of employment.

12. Human Resources Committee

One of the initiatives undertaken during 2013 was the setting up of the Human Resources Committee. The idea of this committee was to have a number of employees with different backgrounds within FSWS who would come up with suggestions pertaining to Human Resources within FSWS. The approach taken by this committee is to include a comprehensive approach that apart from all traditional HR practices, it will propose other innovative HR initiatives to accommodate the uniqueness of the Foundation’s core business. An internal announcement was issued for those interested. The Committee is chaired by the Human Resources Manager. Suggestions brought forward are then presented to Senior Management. The committee meets on a monthly basis.

13. Training Committee

Apart from the Training Operational Plans, emanating from the Collective Agreement is a training fund whereby employees could forward their request for training. A training committee made up of representatives from all agencies was set up. The latter evaluates each application for funding of training. If the applications received satisfy all criteria indicated in the Training Committee Fund procedures, then the Committee approves such sponsorship. The Training Committee Fund started operating at the end of August of 2013. Till the end of the year, the committee received a total of 68 requests for sponsorship of training.

TRAINING

Training remained a priority for the continuous development of employees. Thus, several training initiatives, most of them tailor-made, were organised in order to enhance the professional skills of employees.

1. Various local training initiatives

Throughout 2012 and 2013 the Training Department organised 138 and 141 types of different training sessions respectively. Most of the training delivered was tailor-made for our professionals or Support Workers. Included in the training were ad hoc initiatives, whereby FSWS employees attended training organised by other entities.

Some of the training delivered throughout this period included:

- Human trafficking;
- The effects of trauma on the human being;
- Contact with birth families;
- Motivational interviewing;
- Addictions: The effect of substance misuse by pregnant mothers on the unborn;
- Attachment styles;
- Training on mental health issues;
- Working with individuals with disability and their families;
- Supervision training;
- LGBT (lesbian, gay, bisexual and transgender) issues;
- Induction training;
- Basic first aid training;
- Basic and Advanced fire fighting training.

2. EU-Funding Training Opportunities

One of the main endeavours of the Training Department within the FSWS was to maintain its commitment to tap related EU funded opportunities to offer training and expose staff to good practices in other European countries. During the recorded period several applications were submitted. In 2012 one application was accepted under the Leonardo da Vinci VETPRO Fund and other three applications under the Grundtvig fund. In 2013 two applications were accepted under the Leonardo da Vinci VETPRO, three under the Grundtvig, whereas another three under the Youth in Action Fund. All beneficiaries had the opportunity to share and obtain new experiences from hosting countries across Europe. Table 5 provides more details of EU funded projects and number of beneficiaries benefitting from each project during 2012 and 2013.

<table>
<thead>
<tr>
<th>Title of Project</th>
<th>Year of exchange</th>
<th>Number of Beneficiaries from FSWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grundtvig: Skills to Foster: Train the Trainers and an independent study in the Resource Centre</td>
<td>2012</td>
<td>3</td>
</tr>
<tr>
<td>Grundtvig: Family Communications: Coping with family life and communication with teenagers</td>
<td>2012</td>
<td>1</td>
</tr>
<tr>
<td>Grundtvig: Parenthood, psychological and educational approaches, techniques and methods to work into the network</td>
<td>2012</td>
<td>1</td>
</tr>
<tr>
<td>LDV VETPRO: Working together to provide more supported and sustainable communities</td>
<td>2012</td>
<td>6</td>
</tr>
<tr>
<td>Youth in Action: Better Possibilities from fewer Opportunities</td>
<td>2013</td>
<td>4</td>
</tr>
<tr>
<td>Grundtvig: Disorganised attachment and child protection</td>
<td>2013</td>
<td>1</td>
</tr>
<tr>
<td>Grundtvig: Non-Accidental Injuries</td>
<td>2013</td>
<td>1</td>
</tr>
<tr>
<td>Grundtvig: ISPCAN Conference on Child Abuse and Neglect</td>
<td>2013</td>
<td>1</td>
</tr>
<tr>
<td>Youth In Action 2013</td>
<td>2013</td>
<td>1</td>
</tr>
<tr>
<td>Youth In Action: Restart (Milano)</td>
<td>2013</td>
<td>1</td>
</tr>
<tr>
<td>LDV VETPRO: The Hull Experience (Alcohol addictions)</td>
<td>2013</td>
<td>3</td>
</tr>
<tr>
<td>LDV VETPRO: Safeguarding abuse with adults with a disability</td>
<td>2013</td>
<td>4</td>
</tr>
<tr>
<td>Youth In Action</td>
<td>2013</td>
<td>3</td>
</tr>
</tbody>
</table>

*Table 5: EU funded training and number of beneficiaries, 2012-2013*
Using information collected through various monitoring and reporting systems, and through the studies conducted in the fields in which the FSWS operates, the Research Office assists in providing information that is used to inform programme improvements and policy decisions.

The FSWS Research Office produces data reports regarding its services on a regular basis and conducts research studies independently or together with other national or international entities. It also collaborates with the FSWS Research Review Board in reviewing requests to conduct research within the FSWS, and is involved in other activities, including the provision of statistical data and research-related information to requesting entities and individuals.

1. Collection, analysis and reporting of service-related data

   i. Production of reports
   The collection and collation of service-related data from the Foundation's entities have continued throughout the period under review. Half-yearly and annual statistical reports, as well as a report highlighting trends over time, were produced for Sedqa, Appoġġ and Sapport. Reports providing explanations for pertinent observed trends in each of the three agencies were produced for the first time during this reporting period. These service-related data reports provide information predominately to Government and Foundation-level decision makers.

   ii. Amendments to data collection systems
   In 2012 and 2013, regular meetings were held with Appoġġ, Sedqa, and Sapport respectively to monitor data collection carried out within the agencies, and to update and amend the data collection forms and databases as a result of changing needs and exigencies of services. Protocols for the use of new forms and manuals on the use of new databases were produced and training was provided. Data also had to be imported from old to new databases, and recoded where necessary.

   iii. Drug treatment demand data
   Annually, the Research Office passes treatment demand data from Sedqa onto the National Focal Point for Drugs and Drug Addiction. This data encompasses socio-demographic and drug-related information, and contributes to providing a picture of the drug situation in Malta. This data, together with data from other drug treatment centres across Europe, is utilised by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). As part of the treatment demand indicator, this information contributes towards providing objective, reliable and comparable European-level information on drugs, drug addiction and their consequences.

2. Research Projects

Various research projects were engaged in, including the following:

   i. The European School Survey Project on Alcohol and other Drugs (ESPAD)
   The European School Survey Project on Alcohol and other Drugs (ESPAD) is conducted every four years among 15 to 16 year olds. The last ESPAD study was conducted in 2011 across 39 countries, with the involvement of more than 100,000 students. The study enhances our knowledge about the use of tobacco, alcohol and other drugs amongst adolescents, and associated attitudes, perceptions and behaviours. It also provides a comprehensive overview of trends in licit and illicit drug use. This school-based study is conducted in Malta by the FSWS, in collaboration with the Directorate for Educational Services, the Student Services Department, Education Psycho-Social Services, the Anti-Substance Abuse Service within the Education Psycho-Social
Services, the Directorate for Education in Church Schools, and the Independent Schools Association. In 2012 work on the latest national and ESPAD reports were concluded and the study results published. Both the national and international ESPAD reports can be accessed through www.fsws.gov.mt. Information was also disseminated through the presentation of results to various audiences.

\[\text{Figure 21: ESPAD National Report}\]

\[\text{ii. The FSWS Employee Satisfaction Survey}\]

In 2012 the first ever Foundation-wide employee satisfaction study was conducted amongst both full time and part time permanent employees of the FSWS and persons seconded with the Foundation. The main aims of the study were to examine:

- the extent to which FSWS employees feel satisfied with their work
- FSWS employees’ propensity to stay at the Foundation
- and the major sources of satisfaction/dissatisfaction for FSWS employees

At the time of study, all 691 full-time and part-time members of staff were invited to participate in the study; 480 returned valid questionnaires, producing a response rate of 69.5%.

3. Review of Requests to Conduct Research within the FSWS

Throughout 2012 and 2013 the Research Office received 103 requests to conduct research within the FSWS. Whilst most of these requests came from students working on their dissertation in part fulfilment of their undergraduate degree at the University of Malta, 30 requests were received to conduct postgraduate-level research (18 in 2012 and 12 in 2013). Once a Research Application Form, together with the necessary documentation, is received by the Research Office, the application undergoes a review to check whether the research adheres to the necessary ethical standards and to determine, inter alia, its impact on the provision of services and the availability of study participants. Information about research requests and Research Application Forms are available at http://www.fsws.gov.mt/en/fsws/Pages/second-level/student-requests.aspx.
4. Other Initiatives

i. Commission and other work
Within the time frame under consideration, a Research Team member sat on the National Commission on the Abuse of Drugs, Alcohol, and other Dependencies, and was involved in, inter alia, work towards a general population survey on drugs and other dependencies. A second Research Team member participated in the Domestic Violence Commission’s Sub-committee on Research and Data Collation. A third Research Team member was a member of Sapport’s Service Allocation Committee and was invited to participate on the Consultative Council on the Rights of Disabled People in 2013.

ii. Attendance at international meetings and seminars
In both 2012 and 2013, personnel from the Research Office have attended and conducted associated work for the following annual expert meetings held at the EMCDDA: Prevalence and Patterns of Drug Use among the General Population; Treatment Demand Indicator; and Problem Drug Use. One-off meetings have also been attended on Residential Treatment for Drug Users in Europe and Treatment Facility Surveys (in 2012) and on Treatment Monitoring Strategies (in 2013). International meetings have also been attended in relation to the Foundation’s work on the ESPAD study.
iii. Data dissemination and completion of questionnaires

The Research Office is responsible for forwarding statistics and information as per request from ministries, management, media and other approved sources. To this end, the Research Office was periodically asked to collate data which would, for example, answer parliamentary questions. The Research Office was also asked to provide data which would help answer questionnaires developed by national and international bodies. In 2012 and 2013 these included the European Agency for Fundamental Rights (FRA) questionnaires on violence against children with disabilities and key measures put in place to address inequality and challenges faced by children at risk of poverty and their families in accessing social services. It also included questionnaires on: the rights of the child, the prevention of child maltreatment and other adverse childhood experiences (WHO), data sources and data availability concerning missing children in Malta (EU project) and violence against women (EU project).
Aġenzija Appoġġ, as the National Agency for children, families and the community, safeguards and promotes the well-being of these persons through the development and provision of psycho-social welfare services.

INTAKE AND PROTECTION SERVICES

CUSTOMER CARE AND ADMINISTRATIVE SUPPORT TEAM

Service Overview

The Administration Team, consisting of 18 employees (full and part-time) and a contractee, offers administrative support to the Appoġġ Operations Management Team as well as teams within the Agency. The team also provides customer care services at the Appoġġ reception, so members of the team are the first contact that service users have when coming or calling at Appoġġ. Apart from covering the customer care of Appoġġ, the workers complement and assist the social work units and management in areas including:

- Supporting teams and Management;
- Minute-taking;
- Customer care;
- Filing;
- Data inputting;
- Payroll and other finance related matters;
- Managing emergency funds;
- HR issues;
- Booking cars;
- Booking police officers/security personnel;
- Reporting and monitoring maintenance and health and safety issues;
- Orders of consumables.

The team faces a number of challenges due to the nature of the work and lack of human resources. However, there is a good team spirit and dedication to the work carried out and this makes it possible that members of the team manage to make a positive difference in the lives of services users and employees.
Review and Analysis of Service

Between 2012 and 2013 the team received training in dealing with hostile persons. Unfortunately, being the first contact with service users, customer care personnel sometimes have to face difficult and angry persons. This training helped them to be better prepared in such situations and in turn this makes it possible to provide better service to service users.

Case studies:

When dealing with angry and difficult service users, customer care staff manages to keep calm and always ensure that they provide a professional service. It is not the first time that after venting out their anger on customer care staff, service users return to thank them and even apologise for their behaviour. This is one of the greatest satisfactions that customer care personnel experience during their work. It makes them feel appreciated and it shows that their input managed to make a difference in the life of the service users.

Another satisfaction is that, on a daily basis, customer care staff is able to offer support to service users who are going through difficulties. The team is aware of the importance of being sensitive to the difficulties of service users and address these in the most appropriate manner, always respecting boundaries and confidentiality.

With regards to administrative support to the Appoġġ Operations Management team and the teams of the Agency, despite the limitations due to lack of human resources, the team always strives to offer the best administrative support possible. A collective effort is always present when one member of the team experiences difficulties in the work. This makes it possible that deadlines are met so that professionals can be supported in the best way possible. When new services were added without additional administrative support, the team did their best to support these teams in the best way possible. The team also strives to make excellent use of limited resources available such as cars and assist in the best way possible with bookings of extra security staff so that the safety of staff is always ensured.

The fact that staff turnover in the team is not very high, especially when one considers the daily challenges and difficulties faced, shows that members of the team feel satisfied and motivated in their work. It does not mean that there is no need for improving working conditions, but it shows that employees look beyond these and feel that they belong to the Agency and are committed to making a positive difference in the life of service users and professionals working in the Agency.

Way Forward

In 2014, the Administrative Support Team will focus on keeping the data inputting up to date although certain measures would need to be put in place considering that the human capacity remained the same despite the increase in services offered by Aġenzija Appoġġ. The aim is also to introduce headsets to customer care staff so as to facilitate multi-tasking and email messaging. In the coming years, the aim is to continuously strive to further develop the skills of members of the team, improve work practices as well as keep struggling to improve working conditions and increase resources, for the benefit of all.

INTAKE AND FAMILY SUPPORT SERVICES

Service Overview

The Intake and Family Support Service (IFSS) is an amalgamation of services namely the Generic Service, Initial Response Service and Family Workshops. This Service provides the intake of the Agency – that is, new cases that are not immediately seen as child protection or domestic violence cases. An initial assessment is
carried out and upon allocation the Social Worker works on an action plan drawn up together with the service user. The Service deals with situations which do not require specialised interventions. In other words, the Service deals with long-term and short-term cases which are of a generic nature, such as difficulties in family relationships, homelessness and self-harm, as well as cases of mild child abuse and neglect.

Family Workshops are group sessions run by the Social Workers of the service to individuals or couples to help them attain intra-familial communication skills. These workshops are usually carried out over 12 weekly sessions.

Review and Analysis of Service

In 2012, the service smoothly amalgamated two separate services, then known as Initial Response Service (IRS) and the Generic Services into one Service, today known as IFSS. This initiative, together with other effective measures, marked a considerable reduction in the waiting list. It also varied its operating hours with the intention of increasing the opening hours of service to the public by extending the afternoon hours for drop-in services users throughout the whole week. In 2012, the number of cases worked with by IRS amounted to 2,357 cases, whereas the number of cases worked with by the Generic Services was 232.

Also in 2012, there was more media coverage about the Family Workshops. These workshops are intended to provide information or skills to families about communication within the family, budget management within the family and parental skills, amongst other skills. Initially, these workshops were only open to Appoġġ service users but since the latter half of 2011, they were opened to the general public as well. Thus the response rate for workshops increased but the service limits the number of participants to a maximum of 12 persons per workshop. The Family Workshops have made such a positive impact on the participants/service users that five Social Workers (also facilitators of the workshops) were bestowed the ‘You are my Hero Award’ during TVM programme Xarabank, after being nominated by service users. Besides appreciating this gesture and the positive publicity and appreciation for the work done at Appoġġ, the team of IFSS was also given the opportunity to promote these workshops for the benefit of other service users.

In 2013, IFSS dealt with 2,510 cases, 332 of whom re-contacted the service more than once in the same year. The service also revised and updated its Manual of Procedures to reflect the changes in the service and to make sure that it operates in the maximum capacity for the benefit of its service users. IFSS was involved in the development of a comprehensive database and a Case Management Software for FSWS, and IFSS was selected to pilot this development. In order to continue decreasing the waiting list, a proposal for Social Support Workers has been submitted and approved. Moreover, a number of Family Workshops were run both in the morning and evening.

Case study:

During 2012, IFSS received an email from a 15 year old stating that she was very sad at home and that she was being abused both physically and emotionally by her parents. The workers started gathering information from school about the girl and later on met with her, and eventually, her parents. The girl was adopted when she was a baby and her parents started having problems with dealing with her behaviour from the age of 9 years but never asked for help. The girl used to send lots of emails to the Agency alleging suicidal thoughts as well as self-harm.
Along the way the girl started to be followed by a Psychiatrist as well as a Psychologist. Eventually, she had to be removed from her home since her parents could not handle her and she could not stand them.

The girl was later diagnosed with having a borderline personality disorder. Social Workers found it very difficult to work with her since she demonstrated very challenging behaviour. In fact two Social Workers had to work with her to support each other. However, through the collaboration with the residential Social Worker at the shelter she was in and all the professionals involved, the girl managed to secure more control over her behaviour. She has reduced doing self-harm and after a year away from home, she was successfully reintegrated back home. She is still being offered support by a Psychologist and Social Workers but a drastic change was noticed since the beginning of our work with her.

Way Forward

Considering the success of the Family Workshops, IFSS is committed to continue to seek funds to be able to provide more workshops and to further improve on the existing programme. By means of continuous and specialised training, IFSS will also be able to respond better to new trends emerging in society particularly the increase of reported cases on homelessness, self-harm, and migrant issues, amongst other emerging trends. In order to increase its efficiency, IFSS will continue to work on the Case Management Software designed not only for the benefit of this particular service but to operate as a baseline to all other services offered by the Foundation for Social Welfare Services.

DOMESTIC VIOLENCE SERVICES

1. Domestic Violence Unit

Service Overview

The Domestic Violence Unit (DVU) was set up in September 1994 with the aim of providing specialised social work services to victims of domestic violence and their children. The service aims at supporting victims at the time of crisis by providing them with immediate assistance to meet their immediate needs, helping them develop a safety plan, and providing emotional support as required. The service also offers support to children witnessing domestic violence.

Review and Analysis of Service

In 2012, the Domestic Violence Unit dealt with 668 cases (645 different) individuals, whereas in 2013 the Unit dealt with 626 cases (594 different individuals). All service users who approached the service have been assisted by members of staff who cover the intake system. The Social Workers work closely with the victims in order to support them, empower them and carry out a risk assessment to determine the level of safety issues involved. Should the service users decide to stay in the abusive relationship, they would be provided with tips that would help them reduce the level of risk. Alternatively, they would be supported and empowered to seek shelter or alternative accommodation, depending on the situation.

As part of the Social Workers’ effort to provide a holistic social work service to all the women who approach this service, during 2013 the Domestic Violence Services have developed a procedure whereby workers attend all criminal proceedings of the Family Court in relation to domestic violence presided by Magistrate Anthony Vella. This made a difference both in terms of awareness, given that the Social Workers are specialised on domestic violence and can thus provide expert advise on the subject, and also in terms of referrals. In fact, service users are now also being referred directly by the Magistrate himself. A representative from the Domestic Violence Services
team has also participated in the regular meetings held by the Domestic Violence Commission together with various other professionals in the field. The Domestic Violence team has also communicated feedback and advocated for domestic violence victims’ rights throughout the work carried out for the ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and domestic violence.

Furthermore, on an ongoing basis, the team keeps abreast with new trends in the domestic violence field, participates in various media programmes in order to increase awareness and keeps regular contacts with all stakeholders involved, both to increase awareness and to increase the support that victims of domestic violence can reach out to for as long as they need. Social Workers, in fact, are always there to listen to service users, empower them, inform them about existing services, advocate for their rights and entitlements, and support them both on ongoing basis and even more so during a crisis situation, usually following an incident where they have been abused. Risk assessments in relation to safety issues are also constantly gauged to make sure that the service user’s safety is adequately addressed. Despite all efforts to provide the best possible service to service users of domestic violence, the team is often faced with time constraints in providing a wider range of support to victims of domestic violence. In fact, considering the size of the team and the extent of support required by service users, it is becoming increasingly difficult to carry out a wide spectrum of social work interventions required by victims of DV and to be able to cater for all the potential service users that approach the service. Besides, the Domestic Violence Unit was also facing a waiting list of 69 service users at the end of 2013.

Case study:

Mary Borg* made her first contact with Appoġġ in November 2013. She explained to the Domestic Violence Social Worker that she was being physically, emotionally and financially abused by her husband, whom she has been in a relationship with for the past 6 years.

Mary explained that due to a difficult upbringing, she married her husband at the age of 17 years. Mary’s husband kept her isolated from her family and friends and deprived from basic needs such as food, education and clothing. Whenever she had personal appointments, he accompanied her or found someone to escort her. Thus Mary was unable to go out unless under his supervision or the supervision of persons he approved of.

On one occasion, Mary was alone at home and managed to contact Appoġġ where she explained her situation and expressed her wish to leave from the matrimonial home. Since Mary knew that her husband would usually allow her to go to hospital appointments with her mother, Mary informed her Social Worker about a hospital appointment that was due to attend. On the day, as anticipated, Mary’s husband drove her to her mother’s house and then drove the two of them to hospital. Once in hospital, as agreed beforehand with the Social Worker, she spoke to the doctor about her situation so that they would contact Appoġġ and make necessary arrangements to accompany her to a shelter there and then.

With the help of the police, the service user was escorted to the shelter. It was from this point onwards that this service user managed to regain self-confidence and control over her life. She started receiving psychological help, separated from her husband and is now focusing on education and employment.

Way Forward

The team is constantly taking measures in order to eliminate the waiting list and thus be able to cater for all the service users that approach the service. This is increasingly becoming a challenge provided that it is expected that in 2014, the Leader will be responsible to equip the new shelter in Gozo with all the set-up required to initiate the service. Although the inauguration of a new shelter in Gozo is definitely a stepping stone in the right direction, it is envisaged that the Domestic Violence Unit would also need to feature all the additional
service users that are expected to approach the service once the new shelter is up and running. Ongoing shelter visits and joint care plans would be required as it happens with the shelters in Malta.

The Domestic Violence Unit is also expecting an increase in sexual abuse cases following the introduction of the Sexual Assault Response Team service at Mater Dei Hospital, also planned for 2014. This service is also raising awareness on marital rape and rape in intimate relationships which also qualifies as domestic violence.

Similarly the Domestic Violence Unit is envisaging an increase in referrals of foreigners and refugees as well as an increase of elderly persons being abused. These trends reflect the shift from domestic violence to violence against women, also featured in a national study and law ratification.

2. Men’s Service

Service Overview

The service was set up in January 1999. It aims to assist men who are abusive in intimate relationships to become aware of, understand and take responsibility for their behaviour. This is done through a group programme spanning over 22 weeks. Service users are also provided with a social work service if it is required, mainly in periods of crisis or when service users need to be helped on other personal issues which might impinge on his participation in the group and progress in relation to his abusive behaviour. After the group programme, the participants may also receive continued support through an open support group.

Review and Analysis of Service

The Men’s Service worked with 89 cases (85 different individuals) in 2012 and 95 cases (94 individuals) in 2013. In 2012, the service provided training to police officers and also to a new group facilitator. During the period October 2011 and April 2014, three programmes were completed:

- October 2011 - April 2012: six service users completed the programme;
- August 2012 - January 2013: four out of the seven who initiated the programme actually completed the programme;
- November 2013 - April 2014: eight clients initiated the programme and five of them successfully completed the programme.

In a number of situations, the men attending the programme require assistance of other services, such as Caritas (for problems of usury), Sedqa (addiction problems), psychiatric help, family therapy, and psychological services due to the complexity of the difficulties they are facing. In such complex cases, the progress from abusive behaviour to respect is very often limited to the identification of problems and reaching out for help.

Throughout the work with men, the Social Workers also collaborate regularly with the Social Workers of the DVU to assess the safety of the women. They also keep in touch with the Probation Officers and other professionals involved, where applicable.

Case study:

Joey* had been charged with domestic violence after his wife filed a report at the police station. He had had a fight with his wife and he had thrown the television set on the floor. The officer at the police station had suggested that Joey seeks help from Appoġġ.
In fact, this had not been the first incident of domestic violence perpetrated by Joey. He had been physically violent against his wife and had humiliated her in public. He felt superior to her and often ignored her needs. The service user was aware that he had a problem and worked hard to change his behaviour. He was an insightful person and identified his abusive behaviour with minimal resistance. Joey's goal was for his marriage to succeed and for this to happen he needed to stop his abuse. After a considerable number of individual sessions and completion of the group programme, Joey managed to control his abusive behaviour and, to date, has remained violence-free and he is no longer abusive towards his wife. He recently contacted the service to give us the news of the birth of his first child and has recently provided an interview about his rehabilitation to a local newspaper.

**Way Forward**

The greatest challenge in this service is to increase referrals. For this reason, a plan to initiate meetings with other service providers, especially those services within FSWS such as the Community Services, Youth in Focus, Child Protection Services and Intake and Family Services are planned to take place in 2014. The aim is to promote the Men’s Service amongst these frontliners and to encourage them to refer abusive men whenever they identify abusive behaviour.

In addition, continuous awareness-raising is set in place so as to attract potential perpetrators at an early stage, long before their abusive behaviour escalates to a point where their violent episodes reach criminal levels. Experience has shown that such perpetrators are more difficult to reach and to engage to the service. They are also more difficult to work with, as often their abusive behaviour would be more serious and their social situation would be more complex. In order to reach this objective the Co-ordinator of the service will continue to support the working group ‘Men Against Violence’ which was set up following training by Mr. Rus Funk, Executive Director of Men’s Work in USA, with the aim of involving men to stop violence against women. Yet another tentative to attract more service users to the service consists of contacting and involving the media to help the domestic violence service raise more awareness. Various TV programmes are planned to discuss the effects of domestic violence and to raise public awareness about the Men’s Service. Having said that, during 2013 it was noted that following these awareness programmes, more women were approaching the DV Services to seek shelter rather than more men approaching the Men’s Service. Thus, alternative ways of attracting abusive men to the service, such as an increase in Court-mandated clients and clients on Treatment Orders, will be considered for the coming year.

In the meantime, an evaluation of the service will be carried out in 2014, in order to determine the effectiveness of the service being provided and alternative measures to reach out to abusive men to the service, and this in line with the Electoral Manifesto measures.

### 3. Ghabex

**Service Overview**

The Ghabex Emergency Shelter was set up in October 2000. Its aim is to provide an immediate safe environment to female victims of domestic violence and their children, who require immediate protection. The shelter programme is based on the belief that women and children have a right to protection from violence and abuse and that any woman, regardless of socio-economic background, status and age, may be subjected to abuse. The service offers a setting conducive to self-healing to women and their children who suffer emotional, physical, sexual and any other form of domestic violence.

During the past two years, Ghabex has extended its services to female adolescent minors, aged between 15 and 18 years, whose placements could not be secured at any other shelter due to lack of placements. These female
adolescents are victims of domestic violence – perpetrated either by parents / caregivers and/or aggressive partners. The shelter offers its services also to female adolescent mothers and their children.

Furthermore, during the past two years, Għabex has also extended its services to female minors and adults who have been identified as or are suspected of being victims of human trafficking. Għabex has in fact been identified by the Ministry for the Family and Social Solidarity as the safe place in Malta where such victims are to reside until it is safe for them to go back to their country or live independently in the community. This is in accordance with the Agency's obligations under the Memorandum of Understanding between the then Ministry for Social Policy and the Malta Police Force for the Agency to provide all possible social welfare services to victims of human trafficking.

**Review and Analysis of Service**

During 2012, Għabex offered shelter to 39 different individuals, five of whom were admitted twice in the same year. In 2013, Għabex offered shelter to 66 different individuals, again five of whom were admitted twice in the same year. The sudden decrease of referrals in 2012, compared to other years mainly reflects the fact that Għabex was requested to house a minor who was sentence to prison for a number of months. Unfortunately, this situation has led various residents to terminate their stay at the shelter and have influenced the amount of referrals received at Għabex. On average, each resident stayed at Għabex emergency shelter for approximately 35 days. Residents are normally accommodated following an incident of abuse which would have made it very unsafe for the woman to remain living in the community especially if the woman would be living with the perpetrator. When a woman with or without children is accommodated at the shelter, she is fully supported to deal with the trauma and empowered to believe again in herself and in the right to decide what she would like to do with her life. She would also be informed about all the services and support network that exist that might be of help. Eventually, the woman, with the help of her Domestic Violence Social Worker and residential Social Worker, will determine a plan of action for the duration of her stay at the shelter, until she is ready to leave Għabex. This plan of action might consist of going back to her partner, live independently, move into a secondary shelter or move to another residential home, amongst other options available to the women and children.

Unaccompanied minors, who are often aged between 15-17 years, might have either suffered from domestic violence by their parents or boyfriend. Although these too might have been admitted in emergency situations, unaccompanied minors are usually assessed before they are actually admitted to ensure that they can benefit from their stay at the shelter without jeopardising the wellbeing of the other residents at the shelter. Once at the shelter, these minors would be supported and cared for until they are ready to move back to their families, alternative placement or foster placement, amongst other possible options available. Such minors will also be assisted by a field Social Worker, from one of the Appoġġ services. In view of this, and in order, to ensure an appropriate level of care and support to these minors, an intra-agency protocol was developed during 2013.

Victims of human trafficking, on the other hand, are often admitted at the shelter in emergency situations until it would be safe for them to live in the community or fly back to their original country. During their stay at the shelter, victims of human trafficking would be supported, empowered and informed about all the services and support network that might be of help.

**Case study:**

Lisa*, a 45 year old woman was admitted at the shelter following a serious incident of domestic violence perpetrated by her husband Charles*. Lisa had been suffering domestic violence, mainly in the form of emotional and physical abuse, since she got married. The abuse became even worse when she got pregnant with her first born. Lisa, whose
face was black and blue when she was admitted to the shelter, recounted that she had to leave her four children behind because their house was very comfortable and their friends at school were too important for them to start afresh. Besides, her husband provided for them and took good care of them despite his violent behavior towards her. Had it not been a situation of life and death for Lisa, she would have never made it to the shelter. The pain of leaving her four children behind was unbearable. Yet, through constant support and empowerment, together with Lisa’s determination, her aim to live in a safe, independent household became a reality exactly three months down the line. Day after day, throughout the three months at the shelter, Lisa experienced all possible emotions – fear, fatigue, anxiety, injustice, sadness, helplessness and hopelessness. At times, fortunately, there were also some glimpse of a sense of self-fulfillment, hope, a sense of justice and belief in oneself. Through it all, Lisa found a strong support system waiting for her every single time she entered the shelter. This gave her the necessary courage to go on and to become stronger every day, until she felt ready to start afresh, with all the challenges that lay ahead.

Way Forward

The staff at the shelter Ghabex is committed to provide a professional service to women and their children victims of domestic violence, to victims of human trafficking, and occasionally to unaccompanied minors. Through continuous development, the staff will be able to deal with complex situations, recent trends in the domestic violence sphere and cater for different cultures.

Given that in 2013 women victims of domestic violence were accompanied by a total of 46 children, Ghabex staff is presently becoming more equipped to offer a holistic service to these children including an individual action plan and professional support. This initiative is yet another preventive measure to counteract domestic violence in society. Ghabex staff, in fact, as part of the Domestic Violence Services offered by Appoġġ, contributes considerably by:

- educating students who are on placement at Ghabex or any other shelter;
- guide students who approach the shelter for information;
- participate in organised talks to students;
- participate in media programmes, and
- advocate for service users, and
- promote a zero tolerance approach to abusive behaviour.

CHILD PROTECTION SERVICES

Service Overview

Child Protection Services deal with cases of abuse and neglect of children, and are also involved when a child seems to be suffering from, or is at risk of, significant harm. Child Protection Services investigate referrals received from the general public, as well as from other professionals working with children or their families. Social Workers carry out investigations and assessments whenever there are allegations that a child is suffering, or is at risk of suffering, from significant harm resulting from physical, sexual, emotional abuse and/or neglect. Social Workers also intervene and monitor regularly to ensure that necessary action is taken to protect and/or stop the abuse on children who are determined to be at risk or suffering from abuse.

Review and Analysis of Service

Child Protection Services dealt with 1,377 cases in 2012 (1,333 different individuals) whereas in 2013 they dealt with 1,135 cases (1,119 different individuals). The aim of Child Protection Services is to work as efficiently as possible so that all children referred would be investigated upon referral. In order to do this, Child Protection
Services have established clear criteria of what constitutes child abuse. It has also worked closely with other services, such as the Intake and Family Support Services and Community Services, in order to ensure that families would have been provided with a support system and initial intervention before it is referred to Child Protection Services. In addition, Child Protection Services have adopted the following measures to increase their efficiency in their operation:

- When no safety issues were identified, the Social Workers conducted their interventions alone rather than in pairs;
- They established targets and target dates to make sure that the work was done in a timely manner, and this was monitored closely in supervision sessions;
- A caseload management system was introduced which allocated time to cases and specified the intensity required for each case on a bi-weekly basis;
- The caseload per worker was decreased in order for each worker to work more intensely on each case and be able to finalise the investigation and interventions required within a shorter span of time. This was carried out as a pilot project and is planned to be introduced across the service in 2014, due to the positive impact that the project left.

Case study:

In June 2012, CPS received a referral from a school alleging a child was being exposed to both parents’ drug use. The parents did not deny these allegations. In fact, the mother had been caught in possession of drugs and had just started a drug rehabilitation programme. Albeit having a previous negative experience with Appoġġ, the m still willing to cooperate. After a while, the father also entered a drug rehabilitation programme and the daughter went on to stay with families approved by the parents themselves. Eventually the couple separated and when mother finished her programme, the daughter went to live with her. However, given their past experiences and the time that they spent living apart, they did not have a good relationship. The social work interventions focused mainly on supporting them throughout the whole journey, whilst informing and involving them in any decision taken. Thus, when they argued, they knew they could contact and meet with the Social Worker to help them communicate better with each other. Since both parties were open to receive help, they always took on the guidance that the Social Worker gave them to improve their relationship. The Social Worker, from her end, made sure that she praised them whenever they took a step in the right direction in order to increase their confidence. In times of difficulties, the Social Worker also made sure to point out and to remind them of their achievements. Having been able to engage with both the mother and daughter, the Social Worker was able to gain a level of trust which eventually led them to accept further help from psychological services provided by FSWS.

So, following a considerable number of interventions, the relationship between mother and daughter had improved a lot. Also the mother managed to stay clean, received psychological help from Caritas and maintained stability in her life. Upon termination, the mother was very grateful towards the Social Worker and specifically told her that her interventions made difference in her life. Besides, this experience was so positive that her image of Appoġġ changed radically. She now saw Appoġġ as a source of support, help and unconditional love towards her and her daughter.

Way Forward

Child Protection Services will continue to put all its efforts to ensure that it maximises the utilisation of resources in order to eliminate the waiting list. The elimination of a waiting list is, in fact, increasingly presenting itself high on the agenda since in 2014 it is envisaged that the Child Protection Act (Out of Home Act), which was drafted in 2013 will be discussed and enacted whereas the Children’s Act will be concluded. For this reason, Child Protection Services will be closely studying the Act and its practical implications in order to be pro-
active and prepared in dealing with all the changes that this Act would entail.

In the meantime, measures have been taken to increase the staff complement of Child Protection Services by two Social Support Workers who would be supporting the team with administrative and other non-social work duties in the coming year. Concurrently, Child Protection will continue to be supported throughout the drastic changes as a result of the implementation of the Child Protection Act (Out of Home Care Act) in 2014 and will continue to be trained in specialised areas that will equip the team with all the necessary skills in dealing with child protection cases professionally. In fact, a foreign expert should be visiting Malta in 2014 in order to deliver training on Assessment Frameworks and other child protection issues.

CHILDREN’S FUND

Service Overview

The Children’s Fund consists of a collective voluntary effort from part of the Foundation for Social Services staff to raise money through fundraising activities, amongst others, so to support children in need who are currently living in the community. Service provision is mainly awarded in terms of nutrition which may include groceries, baby food and consumables; clothing which may include uniforms and day-to-day clothing; health which may include doctor / other medical fees, medication, travelling expenses, mental health interventions especially in urgent situations where a routine hospital appointment does not suffice, or when the waiting period is inappropriate to deal with the emergency of the situation; educational needs which may include stationery, books, private lessons fees, examinations fees, school outings, school transport and educational equipment; and recreational needs which may include fees related to leisure and extracurricular activities, such as sportswear.

Overall, the Fund assists children in order to provide them with equal opportunities in life as their peers. The fund tries its best to provide basic amenities to each child who is in need and as mentioned above, help varies according to the different needs which are presented. The Fund is directed towards those children who at some point in their life are being followed by professionals working within the Foundation for Social Welfare Service. Given that the Foundation has services whose remits spread all over Malta and Gozo indicates that professionals, through this Fund, will also be able to reach all a vast range of families and/or individuals who may be facing social difficulties. Whilst the primary focus of the Fund is to assist children, the Children's Fund indirectly assists families by helping them to alleviate some
Activities in 2012 | Total Profit | Activities in 2013 | Total Profit
--- | --- | --- | ---
Figuoli |  | Figoli | 
Baguette Day |  | Baguette Day | 
Borroż ta’ San Martin |  | Baguette Day | 
Ponsietta | Mickey and Minnie’s Wedding |  | 
Christmas Logs |  |  | €1,766.82
|  |  |  | €24,404.02

Table 6: Total profit by Children’s Fund, 2012-2013

| Donations in 2012 | Donations in 2013 |
--- | ---|
| €4,790.76 | €12,030.07 |

Table 7: Donations to Appoġġ Children’s Fund, 2012-2013

| Item Requested | Number of Children Benefiting in 2012 | Amount in € | Number of Children Benefiting in 2013 | Amount in € |
--- | --- | --- | --- | ---|
Baby needs | 16 | 1,099.82 | 21 | 1,512.00 |
Clothing | 36 | 2,663.00 | 15 | 959.98 |
Consumables | 123 | 4,553.54 | 54 | 1,583.97 |
Educational | 18 | 1,592.61 | 7 | 518.28 |
Equipment | 4 | 612.78 | 1 | 50.00 |
Medical | 9 | 871.90 | 5 | 559.50 |
Membership fees | 4 | 380.00 | 6 | 710.00 |
Professional fees | 3 | 200.00 | 0 | 0 |
Subsistence | 19 | 3,540.18 | 4 | 168.25 |
Transportation | 30 | 1,460.13 | 3 | 509.00 |
Travel | 3 | 422.85 | 2 | 190.00 |
Rent | 1 | 510.00 | 0 | 0 |
Uniforms | 34 | 3,056.12 | 20 | 1,561.15 |
Others | 37 | 880.60 | 19 | 1,082.45 |
**Totals** | **337** | **€21,843.53** | **157** | **€9,404.58** |

Table 8: Breakdown of requests to Appoġġ Children’s Fund, 2012-2013
Case studies:

Amongst the beneficiaries there was Martha*, a nine year old girl whose family could not afford to provide her with new clothes so the fund provided her with a budget to acquire new clothes. There was James who wanted so much to be part of his local football nursery school but because of financial constraints he could not pay the membership fee and so the Fund assisted him in this and also provided him with the kit to be like all the other kids in the team. The Children’s Fund also helped Jason*, Mariah* and Michael* by providing them with stationery and educational material to keep up with their studies.

Way Forward

The Fund was able to survive throughout these years primarily thanks to the generosity of the Maltese people and the hard work performed by the Children’s Fund’s Fundraising Committee.

Other activities have by time become part of the fundraising activity’s yearly calendar of events, including the annual sale of Figolli, Baguette days, Boroż ta’ San Martin and Christmas Logs. The fundraising committee will continue to keep the general public updated about any fundraising activities through the various media.

The fundraising committee will continue to sustain the introduction of a new concept as part of its activities. This basically consists of crafting handmade souvenirs for special occasions. Preliminary meetings are being held and will continue to be held in order to establish budget parameters and also to explore what the interested parties wish to give to their invitees.

OUT OF HOME CARE PROGRAMME

The Out of Home Care Programme was launched in October 2011 incorporating the Specialised Home-Based Service, the Freeing for Adoption Service and the Co-Management of Residential Homes. In January 2012, the High Support Service was moved to this managerial remit and, in October 2013, the Siblings Home also started operating within this remit.

SPECIALISED HOME-BASED CARE SERVICE

Service Overview

The Specialised Home Based Care Service forms part of a continuum of out-of-home care options and was envisaged to give an opportunity to those children and young persons who have particular needs and who it was difficult to accommodate within mainstream fostering or residential facilities, to be cared for within a family environment or who are in care but require additional support for their needs to be appropriately met. The service was established to acknowledge the difficulties to find placements for these children and young persons and, through the support packages it offered, to give more attention to this area, thus attempting to recruit more prospective specialised home-based care providers. At the beginning of 2012, the Specialised Home-Based Care Service was still in its initial stages and setting up the structures that were needed to ensure an effective provision of service. The service, at this stage, had a two-pronged approach. On the one hand, it was working to negotiate a smooth transition for those foster carers who were already looking after children or young persons eligible to receive specialised home-based care and who were moving to form part of the service. On the other hand, it was very much involved in creating awareness about the service and trying to recruit prospective specialised home-based care providers. Both these tasks presented considerable challenges and can be seen to have been the major focus of the service over the two-year period under review, together with the support provided to specialised home-based care providers.
Review and Analysis of Service

At the beginning of the period under review, the major process was working with approved foster carers who had moved to become specialised home-based care providers. An additional module of training was provided for these care providers and, following that, they became eligible to receive specialised home-based care benefits while being assessed in this new role. In the initial period, the service was also involved in informing other professionals, both within the Agency and outside it, about the service and what it was offering. This sharing of information served to create collaborative relationships with other stakeholders to enable a better service to be provided to the children and adolescents eligible to receive specialised home-based care. An awareness and recruitment campaign was also being undertaken both on the media as well as with established groups in the community. This process confirmed the difficulty in attracting prospective specialised home-based care providers.

At the same time, the service was made aware of a number of care providers who were either looking after children with challenging behaviour and young persons, or who were interested in doing so with a particular child or young person and who would benefit from support, to ensure that appropriate care was provided for the minors. These care providers were encouraged to join the service and many of them accepted. They then went through the training process, which involved participation in two training modules. The initial module (Module 1) is envisaged to provide information about looking after other people's children and the challenges this presents. The second module of training (Module 2) is envisaged to provide more information about the particular challenges of this group of children and young persons and to help prospective care providers to become more self-aware, thus better able to decide whether they are able to undertake this challenging task and better able to deal with the challenges, once they arise. In all, during the first year of operation, the service delivered three Module 1 training programmes to 18 participants and five Module 2 training programmes to 55 participants.

The Selection Panel, which was envisaged to establish whether the children and young persons referred to the service were eligible to receive specialised home-based care and what support package they were eligible for, started operating in May 2012 and held eight meetings in 2012 and one meeting in 2013. It ceased to function in March 2013, due to the change in administration and, because of an on-going evaluation of the service and how it could best be delivered, was not re-constituted. At the end of the period under review, the direction for the service is that it would best be amalgamated with the Fostering Service. In this way, the benefits for foster carers and care providers would be more evenly distributed. In the meantime, the 26 families looking after 31 children and young persons eligible to receive specialised home-based care, have continued to receive support from this service.

Case study:

Mr and Mrs Camilleri* are looking after a 13-year-old girl, Sandra*, who has been living with them since she was nine years old, after having contact with the family on the weekends for a number of years before that. The girl spent the first years of her life in residential care and, when the decision was taken to move her into foster care, she was showing a considerable level of challenging behaviour. She had serious problems in her behaviour at home and at school. When the Specialised Home-Based Care Service started to operate, Mr and Mrs Camilleri were among the first to join and were always open to receiving support, especially since they were facing challenges within their own family. Sandra, despite the inconsistency of her parents' involvement in her life, has benefitted greatly from
the care provided by the Camilleri family. She feels as if she belongs there and her behaviour, both at home and at school, has improved tremendously. She has become an important member of the family and the family members support her as she faces the challenges associated with her development as well as those associated with her family identity.

Way Forward

The way forward is for the Specialised Home-Based Care and the Fostering Services to be amalgamated, ensuring that the lessons learnt by both services over the past years are integrated and utilised to develop the service provision of the amalgamated service.

Areas which need to be focused upon are:

- the impact of the Child Protection Act (Out of Home Care) 2014, once it is approved by Parliament;
- issues regarding birth parents and their involvement in the lives of fostered children; collaboration with other services within the Agency and beyond;
- finding placements for siblings; and finding a way of acknowledging the different challenges presented by different children and adolescents.

The benefits currently being provided to foster carers and specialised home-based care providers need to be revised and a system established whereby all foster carers feel appropriately supported, both financially and in other areas. The costs of these developments needs to be carefully calculated and a budget to fund increases presented and approved.

FREEING FOR ADOPTION SERVICE

Service Overview

The Freeing Children for Adoption Service aims at offering the possibility of adoption to those children or young persons whose best interests would be safeguarded had they to be adopted but whose legal guardians are refusing to grant consent to allow this to happen.

Review and Analysis of Service

The service, at the beginning of the period under review, after a number of attempts in the previous year, managed to recruit a lawyer to support its operations. This was seen as essential to the service as the legal aspect is crucial to this service. However, after a month, the lawyer resigned and the service was left with a gap which it was unable to fill. Given the futile attempts at engaging a lawyer made previously, it was decided that the recruitment process would not be repeated and the legal requirements of the service would be included in the Terms of Reference of the FSWS Legal Advisor’s contract. In 2012, there were 15 children and young persons referred to the service, while in 2013, there were seven. The Social Workers within the Out of Home Care Programme supported the process for these minors to be adopted as and when necessary. During the period under review, four of the minors who were referred were adopted.

Case study:

The Calleja* family has been looking after Carmen* and Anna* since they were babies. The two fostered children, who are not biological siblings, had very sporadic contact with their birth parents. Because of the problems which the parents had, it was assessed that the children could not go back to live with their families. For this reason, it
was decided to start the adoption process, so that both children could be adopted by Mr and Mrs Calleja. The process involved going through the official bodies to achieve approval and proving to the Court that adoption is in the best interest of Carmen and Anna. After having heard all the necessary evidence, the Court decided in favour of adoption and the children were able to attain the stability which is so important to them.

Way Forward

Experience within the service over the period under review has confirmed that both the decision-making process when it comes to children being freed for adoption, as well as the approval process undertaken after the decision has been taken, cannot be made hastily and have to abide by the pace of the processes regulating the child's life. This has indicated that the support being provided by the service cannot be used to hasten these processes. The role of the Freeing for Adoption Service was envisaged to be the facilitation of the process and experience has shown that it needs to be undertaken by the services working directly with the minors, with the support of the Agency's legal advisor. In addition, the Child Protection Act (Out of Home Care) 2014, in its articles 34, 35 and 36, outlines the adoption process for children and young persons in out of home care, indicating the need for an application accompanied by a care plan and the explanation of the reasons and circumstances which make adoption the best option for the child or young person. These documents have to be presented in Court and, if the Court is in agreement, it will issue the necessary decree. Within this context, it is no longer considered necessary that the Freeing for Adoption Service continues to operate and the service should be closed.

CO-MANAGEMENT OF RESIDENTIAL HOMES

Service Overview

Part of the remit of the Out of Home Care Programme is to work in conjunction with current residential care providers to ensure that this service is available for all children and young persons who need it, irrespective of the challenges they present. This is becoming increasingly difficult because of the limited number of members of religious congregations available to work in this sector and the fact that this workforce is ageing. At the same time, the invaluable contribution which these religious congregations have made to this service needs to be acknowledged and built upon for the sector to develop in a way which best meets the needs of children and young persons. In parallel with this experience, Aġenzija Appoġġ has gained experience in working with children and young persons in out of home care and accompanying them in meeting their needs.

Through the Co-management of residential homes, the Agency is aiming to support religious congregations and other organisations that are currently providing residential care for children and adolescents by partnering them in the management of these facilities.

Review and Analysis of Service

Throughout these two years, negotiations have been held with the Church authorities responsible for the running of residential homes to identify how best to implement the co-management arrangement. Initially, one congregation was interested in taking the idea forward. However, from internal discussions within the congregation it emerged that the Home was not willing to develop its responsibility for providing residential care for children and young persons. One congregation indicated that it would rather consolidate its own provision of residential care, rather than involving the Agency. Given this request, a proposal was being developed on these lines.

Towards the end of 2012, another congregation, currently involved in the provision of residential care for
children, indicated its willingness to collaborate on a co-management project. Negotiations commenced and progressed to the point where agreement was almost reached. However, there are some discrepancies between the expectations of the two organisations which still need to be ironed out.

**Case study:**

*Despite the fact that negotiations with the residential home have not been finalised, great progress has been made in the introduction of what is a very innovative concept. The negotiations have taken place in an atmosphere of collaboration and, despite some issues which need to be ironed out, the benefits of collaboration can still be felt in the implementation of services by both organisations.*

**Way Forward**

The lack of placements makes the continuing provision of placements by the religious congregations essential. At the same time, their diminishing resources, particularly human, creates issues which need to be addressed. The way forward for this service is that the State identifies a way of reaching agreement with the religious congregations to purchase particular residential services from them. This will ensure the availability of placements while the funding will allow the religious congregations to employ the staff needed to supplement the members of their congregations. It is envisaged that such agreement will be finalised and piloted in 2014.

**HIGH SUPPORT SERVICE**

**Service Overview**

In January 2012, the High Support Service joined the Out of Home Care Programme managerial remit. The service was primarily available for children and young persons protected by a care order, although in the past year, there have been cases of children and young persons not protected by a care order who have been serviced. It offers individual support to those minors in residential care who, because of their challenging behaviour, need this to be able to benefit from the care they are being offered. Through their interventions, Support Workers aim to enhance the daily living skills of the children and young persons they are working with and empower them to be as independent as possible. As the service developed, in a minimal number of cases, it was also offered to children and young persons living within foster placements.

**Review and Analysis of Service**

At the end of 2012, the service was working with 23 children or young persons while, at the end of 2013, the number was 21. During this period, particularly in 2013, there were a number of Homes which indicated their reluctance to continue to benefit from the service. These Homes opted to utilise their own workers, funded by the State, to provide the residential service in its entirety. This rather sudden decision left the service with a need to re-evaluate its method of operation and establish a way forward which incorporates the plans of the residential homes. The decrease in demand for the service caused by these homes was mitigated by a request for the service to intervene in a number of emergency situations and requests for an increase in hours of service in a number of situations already followed by the High Support Service. At the same time, some hours from the High Support Service were allocated to supporting two families in the community where the children were at risk. The High Support workers were able to engage with the parents of these children and guide them to parent them more appropriately. It was seen that this type of service would facilitate family preservation and is an aspect of high support which should be developed. In addition, in the summer of 2013, seven Support Workers from the service requested to move to the siblings’ home.
Over the past two years, the service has continued to provide support to the children and young persons it follows and to develop a trusting relationship between them and the Support Workers who work with them. A number of the challenges presented by the children and young persons are very difficult to deal with and the skills of the Support Workers have continued to be enhanced through the training they received. The involvement of the service in a number of emergencies has meant that the negative impact on the children and young persons going through these situations has been minimised and they have been better able to settle into their placements.

The service has also strived to establish collaborative relationships with Homes where Support Workers are deployed to ensure that the care plans of the children and young persons being followed are implemented consistently. Meetings have been held regularly, as have joint supervision sessions whenever there was the need. Support Workers have been supported through supervision, both individual and group, on a regular basis and any issues in the implementation of care plans are discussed in these fora. The process, in its totality, ensures that the individual needs of the children and young persons are met.

The past two years of service provision have confirmed that the service should not continue being offered exclusively to children and young persons protected by a care order. Discussions in this regard were held in 2013, with the Ministry for the Family and Social Solidarity and there was agreement about this by all stakeholders.

Case study:

Rosanne* is a 9-year-old girl who has been in care almost since birth. She has been diagnosed as being hyperactive and her behaviour, particularly when she was younger, was very difficult to control. In fact, no residential home was willing to accept her unless she was supported by a High Support worker. A worker was assigned to Rosanne and started to work with her consistently. In the meantime, within Rosanne’s family, there were serious issues which left her with deep identity problems, as well as experiences of abuse. Her family members were unable to be consistent figures in her life but the stable support received from the High Support Service, as well as from the residential home, allowed her to attain an acceptable level of stability. She has developed into a well-functioning 9-year-old who is able to cope with the challenges she faces. She is also becoming slowly more independent and the High Support workers, together with the residential home staff, are providing a presence which grounds her and aids her development.

Way Forward

The changes in the service have necessitated an on-going review of its remit. The possibility of the service being expanded to cater for all children and young persons in out of home care who need it, irrespective of their legal status, needs to be developed and formulated into concrete procedures. Another development which is envisaged for the service is that it extended to families who are having difficulties in bringing up their children. In this context, the service will be working towards preservation of families by preventing children and young persons from having to be removed from their families because they are at risk. In this initiative, the service aims to be working with other services in the community, as well as the Child Protection Service. The service has also developed in a way which confirms that different styles of care are needed by children and by adolescents. The different care required necessitates different skills from the Support Workers and the possibility of dividing the service into two, each section catering for either children or adolescents, needs to be explored. In addition, the service needs to remain open to further changes if and when co-management arrangements are implemented. This development may necessitate a change in the role of Support Workers working within the High Support Service.
SIBLINGS HOME

Service Overview

In April 2013, the Minister for the Family and Social Solidarity, aware of the fact that placements to keep siblings who are removed from their birth family together are often not available, delegated Aġenzija Appoġġ to actively start looking into the possibility of establishing a home which would be able to cater for these siblings. Contact was made with the Housing Authority to identify premises and, once a suitable apartment was identified towards the beginning of August, the process to furnish it appropriately was undertaken. In the meantime, the recruitment process was undertaken and the required staff members were engaged. Training was provided by the Co-ordinator of the Home to the staff, the vast majority of whom already had experience working with children and young persons in residential settings. These processes were completed by mid-October and the Siblings' Home welcomed its first resident on the 28th of October 2013. The Home, which is based in the community, aims to give siblings the opportunity to be brought up together and to receive the support they need to attain their full potential. The major principles on which the Home operates are:

- best interests of the child;
- participation;
- respect;
- non-discrimination;
- safety and stability;
- maximising potential;
- integration within the community;
- preserving family ties.

Review and Analysis of Service

By the end of 2013, there were five boys living in the Home on a full-time basis, one boy living there on the weekend, and the latter boy's sister joining the group on Sunday. The situation of the latter two siblings was being assessed to see whether they should move permanently to the residence. In December, the Home also accommodated two siblings for a night as an emergency. The period between November and December 2013 has been a settling-down period both for staff and residents. The Co-ordinator of the Home has maintained a strong presence within the residence as routines of daily living were established and implemented and a therapeutic environment was created, based on the principles on which the Home operates. The Co-ordinator has also initiated interactions with the children's birth families, to try to create a collaborative relationship with them, in the best interest of the children. A system of key workers for sibling groups has been established and the children have been developing a relationship of trust with the workers caring for them. The children have also been encouraged to voice their opinions and to participate in the running of the Home, particularly through the weekly community meetings which are held. During this period, discussions regarding the possibility of another siblings' facility were also underway and concrete plans were also made in this regard. Till the end of 2013, this facility was not yet established.

Case study:

The success story of the Siblings' Home is that siblings are being given the opportunity to be brought up together. A group of siblings residing within the Home would definitely have been separated had this Home not been set up. One of them was living in a foster placement which broke down, while the other one was going to live in a Home where children the age of his younger brother could not be admitted. They are now living together and have the opportunity to form family ties between them. They stick up for each other and protect each other whenever any
of them feels threatened. The siblings also have opportunities to spend time together away from the other residents – with their Key Worker – to enable the strengthening of the family bond. They are supported to maintain contact with their birth family and one of the staff members does so too, to ensure a healthy involvement of the siblings' birth family in their lives.

**Way Forward**

The way forward for the Home is to explore which siblings would most benefit from joining the group of residents so that it will be operating at full capacity. At the same time, the current groups of siblings will continue to be supported to attain the highest quality of life possible and to benefit from positive relationships with their siblings and with other residents. Relationships between staff members and children need to be consolidated, as do relationships between the Home and the children's birth families. The staff members will continue to be supported to enhance their skills in meeting the needs of the group of children residing in the Home. On a wider level, all possibilities of placements for siblings to be kept together will continue to be explored.

**CHILDREN, YOUNG PERSONS’ AND SUPPORT SERVICES**

**LOOKED AFTER CHILDREN**

**Service Overview**

The Looked After Children Service (LAC) works with children and young persons in out of home care from new-born to the age of 18 years. In particular cases, it continues to follow these minors beyond the age of 18, especially if they have no significant support system. LAC aims at providing services to children and young persons in care by formulating care plans which put them as their focus. They also assist in the re-integration of children back with their biological families if it is in their best interest – and where re-integration with the biological family is not possible, prioritise and support family-based care. The team works to ensure stability for the children and young persons in the way which is most suitable and legally possible for the individual child or young person.

Social Workers within LAC has as their primary focus the well-being of children in care. They keep on-going contact with these children in order to assess and monitor their well-being, while also liaising with other professionals and carers who are providing care to these children whilst also contact with their birth families. The ultimate aim is to provide these children and young people with a stable and secure lifestyle and, when possible and in their best interest, help in facilitating their re-integration with their birth families.

**Review and Analysis of Service**

In 2012, the service worked with 386 cases whilst in 2013, this increased to 424 cases. The team had 61 referrals in 2012 and 57 referrals in 2013.

In 2013, a service user and an LAC Social Worker had the opportunity to attend and participate in the annual Eurochild conference which was held in Milan. It was an interesting opportunity for this young person and even for the Social Worker. The participation of the service user was made possible and supported by the Office of the Commissioner for Children.

Throughout these two years, the team faced different challenges mainly with regards to lack of placements for children and young people as well as placement breakdowns. The setting up of the Siblings’ Home was very
much welcomed by the team as besides creating some placements, siblings who were living apart started living together, a move that was highly appreciated by the children themselves.

Another major highlight for the Looked After Children Service during this period was the moment when two foreign minors protected by a Care Order obtained Maltese citizenship after years of struggles, difficulties and persistence.

For half of 2012 and 2013, the team had to manage by two Co-ordinators instead of three. Although it was difficult, with the support of the Service Area Leader, they managed to overcome these difficulties, whilst supporting their staff as much as possible. In fact, during these two years, the turnover within the team decreased and in 2013, there were no staff changes.

Case studies:

a. An 18 year old residing in one of the Church-run residential facilities has, throughout the years, managed to build a very positive relationship with the LAC Social Workers involved throughout, as well a very strong networking with residential staff. Today this 18 year old is still living in residential care with very good prospects of successful independent living as well as success with regards to academic achievements, which so far reached A level standard.

b. Another success story concerns the re-integration of a four year old child with his biological parents following four years in a fostering placement. Following intensive joint work between Out of Home Care Programme and LAC, a well-defined re-integration plan was agreed upon with the Children and Young Persons Advisory Board and so far this resulted to be a success.

Way Forward

The LAC service will continue to support children and young people who are in the care system. The way forward will definitely see an evaluation of the current service, with the aim of maximising the time available for direct contact with children, thus identifying lacunae, duplication of work and areas of improvement in the service delivery. This will hopefully lead to identifying tasks that can be entertained by other professionals thus the service’s Social Workers can invest more time with their main client group.

Another challenge and target for the service is dealing with the impact of the Out of Home Care Act. The service will eventually have to review its practices and re-structure to deal with the amended Act, and will also be proactive in giving feedback and making necessary plans, along with other Appoţ services, before the implementation of the Act.

YOUTH IN FOCUS

Service Overview

The Youth in Focus Service (YIF) provides assistance to adolescents between 13 and 18 years of age, who exhibit severe emotional and behavioural problems and / or have an addiction problem. The aim is to improve the overall well-being of these young people, while maintaining close collaboration with their parents/carers.

Review and Analysis of Service

During this period, the workers within Youth in Focus managed to build and enhance good relationships with
several professionals both inside and outside Appoġġ, such as staff of Young Persons' Unit, Frate Jacoba, Suriet il-Bniedem, Magistrate of Juvenile Court, Probation Services and Osanna Pia. These relationships help Social Workers to advocate and give a better service to our service users. Social Workers have also made contact and built very good relationships with certain employers / businesses who regularly offer employment to Appoġġ service users.

In 2012, The Service Area Leader of the Youth in Focus attended a training programme in Macedonia based on the sharing of experience in working with vulnerable young people. This was part of the Youth in Action Programme. Further to this, a proposal for a youth exchange to be held in Malta was put forward and was later on accepted. This led for a group of young people from five different countries who work closely with adolescents taking part in this exchange under the Youth in Action exchange programme in July 2013. This was a unique opportunity for participants from five different countries to share best practices, exchange experiences and expertise and create new ideas for future work. The main objective of this project was to create an international network of organisations for further collaboration and enrichment of ideas. This programme was implemented successfully with the collaboration of different workers from the Foundation for Social Welfare Services.

In 2013, drugs statistics elicited from information gathered from the Youth in Focus service users started to be inputted in the Youth in Focus database.

Social Workers within the team increased expertise in working with adolescents with drug problems. This was more consolidated with the help of meetings with Sedqa and specialised training given to all Social Workers. Furthermore, in 2013, a training programme was planned and implemented specifically for Youth in Focus staff, which provided workers with further knowledge about drugs and other addictions and also job shadowing opportunities with Sedqa Drugs Community Team in order to enhance their skills in counselling and working with drug users.

During this period, the team continued to face the major difficulty of finding residential placements for young people who needed to move out of the family home on a temporary or long-term basis.

In 2011, 62% of new cases opened consisted of behavioural problems, but this declined to 39% in 2012. It was followed by substance addiction (i.e. to drugs, alcohol or nicotine) which increased from 25% in 2011 to 48% in 2012 and it took over as the most reported primary problem in 2012. In 2013, cases of substance addiction remained the most reported primary problem, followed by behavioural problems. Overall, the YIF team worked with 343 cases in 2012 and 273 cases in 2013.

Case study:

A 15-year-old girl was referred to YIF by her school, and after obtaining consent from her parents, the Social Worker from the team started working with this girl. She had a difficult relationship with her parents, faced a number of challenges throughout her life and abused of drugs. In the process of interventions, it has emerged that the young girl lacked a sense of identity and low self-worth. Following intensive support, this girl has managed to overcome the obstacles in her life, develop a sense of self-worth and identity, as well as managed to focus on her studies whilst achieving very well and is currently continuing her studies at University to be able to obtain her dream job.

Way Forward

The waiting list is a continuous reality in this service and therefore regular exercises and measures will need to be taken in order to ensure that cases are prioritised according to the need of the adolescents.
One of the main targets is to guide the adolescents in order to have a structured and stable life. Therefore emphasis will be given towards engaging young people in employment. YIF, jointly with Embark 4 Life, will strive towards helping adolescents in being trained to increase their employability skills in order for them to be able to be engaged well in employment and retain employment. This would help in reducing the risk of poverty and for them to lead a more independent life.

An important aspect in this area of work is the prevention aspect for the holistic well-being of the adolescents the service works with. Throughout different interventions with clients, professionals, schools, parents and other entities, YIF Service will continue to focus on prevention with regards to adolescents.

YIF will continue to build upon the various discussions started last year with the Education Department (Anti-Substance Misuse Unit) in order to enhance joint work and to have a clearer approach on how to work with each other.

EMBARK 4 LIFE

Service Overview

Embark 4 Life (E4L) is a service within Aġenzija Appoġġ that falls under the Youth in Focus Service. Embark 4 Life targets young people 15-24 years of age and supports them in engaging in employment. This service was already in existence as it was a service funded by the EU under the European Social Fund and following its success, local funds were provided and the service started operating in July 2013.

E4L will contribute towards the community strategic guidelines by matching project participants to avail of the already existing schemes and educational / vocational training in the country, whilst supporting them in finding suitable employment. Disadvantaged young people are often at the far end of any social benefit, thus by facilitating them to lead a suitable healthy lifestyle and have job security, their dependency to social assistance and the revolving syndrome of attaining support from various public services is minimised.

Review and Analysis of Service

This service was launched in July 2013. During the initial phase of the programme workers met different stakeholders that work in the field of young people and also those working in the field of employment. Professional networks were built with other professionals in particular from Employment Training Corporation (ETC), Probation and Parole Officers, Aġenzija Żgħażagħ and Residential Homes.

Between July and December 2013 the service received around 75 referrals of young people who were interested in receiving support to find employment, learn new skills, engage in courses and/or receive basic education which they lacked due to absenteeism at earlier years. During the same period, 12 young people entered into employment with the support of the project.

One of the continuous challenges of the workers working within Embark 4 Life is to empower youths who are unwilling to work and are only searching for employment because they are being told to do so. It is a harder challenge to motivate youths to find a job when they are receiving social benefits. Although this is a reality, since its launch, the service faced situations of young people who were benefitting from the service and even encouraged their friends to join them. This shows that besides their motivation and their eagerness in improving their lives, they also identified that their friends could benefit from this service as well.
Case study:

An 18-year-old male living with his mother and sister in a flat provided by the Housing Authority was referred to the service. He claimed to be searching for employment throughout these last two years, but was finding it very difficult as he did not have qualifications. He started attending Embark 4 Life on a regular basis. He always kept his weekly appointment and also visited Youth Information One Stop Shop (YIOSS) in between appointments. This YIOSS is an extension of the existing services provided by Aġenzija Żgħażagħ for young people. This service includes counselling on personal issues, guidance on employment opportunities, and other guidance and advice that young people may require. Although the transition to employment was not easy and he even found that his mother was not supportive of his decision, he found a job in November 2013 where he still works full-time.

Way Forward

Embark 4 Life will continue reaching out to young people particularly those in vulnerable situations. The service will support them and assist them to engage in employment and to build upon their skills by providing them with training that will refine and upgrade their skills and abilities. Supporting them whilst in employment is also essential with this cohort of people so as to increase the likelihood of maintaining employment, whilst liaising and networking with other entities and organisations that work with young people will remain one of the services’ priorities.

There are also plans to expand the service in order to reach out more to these young people, particularly vulnerable young people.

COURT SERVICES

Service Overview

Since 2001, Court Services, through a team of professionals appointed and contracted by Aġenzija Appoġġ, have assisted the Family Court in the assessments, recommendations and monitoring in cases of separation. In addition, the Agency supports the Family Court through the Supervised Access Visits Service which was established in 1995. The latter provides supervision, by trained supervisors, of a child’s access visits by non-custodial parents and parents with visitation disputes. Supervised access visits are also provided to children protected by a care order upon recommendation by the professionals working with these children and approval by the Children and Young Persons’ Advisory Board.

The Family Court was set up in the Maltese legal system with the main aim of treating family matters in the most sensitive ways. The work of Aġenzija Appoġġ’s professionals is pivotal in providing a service that targets the latter implication.

Without a doubt, the innocent victims of separation are always the minors. The task of the Agency’s professionals is to present the minor’s interest at the Family Court, whilst providing them with a safe environment where to disclose their emotions.

Review and Analysis of Service

In 2012, Court Services worked with 236 cases, and with 256 cases in 2013. Furthermore, throughout 2012, it has been noted that Judges from the Family Court were ordering the intervention of Aġenzija Appoġġ more in their decrees. With the change in the Family Court Judge in 2012, it was noted that there were a number of Court cases which were being followed after decrees ordering supervised access visits, which were now being
issued with decrees ordering monitoring.

The newly appointed Judge in 2012 asked for meetings with the Social Workers on the cases and was very open to feedback and ideas from the workers. In 2013 another Judge was appointed at Family Court. This change brought with it a steady increase in decrees ordering the intervention of Court Services. In fact, in 2013 the service received 24 decrees for Court assessments.

Another trend which has been noted is that the Judges expect the Social Workers to give recommendations and not just to report back the situation. Thus, the workers are being encouraged to be more direct in their reporting since the recommendations are being expected as part of the professional assessments being held.

Witnessing in Court has also changed during these years. Whereas in the past the experience of the workers was a negative one, today witnessing in Court is seen by the workers as an integral part of the social work assessment, where the Social Worker has the opportunity to communicate his/her findings to the Judge.

Throughout these years, Court Services has managed to establish a good reputation with the judicial system and most Lawyers working within the Family Court, and nowadays even the Lawyers are encouraging the parties to ask for the services of Appoġġ.

**Case study:**

In 2012, Aġenzija Appoġġ was tasked with appointing a Social Worker to do a social work assessment for a family which was going through separation. The couple had two children who were living separately as the daughter was staying with her father, while the son was staying with his mother. During the assessment, the case Social Worker explored the reasons given by the minor regarding their separate living arrangements. The Social Worker was also present for contact visits between the father and the son and the mother and the daughter.

During school visits and home visits conducted at both homes of the minors, the Social Worker suspected that both children were being alienated from the other parent. This was resulting in the siblings fighting against each other as their parents’ disputes were being transferred onto the children. In the Court Report the Social Worker recommended that the minors be monitored for a period of six months, during which the children were to meet both parents during contact hours. During the monitoring, the Social Worker was present in order to monitor and support the parent-child relationship. During this time, the Social Worker helped the children understand that they loved both their parents and they did not have to choose between them, as they could have a relationship with both. With time, the children also started having a positive relationship between them.

**Way Forward**

The years ahead will hopefully see the Court Services’ professionals more physically present at the Law Courts. This will definitely help in enhancing working relationships with different professionals whilst being a more accessible service for service users and professionals including Magistrates and Judges.

Court Services will continue to be the focal service within the Agency where legal matters are concerned. The team's professionals will continue to share their expertise with other workers from different services.

**SUPERVISED ACCESS VISITS (Court Order and Care Order cases)**

**Service Overview**
The service aims at facilitating the contact between the child and the visiting parent, whilst at the same time protecting the child from any form of abuse. Moreover the service is also a means to protect the right of the visiting parent to have access to his/her child, by providing the appropriate environment for this to take place.

Unfortunately the small number of workers makes it difficult to give the service users, including the minors, a more personalised service as one desires.

**Review and Analysis of Service**

The service has increased the number of supervisors by the end of 2013. These supervisors are contracted with the Agency and they provide an average of 400 hours of supervision a month. The service has provided 26,326 hours of supervised access in year 2013, an increase of 4,569 hours over 2012.

An increase in Court-ordered supervised access visits (SAV) has been noted, with a steady increase in referrals in 2013. At end of 2013, the service was catering for 80 Court-ordered supervised access visits, as opposed to around 62 in 2012. Year 2013 ended with 14 Court-ordered SAVs on a waiting list.

At end of 2013 there were 90 active Care Order cases (besides the 80 Court Order cases) where supervised access visits were being given to children referred by the Child Protection Services, Looked After Children Service and Youth in Focus Service.

The total number of cases worked with increased from 163 cases in 2011 to 170 cases in 2012 and to 199 in 2013. These cases include those referred by Court and those cases of children protected by a Care Order. The number of new cases decreased from 61 (37%) cases in 2011 to 46 (27%) in 2012 to 41 (21%) in 2013. The number of re-contacts remained somewhat stable with 1 (1%) case in 2011 and 2 (1%) in both 2012 and 2013. The known clients increased from 101 (62%) cases in 2011 to 122 (72%) in 2012 to 156 (78%) in 2013.

**Case studies:**

- **Care order case**

The parents of a 3-year-old girl both had a drug problem, with the father also having to serve a prison sentence in relation to drug trafficking. At the time, their life was very chaotic and a Care Order was issued in order to provide the girl with security and stability. This was a difficult time for both parents, however both of them did their best to get their daughter back. As soon as the mother finished her rehabilitation programme, she found a stable job and whenever she had supervised access visits with her daughter, she would be very well prepared. She always had nutritious meal ready, activities which were adequate to the child’s age and she always expressed how much she loved her daughter. While the child’s father was still in prison, he would call during the time the child was there and speak to her. Thus the child had ongoing contact with her father even though she could not see him. The supervised access visits were facilitating this transition and at the same time monitoring the relationship between the parents and the child. The parents always abided by the service’s rules, and eventually the child was reintegrated with them.

This is a success story because it shows that despite their addictions, the natural parents, although being non-custodial, were able to overcome their difficulties because they really wanted their daughter back. On the other hand, their daughter was always very happy to be with them. The service provided contributed towards the facilitation of the contact and the supervisor’s role, besides monitoring the situation, helped in supporting the mother and even the father in their daughter’s upbringing.
b. Court Case

Two teenage girls used to visit their father under supervision regularly on a weekly basis and it was reported that a good percentage of these visits ended up in conflict. Following individual intervention sessions by the service's Social Workers, one of the teenage daughters decided to terminate her access visits but the other wanted to continue and this has been going on for more than four years. The visits are being very effective and both the father and teenage girl are benefiting from the service. Their relationship has improved a lot and they both share the same feeling of how much they are communicating and thus getting to know more each other whilst sharing their life experiences during the time when they are not together. The individual interventions carried out where pivotal in sustaining this relationship between a father and his daughter.

Way Forward

This service is constantly increasing its demand, thus the way forward is to continue to invest in recruitment and training of the supervisors in order to help them build on their strengths and offer a holistic service to children and their families. Training and sustainability of the service are of utmost importance thus the years ahead will hopefully continue to see investment in this social area in order to offer a more stable and secure service to children whilst in contact with their biological family.

PROGRAMM ULIED DARNA

Service Overview

Programm Ulied Darna (PUD) is a service offered by trained volunteers who, with the support and supervision of professional staff, provide assistance to parents who require support in the upbringing of their children. This involves helping them enhance their parenting skills, budgeting skills, house-keeping skills as well as providing family members with emotional support. According to the needs of the families, volunteers provide practical help to parents such as child minding, child respite, as well as accompanying the parents to medical appointments. Support is also provided to children within these families such as helping them with homeworks, engaging them in extra-curricular activities and support them in their daily needs. Progetto Tereza is another service under Programm Ulied Darna. Donations are received from the general public and are distributed to families referred by their Social Workers who are experiencing financial difficulties in order to help them improve their quality of life. The volunteers are supported by a team of professional staff, who are also responsible to support 179 staff.

Review and Analysis of Service

In 2012 volunteers started attending one-to-one supervision sessions every two to three months. This improved the level of the volunteers’ performance and also decreased the incidence of volunteers reporting burnout. During the same period, support groups started being held once again for PUD volunteers (both morning and evening) in order to increase the sense of belonging for PUD volunteers.

Two recruitment campaigns, one in 2012 and another one in 2013, were held. Such campaigns were joint with a volunteer recruitment campaign for the Supportline 179 service. A total number of 22 new volunteers joined the pool of volunteers during this period. Intensive work done through volunteers with the help and guidance of professional staff has helped in the prevention of issuing of care orders and children were kept in a safe environment within the family context.
In 2012 the service helped 69 families and provided support to families and individuals in building on their parenting skills, support children with their homework and offer a listening ear to parents in distress. In 2013 the number of families supported increased slightly and the service managed to reach out to 72 families.

During this period there was an increase in the number of childminding and transportation requests. This could be due to the setting up of new initiatives and projects such as family workshops. Volunteers offered their support as well during the training courses for foster carers and for specialised fostering and also to victims of domestic violence who are residing in shelters. 40 families were offered support in child minding and transportation during 2012, while 90 families were offered this service in 2013.

On the other hand, in 2012, Proġett Tereża received 71 donations and 51 families benefitted from the service, whilst in 2013, 65 donations were received and the service managed to support 40 families. The fact that the stores that were used in the past to store furniture and other good were no longer available, have contributed to the decrease noted above.

**Case study:**

*A mother of a young child who had been fostered since birth due to the mother's chaotic lifestyle, was referred to PUD by the Agency’s Intake and Family Support Service (IFSS).*

*The mother had opted to give up her child to be fostered voluntarily, with the aim of bringing her life back on track and eventually continue looking after her child. A volunteer was thus allocated to support this mother. The volunteer started visiting her at her home during the time when she used to have access with her child, also planning what they would do during their next visit.*

*The volunteer continued to follow the case for nearly a year, until the time came for the child to be reunited permanently with the mother. Once the child started living with the mother, the volunteer continued to visit and help out in the normal day-to-day running of the family home. In the meantime, the IFSS Social Worker continued to support the young mother, who found a job, started sending her child to a child care centre, entered a stable relationship and got married. The mother felt that the time to continue on her own was near, and therefore told the volunteer that she feels she can manage to continue in the running of her own family.*

*A meeting was set up between the IFSS Social Worker, the volunteer, the PUD Social Worker as well as the client, where the case was terminated, adhering to the clients’ wish.*

**Way Forward**

The service will continue to hold blitz days around three times a year in order to try and reduce waiting lists whilst prioritising cases and allocating volunteers accordingly.

The years ahead will see this service offering its expertise in training and supporting volunteers by training other volunteers from other entities such as community teams, Church Diaconia and others. This will hopefully lead to the possibility of reducing the PUD waiting list as some cases will be followed by these entities’ volunteers.

Another target is to evaluate the current Proġett Tereża by identifying other entities that are offering similar services thus restructuring the service to reach out more to the needs of today’s families whilst making the best use of human resources available.
HOTLINE - BESMARTONLINE

Service Overview

The BeSmartOnline! is co-funded by the European Union through the Safer Internet Programme. The consortium working on the project includes the Malta Communication Authority, the Foundation for Social Welfare Services through Aġenzija Appoġġ, and the Office of the Commissioner for Children.

The BeSmartOnline! is a national initiative that concerstns the efforts of various national stakeholders working towards the establishment of a Safer Internet Centre in Malta (SIC MT). This initiative aims at raising awareness and educating minors (children and youths) on the safer use of the Internet, targeting minors themselves, carers, Social Workers and educators.

Through this project, Supportline 179 has been extended to offer support to the public on issues related to internet safety. A hotline was set up to receive reports from internet users on illegal content. This also contributed to the European URL Database (set up by the International Organizations of Internet Hotlines – INHOPE) of sites generating illegal activity.

National cooperation is ensured through regular Advisory Board meetings. A number of fora have been established to debate specific themes, for example, a Youth Panel has been set-up in order to give an opportunity for children and youths to contribute their thoughts and ideas.

The service covers the period June 2012-October 2014. During 2012 and 2013, the service strengthened its bonds with social network sites such as Facebook and Ask.fm so much so that they remove content in a very short span of time after the Agency’s Hotline team reports indecent images and other illegal content. It also increased its expertise by participating in various meetings abroad including bursaries, analyst workshops, conferences and network meetings both regarding the hotline and the helpline.

Workers within the team visited a large number of schools, community centres, parishes, youth groups, scouts and girl guides’ groups, children in residential homes, and also parents’ days in order to raise awareness, both about internet safety and also about the hotline specifically.

During this period under review, a memorandum of understanding was signed with the Police and the service continued working jointly and closely with the Cyber Crime Unit of the Malta Police Force.

Another initiative which was a major target for the service was the setting up of a website for online reporting.

Between 2012 and 2013, the team lost the expertise of two workers, thus a new call was issued and a new worker joined the team in January 2013.

A major difficulty faced by the team is in analysing the content and in keeping up with new forms of codes and cookies created by pedophiles to encrypt links.
### Table 9: Number of reports received by the Appoġġ Hotline Team, 2012-2013

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls through helpline</td>
<td>45</td>
<td>150</td>
</tr>
<tr>
<td>Reports through online reporting system</td>
<td>83</td>
<td>230</td>
</tr>
</tbody>
</table>

**Case studies:**

a. **Cyberbullying**

A 13-year-old student was being cyberbullied by her classmates who created different fake accounts on Facebook and Ask.fm in her name and were writing very offending messages. The Hotline team contacted the anti-bullying section within the Directorate for Educational Services, Ask.fm and Facebook to remove accounts after keeping the evidence. This made a lot of difference to the girl who was traumatised and who had suffered a lot through this kind of bullying. Seeing hateful words written about oneself and which are also accessible to a large number of people on the internet can be very damaging to one’s self-esteem and emotional health. The classmates involved were all called in by the Head of School and an anti-bullying advisor. The teenager’s Social Worker has continued to monitor and support her.

b. **Grooming**

A parent called the service reporting that she has found a chat between her 14-year-old daughter and an older man. This man was encouraging the teenager to sleep with him. Upon investigation it was discovered that the perpetrator was the work partner of the father and in fact was encouraging the father to go abroad with his wife (presumably to have access to the daughter). Through reporting this chat, the service could support the parents, held various sessions with the child and also reported the case to the Police Vice Squad. For the Hotline team this was a success story because its interventions prevented sexual abuse from taking place.

**Way Forward**

The years ahead will hopefully see the service being funded by local funds thus becoming a national service like other services already in existence. The project will continue to market its service through awareness sessions with different people and professionals. Working in collaboration with other stakeholders is also the target of the service and this will continue to be enhanced in the coming years.

**SUPPORTLINE 179**

**Service Overview**

Supportline 179 (SPL 179) is a 24-hour free telephone service run by a team of professionally trained volunteers offered by Appoġġ. It provides immediate, confidential support to callers of any age, who require assistance both in day-to-day and crisis situations. It also provides information on social welfare services and referral systems to those callers who require further assistance.
Review and Analysis of Service

In 2012, the service volunteers started attending one-to-one supervision sessions every two to three months. This improved the level of the volunteers’ performance and also lessened issues such as the volunteers feeling burnt out.

Between 2012 and 2013, there was also a restructuring of the support groups for volunteers after a survey was done amongst the volunteers themselves and suggestions were taken on board. During the support groups the volunteers have the opportunity to discuss their telephone interventions with service users, and their feelings in relation to calls received. In addition, the facilitators prepare a topic to discuss and also take up case studies to discuss together, which serves as a training opportunity.

In 2012, the on-call service of the Supportline 179 saw the introduction of another worker to support and alleviate the Service Area Leader (SAL) from being on call 24/7. This lessens the burnout on the SAL and makes the oncall system more manageable.

In 2013, the protocol with Richmond Foundation was reviewed and a new protocol was signed covering a period of three years.

Two recruitment campaigns, joint with PUD, were held in 2012 and 2013. A total number of 30 new volunteers joined the pool of 179 volunteers during this period. Recruitment campaigns were targeted for applicants who would be available during weekends, evenings and public holidays and this surely helped in filling in more shifts during the mentioned times.

Overall there was relative stability in the type of calls received with minimal changes to be noted. Genuine calls remained the bulk of calls received, with 10,601 (64%) out of the 16,677 total calls received in 2012 being genuine. A further 3,807 (23%) were hang-up calls, 2,035 (12%) were wrong numbers, and 234 (1%) were hoaxes. In 2013, the total number of calls decreased again over 2012 from 16,677 to 15,492 with genuine calls decreasing down to 10,068.

As in previous years, 179 faced some challenges during this period, mainly being the lack of placements for children and young people, as well as difficulties in finding shelters for homeless people.

Regular callers are a source of major concern. Notwithstanding the fact that the workers liaise with the Social Workers and other professionals working with these callers in order to ensure consistency in the guidelines given, whilst also abiding by the time limited intervention rule, these callers still continue to phone 179 with the risk of becoming dependant on the service.

The EU emotional support helpline 116 123 which was allocated to the Agency in 2010 and incorporated with 179, continued to be available for all local and foreign citizens in Malta. The objective of having one international number is so that European citizens would be able to reach such service by using the same recognisable number in all member states.

Case study:

A phone call was received late one evening from a 20-year-old female who had suicidal thoughts. The caller was feeling very depressed and explained that she had negative thoughts and wanted to end her life as she could not cope with daily problems. She explained that she does not have any support from her family as her parents have their own problems. She had some friends but did not feel comfortable speaking to them regarding how she was feeling. The caller was confused and feeling very sad, and emotional throughout the call. Initially she did not give
her name or her whereabouts. The volunteer remained with the caller throughout the 2.5 hour phone call. She listened and empathised with the caller, let her vent out and express her feelings, while at the same time engaging the caller up to the point where the latter began to trust the volunteer and gave her details. The caller was feeling tired and afraid of what she might do, and of harming herself. She was ready to receive help and the volunteer offered to send her help. The role of the volunteer included that of calling emergency services and ask for assistance to be sent to the caller. The volunteer gave all the details she had. The volunteer remained with the caller until assistance arrived.

The caller was eventually admitted to hospital for further help. All information was sent to professionals who followed her case. The caller, through her Social Worker, thanked the SPL volunteer for being so supportive and for listening when she was in need.

Way Forward

179 will continue to be the national helpline thus offering support to vulnerable people who call in times of distress. The way forward is to enhance the skills of the service's volunteers and to introduce performance appraisals to all volunteers. Ongoing updates of the service's e-trace facility is a must as it is a source of information for volunteers and professional staff.

The service will continue in the coming years to market its use in order to increase its genuine calls. Another aspect of the 179 is to continue to support the project Kellimni.com, which is a project run by SOS Malta, Salesians, Aġenzija Żgħażagħ and Aġenzija Appoġġ by providing online support through emails, chats and fora to young people needing help.

COMMUNITY SERVICES

Service Overview

“Community Services aim to work closely with the local community to facilitate and encourage a process of change within the community they operate in, through local participation. These services strive to enhance the local potential, offer optimal individual and family social work services that are aimed especially at the most vulnerable in the community, whilst taking into consideration the context, culture and everyday life of the residents”.

Mission Statement, Appoġġ Community Services

The concept of having such services provided within the community itself gives a different dimension to service provision. Having a community-based service means that it is more accessible and more personalised, thus making it easier for people to seek assistance if they wish it; workers are in a better position to understand the lives and situations of families and individuals in their own community. In fact, we have been seeing the positive effects of the good relationships that the teams have built in different levels of the communities, with the residents – including those needing support – with local entities, and other NGOs.

Social Workers in the community work with people presenting a variety of situations. In fact, a Social Worker needs to be prepared for any type of problems ranging from family issues to persons having difficulties to enter the labour market. A percentage of our service users present mental health difficulties, although not always diagnosed. In each case, the Social Worker assesses the needs, the situation of the family / individual and, together with the service user, determines what would be beneficial to the service user. The action plan includes building networks within the community that would support the service user, and/or co-working with other services, such as Child Protection Services in cases where children are identified as being at risk of abuse.
Through the relationship that the Social Workers manage to build with the community, people are more trusting and less apprehensive of their approach, since, unfortunately, many people have a negative and inaccurate impression that the role of the Social Worker is to remove children from their families. Through the different methods of intervention, the teams help reverse this negative impression to the extent that the majority of the people using the services are self-referred and the joint work with the Child Protection Services may be facilitated. In fact, during the years under review, there was work carried out to update the protocol that existed between the Cottonera Community Services and the Child Protection Services. This was done also in the light of the developments of the community services and the increasing demands and trends that were being observed.

Community projects give the opportunity for the team to reach out to people in a non-imposing way. They can also complement the social work intervention giving the service user an opportunity to develop skills and build their capacity to deal with their own problematic situations in an environment that is conducive to learning. As will be shown below, there has been a move within all the services to start to involve the Social Workers more in the community development process. This will be strengthened by increasing fora for discussion between the Community Workers and the Social Workers throughout all the services.

Ever since the Agency has been working in the communities, it has built and strengthened its links with other major entities, such as the Parishes, Local Councils, Colleges, as well as other entities such as the Employment and Training Corporation, Housing Authority, and the Department of Social Security amongst others, which play a significant part in the lives of the service users. Networking with other stakeholders is an integral part of the work; however, it needs lots of investment in time and energy to maintain good working relationships with service providers and with residents.

After several years of providing a community service within the Cottonera community, Aġenzija Appoġġ started providing community services in Qawra, B’Kara and Valletta. The most recent service to be opened is that of Msida. All these services offer social work intervention as well as community development work. While the working principles are the similar within the five community services, the actual service delivery varies according to the needs and resources of the particular community. Each team establishes its service delivery based on the identified needs and the support systems available to work on those needs. In 2013, there were two interesting developments that were to affect the service provision in the communities and which emanated from the Ministry for the Family and Social Solidarity – the LEAP project, which aims to initiate Family Resource Centres and Social Development Centres in six regions of Malta, and ‘Ninghaqdu Kontra l-Faqar’ which helped initiate work with a group of young lone mothers in Cottonera.

Review and Analysis of Service

1. Msida & Birkirkara Community Services

The Msida Community Services were launched in September 2012 when the new Aċċess Centre in Msida was opened. Once the Msida Community Service started operating, the B’Kara Community Service – which had been in operation since 2009 – started to operate from the same premises due to difficulties in their previous premises. Thus, the new team was made up of both B’Kara and Msida Community Services.

The team is composed of the Service Area Leader, four Social Workers, one Community Worker and one Administrative Support Worker. Together, the team works on both the B’Kara and Msida communities.

The first major task that the Msida Community Service did was to organise an outreach exercise targeting the immediate neighbourhood, that is, the government flats situated around the Msida Aċċess Centre.
The aims of this outreach were:

i. to introduce the role of the team and the type of work done by both the Community Worker and Social Workers;
ii. to learn about the residents’ concerns, difficulties, challenges and needs;
iii. to create projects that address those needs, and
iv. to encourage participation and community involvement and create opportunities that empower the individual to achieve a better quality of life.

By means of this outreach, within a few months the team was able to organise projects which addressed the real needs of the residents. These included: parental skills courses, first aid courses and public events that aimed at bringing together children and families together in a relaxing environment.

Other outreach work involved meetings with local entities, such as the local council, the school and the parish, and also other NGOs and service providers operating in Msida. This is an ongoing process to build networks within the community.

A good practice developed by the team is that of organising meetings for members of the team to discuss issues with other professionals within and outside the Agency in order to be able to deliver the best service possible to clients. Also, the team meets up on a monthly basis for group supervision in order to discuss specific cases.

One of the service’s targets is that of bringing the social work practice and the community development closer. Therefore, Social Workers started to get involved in the outreach, in designing and implementing activities and project to empower the residents within the community.

The Social Workers are involved regularly in discussions and planning of projects within the community, whilst the Community Worker still remains at the forefront of organising and running these community projects.

Community projects coordinated during the period under review included:

i. We are Young

This consists of a network of local entities that provide for children and young people. The first joint activity of the network was a summer activity where all entities participated and provided entertainment for the local community. Further network meetings were carried out in order to discuss future events. With the help of this activity, the team got to know about other entities and stakeholders within the community of Msida who are willing to collaborate and work together in order to give a service in the community. It was also an opportunity to open better communication between the entities themselves. There are around ten entities in the network.

ii. Daisy Chain

Daisy Chain is a group organised to target mothers of young children, with the aim of working on self-help strategies and social skills to empower them in addressing their current situations. The group members are building their own support network, finding care and support in each other. The project targeted 13 mothers. However, some dropped out, either because they found employment or because of personal circumstances. An average of five mothers attend regularly.
iii. Volunteers

In collaboration with the Foundation for Educational Services, the team was planning on starting a homework club. A group of nine volunteers were recruited to be able to help with this, who started to meet with the Community Worker every Friday afternoon to organise the activities for the children. The initiation of the project was planned for the beginning of 2014 since a tutor was not provided immediately.

<table>
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<tr>
<td>Cases worked with</td>
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<tr>
<td>Closed cases</td>
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*Table 10: Cases breakdown for Msida Community Service, 2012-2013 (starting July 2012)*

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<tr>
<th></th>
<th>2012</th>
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<tr>
<td>Referrals</td>
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<tr>
<td>Cases worked with</td>
<td>168</td>
<td>154</td>
</tr>
<tr>
<td>Closed cases</td>
<td>73</td>
<td>63</td>
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</table>

*Table 11. Cases breakdown for B’Kara Community Service, 2012-2013*

*Figure 30: Children participating in the water games event organised by Msida & B’Kara Community Services, 2012*
Case study:

When the service started operating, we met with many residents who had a very negative perspective of the Agency; some of them even refused contact with us. Yet, by time, and thanks to several initiatives and projects, the approach used by the Social Workers, and the relationship that they were able to build with the service users, the team observed a change in the mentality of those people who started to understand that Appoġġ is there to help and support. More people started to participate in activities and projects and their feedback is very positive.

Way Forward

The service will continue to strengthen its networks with entities and residents within both the B‘Kara and Msida communities, and carry out more outreach exercises. They will build on the work that is being done to increase community involvement and leadership. The Social Workers will continue to be an asset to the planning and delivery of projects while they ensure that the actions taken are needs-led and relevant to the community. The Social Workers will continue to receive support and ongoing in-house training to give better quality service. Their involvement in community projects will help give them more insight that would help them in their interventions with the service users. There are a few challenges, including an increasing foreign population. Therefore, it is important that the Social Workers are supported to gain more capacity and understanding on the emerging issues.

2. Cottonera Community Service

Cottonera Community Service has continued to increase the service provision during 2012-2013. Several changes took place including a change in Co-coordinator of the service and new workers have joined the team following movements of previous workers. Social Workers have also started to join Community Workers on several projects and also help in the creation and the implementation of new projects.

Social Workers started to involve the Community Workers in intervention on particular cases, particularly where young teens and adolescents are involved. Through this form of intervention, the team was giving the young people an extra push to integrate better into the community, resulting in more participation. This joint work has proven to be beneficial for the service users as well as for the whole team.

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
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<tbody>
<tr>
<td>Referrals</td>
<td>100</td>
<td>117</td>
</tr>
<tr>
<td>Cases worked with</td>
<td>336</td>
<td>239</td>
</tr>
<tr>
<td>Closed cases</td>
<td>181</td>
<td>120</td>
</tr>
</tbody>
</table>

Table 12: Cases breakdown for Cottonera Community Service, 2012-2013

There were a number of projects organised during 2012-2013. Amongst them are:

i. “Qawsalla” Women’s Group

In 2012, the team formed a group for women from Cottonera and Kalkara. Around 16 women started participating in this group. The group members built a strong relationship, allowing them to support and
empower each other. They were encouraged to participate actively and were invited to prepare for their own group sessions. One woman went on to start a new group in her own community. The aim is for the group to have its own leader and to run on its own.

ii. Kidspoint

A group of volunteers who had previously worked with the Cottonera Community Service during the summer school Klabbssajf showed their wish to apply for a Youth in Action (YIA) project. With the support of the community team, they did this successfully and for two years, the volunteers organised the summer school Kidspoint. Thanks to the YIA funds, the attendance of the children went up by nearly 30%.

Case studies:

a. The Cottonera Community Service had been working with a couple and their son for over 3 years. One of the most prevailing issues in this family was the parent-child relationship. The young boy also presented severe behavioural difficulties. A Social Worker, with the support of a Community Worker, started to work on the parent-child relationship through intense work with the family, through regular home visits and other contacts. After building a relationship with the boy, the Community Worker started to mentor the boy regularly. There was also regular communication with the boy’s school.

Through the support and hard work from all involved, the boy started to learn a trade in a Learning Support Centre in which he is currently excelling. The relationship between the boy and his parents has significantly improved and his parents are very proud with all that the boy is achieving. The Community Worker is also engaging him in the development of a new project in the community.

b. In 2013 a Social Worker and a Community Worker started working jointly with an adolescent who was living in a severe neglectful environment and was considered to be highly at risk of bullying. Through intense work done with him on an individual level, this adolescent joined two groups in the community of which he is still a member and has made friends with youngsters his age and now feels a sense of belonging in the community. He also learned how to present himself and take care of himself, and this helped him raise his self-esteem and make more friends. He is now receiving career guidance and is being supported in life planning.

Way Forward

The challenge in the community is to adapt constantly to new needs and to try and reach out to more vulnerable people. A new project is planned targeting lone mothers at risk of poverty. The idea of this project came from discussions with the Ministry dealing with the fight against poverty (Ninghaqdu Kontra l-Faqar). This new project will be run by a Social Worker and a Community Worker in collaboration with various entities and NGO’s within the locality and even outside of Cottonera.

There are plans to try to reach out to men, particularly, unemployed men.

Since the mentoring activities have been so fruitful, there are plans for the mentoring project to continue.

3. Paulo Freire Institute

The Paulo Freire Institute (PFI) is a Non-Governmental Organisation run by the Maltese Jesuit Fathers as part of their work in the Żejtun community. Based in the heart of Żejtun, the PFI has been offering services primarily to the community of Żejtun. However, people from the neighbouring communities also seek support
from the services and activities that are provided by the Institute.

The main service provision revolves around literacy, for both children and adults. However, other services are provided by the PFI. The social work intervention is delivered by Social Workers of the Agency, who are supported and supervised by the Cottonera Community Service.

As means of outreach, the Social Workers participate in the NGO’s fundraising activities, and also attend the evening activities for the Żejtun community, which are held at the premises.

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referrals</strong></td>
<td>26</td>
<td>27</td>
</tr>
<tr>
<td><strong>Cases worked with</strong></td>
<td>67</td>
<td>68</td>
</tr>
<tr>
<td><strong>Closed cases</strong></td>
<td>19</td>
<td>17</td>
</tr>
</tbody>
</table>

*Table 13: Cases breakdown for Paulo Freire Institute, 2012-2013*

**Case study:**

A woman had sought help from the Social Workers at PFI in 2011. She presented a series of problems, including mental health difficulties and family problems. Throughout the time that she received support from PFI, she started to attend an ETC course and eventually found a job, which she kept. She has found stability and routine and is also helping out another family member who has mental health problems.

**Way Forward**

The PFI continues to provide a valuable service to the community. The service looks at adapting to the demands of the community and is strengthening the database and keeping the administration up to date. The relationship between Paulo Freire Institute and the Agency is strong and the social work provision is seen to be relevant and necessary. Appoġġ will continue to support PFI with the provision of such service and to deal with any issues as required.

More information can be accessed from the website: http://www.pfi.org.mt.

4. **Qawra Community Service**

The community team continued to build on the networks and relationships with the various entities in the community. This has been an important aspect of the work, since it keeps the team in touch with what is going on in the community, it raises the accessibility of the service to more residents who may be referred, but also keeps in touch with resources in the community.

Important links have been built with the parish in Qawra and also with the Police since there are several situations where social work support is sought.

There were changes in staff: one Social Worker was on maternity leave which meant that the waiting list grew during her absence. There was also a change in the composition of the team towards the end of 2012. This is
because the B’Kara Community Service, previously led by the Leader at the Qawra Community Service, moved within the Msida Community Service as soon as it started to operate. Thus, the Service Area Leader could focus on the Qawra issues and not be split as she had been during the previous years. In 2013, the Appoġġ Management, who by then had been supporting Home-Start Gozo in its setting-up, decided that it would be beneficial for the Home-Start Organiser to have support and supervision. Thus, the Service Area Leader was entrusted in that role.

There was a difficulty to retain the Administrative Support Worker, which had an impact on the administrative tasks of the team. The Leader had to take up some of the tasks that were more urgent.

During these last two years the team focused more on assessing the problems that the service users present. In this way, the service aimed at providing projects and initiatives to address those needs. Service users were also linked to other existing projects and initiatives, such as the Life-Long Learning courses and Sedqa’s parental skills programmes, from which they could benefit.

Community projects included:

i. **Klabb Nahla**

Klabb Nahla is a joint project between the Foundation for Educational Services and the Qawra Community Service, which is held at the Qawra Aċċess Centre. This is a homework club targeting children who are identified as needing special attention. During the sessions, children are helped with their homework by a tutor. An integral part of the sessions is learning skills through recreational activities which can be applied to learning beyond the safe environment in the homework club. This part is provided by the Community Worker. An average of ten children attend regularly.

ii. **Dawra Durella**

Dawra Durella Xitwa is a play group for children aged between six and ten years of age. The group is held once a week and is organised on Wednesdays since children do not have homework on Wednesdays, as per school’s homework policy. This group offers the space to the children to play, use their creativity and have fun whilst at the same time learn new skills. There are indoor activities held within Qawra Aċċess Centre, as well as outdoor activities. During the sessions the children are encouraged to learn through play and through joining in a variety of informal and non-formal educational activities. Values such as friendship, sharing, fair play, creativity, artistic development, personal development and others, are promoted during the weekly sessions. This group is co-ordinated and facilitated by the Community Worker, assisted by volunteers. Following the success of this group in 2012, it was repeated for the second time in the same year. In both groups there were between 15-20 children for each session. The Dawra Durella project was then extended to the summer months owing to the wishes of the children to continue participating. The sessions were held in the afternoon, since there were already other activities for children offered in the morning but not in the afternoons. This project was held between June and August 2013.

iii. **Family Workshops**

The Family Workshops were weekly group sessions for parents coordinated and facilitated by a Social Worker and the Community Worker from the Qawra Community Service. The sessions were held within Qawra Aċċess Centre. The sessions included varied topics, some of which chosen specifically by the participants. Some topics discussed were self-esteem, budgeting, health, self-worth etc. There were eight participants who attended these sessions.
Table 14: Cases breakdown for Qawra Community Service, 2012-2013

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals</td>
<td>120</td>
<td>107</td>
</tr>
<tr>
<td>Cases worked with</td>
<td>235</td>
<td>216</td>
</tr>
<tr>
<td>Closed cases</td>
<td>86</td>
<td>98</td>
</tr>
</tbody>
</table>

**Case studies:**

**a.** The Qawra Community Service had been working with a family which presented various problems and whose children were living in extremely precarious situations. A care order was issued and the children were removed from the home. Although the mother at first was angry at the service and refused to keep contact with the Social Worker, eventually, the Social Worker managed to re-establish contact and invited the mother to participate in activities such as the parenting skills group. The mother also started to receive training on budgeting and cooking, and sought psychiatric and psychological help to deal with her situation. Her home environment improved substantially and she started to improve her relationship with her children.

**b.** A mother who had mental health issues, had lost contact with her daughter who had been placed in care some years before. All professionals involved got together to discuss the plan of action taking into consideration both the child’s and the mother’s needs. The respective professionals involved worked both with the mother and the child individually to prepare them for the eventual meeting and to see how best to go about it. The mother and child re-established contact and started to meet regularly. This contact has been very positive as both child and mother are happy with the relationship that they have built.

**Way Forward**

Since the service started to establish itself more within the community, the demand for the service grew. This, combined with the temporary absence of one of the workers, caused an increase in the waiting list. Therefore, the service will continue to evaluate its practices to be more effective and efficient in its work. Long-term cases are being evaluated to see whether they still require social work intervention.

We are also trying to bridge community work and social work through offering projects that are needs-led, and the involvement of the Social Workers in the projects is proving to be important and essential.

The service will also continue to build on the existing networks and increase its outreach initiatives to reach out to more people, to be in touch with the community’s realities, and to recruit potential participants in the projects, as well as volunteers.

**5. Valletta Community Services**

The service targets the Valletta and Floriana communities, although, being in Valletta, it is more accessible to the Valletta residents. However, the team started to reach out to the Floriana residents, holding meetings with leaders in the community and participating in a number of activities, to get to know more people and to learn what needs and resources there are in the community.
During the two years under review, unfortunately, there was a turnover of Community Workers. Two Community Workers resigned and thus some processes were delayed until a replacement was found. In order not to stall everything, some of the activities were maintained by the Social Workers and the Service Area Leader, notwithstanding the caseload and demands from the community. However, towards the end of 2013, the service received a new Social Worker to deal with the growing waiting list and the Community Worker was recruited successfully.

As in the other communities, the Social Workers are being involved even more in the community projects. Since the Social Workers are in touch with vulnerable people within the community, they are able to provide information to the Community Worker very important information on the needs of the community. Their interaction with residents in a more informal setting is also very beneficial both for the relationship between the Social Workers and the community, as well as for the Social Workers to understand the service users in a broader context. The community, too, started to understand better the caring role of the community Social Workers.

During 2012-13, the service continued to strengthen its activities for children and young people, in some case with the help of a teacher and a number of students from St. Francis School who have contributed substantially along the years. There was also a notable increase in interventions with the migrant community in Valletta. The presence of foreigners from various countries has increased and the team needs to adapt to their presenting situations and the cultural differences. There is a very serious problem regarding the issue of migrants who wish to work but because of child care issues or other issues such as health, they are unable to be gainfully employed. This is keeping them in poverty or in a high risk of poverty.

An ongoing issue is that of housing, since both Valletta and Floriana have a high incidence of sub-standard accommodation. In fact, Social Workers dedicate a good part of their work in dealing with housing issues.

Community projects included:

- **i. Teens and Pre-Teens**
  
  The teens had been meeting since the service started – they were still pre-teens at the time. Throughout the year, there was a marked improvement in their behaviour – they were settling well and even started to involvement themselves in the planning of their group sessions and activities. The group is now well-established and around ten participants attend each time.

  The opening of the Youth Information One Stop Shop in 2013 in Valletta helped the intervention with young people as they had more services accessible to them, like Embark for Life and the Youth Cafe.

  The pre-teens group is following up from the original pre-teen group that was created in 2009. The older children who attend the summer school are invited to join the group, which is based on the principles of educational and recreational activities in a safe environment.

- **ii. Women's Group**

  Following an outreach exercise, one of the Social Workers started to organise a women's group. There was a healthy combination of resources and talents in the group, which was very enriching. The women meet regularly, have moments of discussion, information sessions, and other activities that bring them closer together.
iii. Self help elderly group in Floriana

During outreach work carried out in Floriana, the team met a self-help group for elderly persons. The team was asked to support the group by organising some talks and sessions. The group started to use the team as a resource for them, and they contributed on a regular basis. There were times when the elderly would need to consult on social issues. However, the plan is to see that the group is able to function on its own and for the team to help out on an adhoc basis.

The issues that the elderly face in both Valletta and Floriana need to be addressed on various levels – there are situations of inaccessibility, safety issues, as well as cases of elderly abuse which the Social Workers try to address with the help of the Police.

<table>
<thead>
<tr>
<th>Case studies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Angela and Mario</td>
</tr>
</tbody>
</table>

Angela* was married and had seven children. Her marital situation was very bad since she suffered lots of physical and emotional abuse from her husband. She often had to seek shelter to protect herself and her children. To cope with the situation, Angela started to misuse alcohol. After 12 years of going through the abuse, she separated and met her present partner Mario*. Together they have two children.

However, Mario himself presented problems in Angela’s life. He was unemployed and had an alcohol problem, and was verbally aggressive when under the influence of alcohol. In fact, again, Angela had to seek shelter from Mario’s aggressive behaviour. This also led to a Care Order being issued for the youngest children, then aged four and three. The children were fostered. This was a turning point for both Angela and Mario and both started working on their issues.

They sought professional help for their relationship problems and Mario started to work on his alcohol problems. He started to register for work and even started to participate in an ETC scheme. They also benefitted from the Housing Authority which gave them alternative accommodation. It was refurbished and now is maintained very well. Both are keeping regular contact with the professionals who have noticed a big improvement. Their access to the children is increasing and they are hoping that they would be reintegrated back home.

b. Pina

Pina is a 60 year old unmarried woman, who lives in an apartment and is intellectually challenged. She was referred anonymously by a neighbour because she is alleged being financially abused.

Table 15: Cases breakdown for Valletta Community Service, 2012-2013

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals</td>
<td>76</td>
<td>90</td>
</tr>
<tr>
<td>Cases worked with</td>
<td>122</td>
<td>212</td>
</tr>
<tr>
<td>Closed cases</td>
<td>40</td>
<td>112</td>
</tr>
</tbody>
</table>


Pina claims that she gave the power of attorney to her friend some years ago. She says that although her friend cashes her benefit cheques, she does not pay her bills. She also ends up with little or no food because her friend only buys basic food such as noodles.

The house was in a very bad state while Pina herself has poor personal hygiene. Pina claims that she was never given any money from her benefits. She is not aware of the amount she receives.

Through lots of work and support, the Social Worker empowered Pina to go and discuss her case with the Manager at the Department of Social Security. Pina decided to stop the power of attorney and revert to managing her benefits herself, with the help of the Social Worker. This has given Pina renewed control over her life and she is now living independently in the community.

Way Forward

As more people access the service, more demands are placed on the team. The team supports individuals and families needing long-term intervention, as well as addressing new trends such as those presented by the migrant community that lives in Valletta. Therefore, the Valletta Community Service keeps aiming to work on migrant issues, as well as issues such as unemployment, which is very common in the community. It aims to try to introduce a stronger element of multi-disciplinary intervention by seeking support from a Family Therapist / Psychologist at least for case discussions with the Social Workers.

The service also aims to identify informal leaders in the community to start to work with them to be more active in their community, to work on improving their quality of life.

Way Forward for Community Services

The Agency is gaining more experience in working in the community and the services are being seen as a positive element in their respective communities. The Agency endeavours to keep building on this experience, through evaluations, inter and intra-agency discussions and agreements, and through in-house training. Having more community services would mean that more people would be supported in their own community. The Agency has always recognised the value of the Community Workers’ input in the service provision, in that it adds value to the support provided. There are plans to continue to share and improve such practices, and develop the skills of the Community Workers and the community Social Workers.

Most certainly, the new Child Protection Legislation (Out of Home Care) will have a great impact on the way the teams provide the services. Strengthening the family support within their community is essential to safeguard children and so, the community services, along with other services in the community, need to find a way of increasing the synergy and inter-disciplinary work to provide an even more robust network of support and service provision for families whose children are identified as being at risk of abuse. The community services must not lose sight of the fact that they are there for the most vulnerable in the community and thus, need to constantly strive to find ways of reaching out and supporting those who need it.

HEALTH AND FAMILY SERVICES

HEALTH SERVICES

During the period under review, the Health and Family Services consisted of social work teams in the five health services – Mater Dei Hospital, Boffa Hospital, Qormi Health Centre, Saint Vincent De Paule Residence,
and Mount Carmel Hospital Health Outreach – as well as the Adoption and Fostering Services, the Employee Assistance Programme and Human Trafficking. The services continued to strive to deliver quality social service in the light of challenges related to human resources, resources, emerging trends, among other issues.

1. Mater Dei Hospital Social Work Service (MDH)

Service Overview

The Appoġġ Social Work Service at Mater Dei Hospital had been introduced in the hospital wards with the overall aim of meeting the needs of in-patients and service users from Admission and Emergency Department.

During the period 2012 to 2013, the Social Workers continued to assess and attend to the psycho-social needs of the service users, with the aims of enhancing the quality of their stay in hospital and facilitating discharge.

Social Workers at Mater Dei also continued to be linked to the medical, surgical, orthopedic, obstetric and pediatric wards, as well as other wards such as the infection control, burns unit and admission and emergency. Social Workers are assigned to particular wards, which helps in establishing particular specialities to the benefit of the service users. Referrals were received from other professionals assigned in the wards; professionals outside hospital, relatives or the patients themselves.

1. Benniena

The Benniena service, as part of the social work service at Mater Dei Hospital, is also offered to pregnant women who are facing social difficulties. Support included the Social Worker serving as a liaison between the mother and other hospital staff, and/or between the mother and other concerned parties / departments. The service users included:

- single mothers (separated, divorced, living alone, or widowed);
- mothers having financial difficulty and/or a difficult medical condition;
- situations involving prostitution, rape, and any form of substance abuse;
- mothers who have physical and/or mental health issues;
- children having medical problems;
- babies born with withdrawal symptoms whereby the Social Worker monitors their stay in hospital and gives feedback of their medical / social situation to CPS Social Workers, and their parents; and
- pregnant immigrants (eg. asylum seekers).

Referrals were mainly received from ward staff, pediatricians, other professionals from other agencies, as well as self-referrals from clients.

Review and Analysis of Service

During 2012 to 2013, the service worked with 2,111 and 2,561 cases respectively (Table 16 and Table 17), experiencing an increase of 450 cases; and the Benniena service worked with 311 and 226 cases respectively (Table 18 and Table 19).
### Table 16: MDH caseload, 2012

<table>
<thead>
<tr>
<th>Number of cases worked with</th>
<th>January – December 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2012</strong></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>1,448</td>
</tr>
<tr>
<td>Re-contact</td>
<td>245</td>
</tr>
<tr>
<td>Known</td>
<td>418</td>
</tr>
<tr>
<td><strong>Total cases worked with</strong></td>
<td><strong>2,111</strong></td>
</tr>
<tr>
<td>Number of individuals worked with</td>
<td>1,988</td>
</tr>
</tbody>
</table>

### Table 17: MDH caseload, 2013

<table>
<thead>
<tr>
<th>Number of cases worked with</th>
<th>January – December 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2013</strong></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>1,531</td>
</tr>
<tr>
<td>Re-contact</td>
<td>295</td>
</tr>
<tr>
<td>Known</td>
<td>735</td>
</tr>
<tr>
<td><strong>Total cases worked with</strong></td>
<td><strong>2,561</strong></td>
</tr>
<tr>
<td>Number of individuals worked with</td>
<td>2,438</td>
</tr>
</tbody>
</table>

### Table 18: Benniena caseload, 2012

<table>
<thead>
<tr>
<th>Number of cases worked with</th>
<th>January – December 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2012</strong></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>199</td>
</tr>
<tr>
<td>Re-contact</td>
<td>18</td>
</tr>
<tr>
<td>Known</td>
<td>94</td>
</tr>
<tr>
<td><strong>Total cases worked with</strong></td>
<td><strong>311</strong></td>
</tr>
<tr>
<td>Number of individuals worked with</td>
<td>301</td>
</tr>
</tbody>
</table>
The decrease in the latter situation can be explained due to the Social Worker having been promoted to Leader, and there being a gap until her replacement was recruited and settled into the service.

In the period under review, two new Social Workers joined the Emergency and Admissions wards (included seven wards in all), that were opened. One of the aims of the latter was to identify and intervene at an early stage with cases of elderly persons who may otherwise have ended up as social cases. The induction and settling in of these workers was also very demanding on the Leader and Coordinator. One Social Worker was also deployed to the newly set up Discharge Facilitation Team, and to date this post has remained un-replaced.

The team also continued to face the demands of emerging trends, such as, the increase in the number of migrant service users; and the increase need for finding placements for migrant children; as well as meeting demands of drop-ins and referrals from Renal and Out-patients Departments, the latter of which do not have a Social Worker attached to the ward.

In the Benniena service, the Social Worker continued giving service to pregnant mothers; and continued attending the inter-professionals meeting with regards to substance misusing mothers. After media coverage of a baby who drowned in a bath, the service experienced an increase in enquiries regarding babies’ well-being. There was also an increase of migrants who came to give birth at the hospital and needed placements for their other children; as well as quite a number of cases of migrants / foreigners with social difficulties, mostly homelessness and financial difficulties.

Among other major achievements, were:

- The write-up and presentation of a SWOT analysis report on the service to the CEO; followed up discussion on such report and the identified issue to be addressed;
- Presentations regarding the role of social work delivered to Head of Consultants, to professionals working with amputees, to the volunteers of Vol-Serv, medical students, and to allied care professionals;
- The finalisation of the draft Manual of Procedures;
- The revision of the Protocol with Mater Dei Security;
- Contribution to meetings with the Minister for Health, the CEO and the Medical Superintendent regarding the setting up of the Discharge Facilitation Team via checklists for the assessment tool, and roster system, among other issues, which were implemented. Further collaboration ensued with the Discharge Liaison Team to review the working of the team;
Meetings held with the Karen Grech Hospital Social Workers to improve liaising and also with the Geriatricians regarding the improvement of the flagging system at Mater Dei, to identify elderly persons requiring long-term care. The outcome was an agreement to have more structured communication / feedback on cases referred, which could be a basis for any future protocols.

**Case study – Benniena**

Francesca*, a foreign lady living in Malta, suffered a stroke after she gave birth, which affected her right side temporarily, including mobility and speech. Nonetheless this left her very depressed and unable to take care of her baby. Her baby was taken care of by midwives whilst she was being cared for in another hospital ward. Her parents were very supportive. They were informed about community services and were given a list of private carers. They applied for disability services, and found a private carer to help both the mother and the baby. The Social Worker set up a meeting amongst all professionals involved – Nurses, Consultants, Doctors and Hospital Management, from the Neuro-medical, Obstetrics and Paediatrics Departments to assist the mother and her child with the best care. Hospital Management did not consent to have private carers within the hospital setting. Francesca’s parents could not take care of the baby at home, as they were spending a lot of time visiting in hospital to be close to their daughter, but believed that if their daughter would not see her child regularly, she would be very depressed and would probably start deteriorating. However, the doctors felt that the mother might deteriorate if she took care of the baby all the time, since she was very weak and in pain most of the time. The nurses took the baby more often near the mother for the benefit of both; and midwives were given overtime to be more available to care for Francesca and her baby’s needs. In one month, Francesca improved and her parents organised private care at her own home. The Social Worker also liaised with the other therapists for rehabilitation sessions for the mother.

Francesca and her baby were discharged on the same day. The mother started walking slowly and her speech improved considerably. She also managed to breastfeed her child and to take care of the child at home with the help of her family and all community services.

**Case study – Adult Wards**

Stephen*, a 51 year old gentleman, was separated and homeless. He had two children but only one visited him at hospital. He had multiple admissions to MDH and also ended up with serious medical and mobility problems. He underwent toe amputation, and afterwards ended up with a bilateral amputation.

During his hospitalisation, Social Workers carried out a lot of interventions to address housing issues, marital problems, financial problems, court hearings, psychiatric problems, relationship with children and support network, disability applications and accessibility issues; and possible community services to help him. He was referred to several entities.

Since Stephen had been depressed, he was assisted in developing a plan for discharge and after discharge. He was allocated a Housing accommodation, KNPD helped him adapt the home in order to be accessible; and the Social Worker liaised with his daughter to help encourage him with activities of daily living during her visits. He also received physiotherapy and therapy at Karen Grech Hospital. He was assisted in hoping for a better future although he encountered difficulties and social problems, and was without any support. He managed to fight and win both medical and emotional struggles that he encountered through his hospitalisation.

This client was going to end up as a social case and dependant in a home. However due to help and support and to his resilience, he managed to go to Karen Grech Hospital for rehabilitation with the plan of independent living.
Way Forward

- Contribute to the monitoring and review of the new Discharge Facilitation Team, to be effective and efficient in increasing the number of elderly persons returned home.
- To continue consolidating the service by providing quality social work service, through actions such as advocacy for capacity building to cover wards not covered by Social Workers; continuing presentations clarifying the role of Social Workers with various groups of professionals at MDH; continue to explore the implementation of prioritisation / exclusion / inclusion criteria; as well as continue advocating for the availability of interpreters and cultural mediators for work with immigrants, among others.

2. Boffa Hospital

Service Overview

During the period under review, the Social Workers at Boffa Hospital continued liaising with other professionals to provide good quality care to individuals who come in contact with the hospital. The Social Workers continued to apply the work ethic that providing the necessary support to the patient and the family during their traumatic experience of facing the illness and the side effects of the treatment, allows for better management and resilience to the challenges their health situations demand of them.

Social work in an oncology setting had to adjust to the new challenges that advancement in medicine have brought, namely that cancer has transitioned from a terminal illness to a chronic illness with client and family needs shifting to incorporate long-term effects of treatment, raising issues of quality of life in the extension of life and fears of recurrence.

Review and Analysis of Service

In 2012 and 2013, the Social Work Service worked with 599 and 555 cases respectively (Table 20 and Table 21).

<table>
<thead>
<tr>
<th>Number of cases worked with January – December 2012</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>151</td>
</tr>
<tr>
<td>Re-contact</td>
<td>10</td>
</tr>
<tr>
<td>Known</td>
<td>438</td>
</tr>
<tr>
<td><strong>Total cases worked with</strong></td>
<td><strong>599</strong></td>
</tr>
<tr>
<td>Number of individuals worked with</td>
<td>590</td>
</tr>
</tbody>
</table>

*Table 20: Number of cases worked with by the Boffa Social Work Service, 2012*
### Table 21: Number of cases worked with by the Boffa Social Work Service, 2013

<table>
<thead>
<tr>
<th>Number of cases worked with</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>84</td>
</tr>
<tr>
<td>Re-contact</td>
<td>6</td>
</tr>
<tr>
<td>Known</td>
<td>465</td>
</tr>
<tr>
<td><strong>Total cases worked with</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Number of individuals worked with</strong></td>
<td>555</td>
</tr>
<tr>
<td><strong>Number of individuals worked with</strong></td>
<td>552</td>
</tr>
</tbody>
</table>

In 2013, the Social Work Service at Boffa was being offered by four Social Workers providing 120 hours of service per week.

The waiting list for the service became an everyday reality, with the year ending with eight referrals still awaiting assistance from the social work office.

As a result and due to lack of resources, in-patients received priority over out-patient referrals. This decision was taken to assist in bed management in the Treatment and Palliative Wards; but the Social Work Service still had to assist in Dermatology referrals when such service were urgently needed.

Among the achievements were:

- A three-day training course delivered by a Maltese expert in oncology working in a New York oncology hospital;
- A week's training opportunity for the Coordinator to do job shadowing at an oncology hospital in the U.K.;
- The approval of one additional Social Worker as part of the capacity building for the additional staff required for the move to the new oncology hospital.

**Case studies:**

**a.** For over a year and a half, social work services were being provided to a young woman who whilst undergoing cancer treatment, was also concluding separation procedures and taking care of two children. Most of the social work intervention focused on facilitating links with the different administration systems the client had to be in touch with due to her multiple issues, while advocating on her behalf on social security and hospital administration issues, court systems, the education system, etc. The Social Workers were able to support this woman in dealing with the system whilst she was very ill and going through the trauma of separation, in gaining social security benefits, and addressing her children’s educational issues, among others; which would have been overwhelming for her to do on her own, given her circumstances.

**b.** An elderly person who started receiving treatment for cancer was living with her husband. As the assessment was being carried out by the inter-professional team at Boffa Hospital, it became clear that the husband’s relationship was abusive towards this patient. The Health Social Worker was instrumental in the identification
of this problematic situation, in sensitising the rest of the Health professionals and in protecting the patient from further abuse.

**Way Forward**

- Continue working with Boffa health authorities to ensure a smooth transition to the new oncology hospital before end of 2014;
- To equip the team for the migration to the Oncology Centre;
- Advocate for and seek training in the new areas of oncology, in keeping abreast of the changes in the specialisation of oncology, namely in Oncology Social Work, being knowledgeable about other areas such as paediatric and, adolescent oncology, and specific issues concerning haematology patients;
- Continue advocating for the requested number of Social Workers, and secretarial support requested in the Oncology Centre Medical Brief, to maintain quality service for clients; and deal with the expansion of the support service to Paediatrics and Oncology patients;
- Continue supporting clients in ensuring a quality of stay in hospital and through their transition back home if/when this eventuates, as well as supporting their families.

3. **Qormi Health Centre**

**Service Overview**

During 2012-2013, the Social Work Service at Qormi Health Centre continued to offer a comprehensive package of psycho-social care to service users suffering from mental health difficulties, and to their care givers, so as to enhance their quality of life. This service was provided to persons living in Qormi, Żebbuġ and Siġġiewi. The Social Workers in this setting continued to form part of an inter-disciplinary team consisting of Psychiatrists, Doctors, Nurses and Psychologists.

**Review and Analysis of Service**

During the period under review, various staff changes, both in the social work team and the inter-disciplinary team, took place. The gap left in the service when Social Workers left, and until they were replaced, had an impact on the remaining staff as they had to absorb their workload; and they had to cancel the support group and recovery programme for service users. One of the main challenges was to continue providing good quality service to our service users notwithstanding the changes and shortages in staff. Another challenge was to provide a quality service to the service users and their carers inspite of the continued increase in their number. Referrals to the psychiatric services also continued to increase, whilst staff decreased. In 2012, the service worked with 125 service users and their families (Table 22), whereas in 2013, 132 service users and their families were worked with (Table 23). In 2013 there was a slight increase in the number of service users worked with due to the replacement of one social worker.
<table>
<thead>
<tr>
<th>Number of cases worked with</th>
<th>January – December 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>20</td>
</tr>
<tr>
<td>Re-contact</td>
<td>19</td>
</tr>
<tr>
<td>Known</td>
<td>86</td>
</tr>
<tr>
<td><strong>Total cases worked with</strong></td>
<td><strong>125</strong></td>
</tr>
<tr>
<td>Number of individuals worked with</td>
<td>125</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of cases worked with</th>
<th>January – December 2013</th>
</tr>
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<tbody>
<tr>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>27</td>
</tr>
<tr>
<td>Re-contact</td>
<td>25</td>
</tr>
<tr>
<td>Known</td>
<td>80</td>
</tr>
<tr>
<td><strong>Total cases worked with</strong></td>
<td><strong>132</strong></td>
</tr>
<tr>
<td>Number of individuals worked with</td>
<td>127</td>
</tr>
</tbody>
</table>

Table 22: Number of cases worked with by the Qormi Health Centre team, 2012

Table 23: Number of cases worked with by the Qormi Health Centre team, 2013

Some of the main achievements by this service during these two years include:

- Meetings held with Consultant Psychiatrists at Qormi Health Centre to jointly review the operations of social work interventions. Feedback was extremely positive and appreciative of the Social Workers’ input.
- Meeting held with Qormi Local Council to explore ways of collaborating in offering service users seamless services. The Local Council expressed interest in engaging a Social Worker, and was thus referred to the Foundation’s Management to explore further this option. The Council also offered Appogg the possibility to set up stands during any of their fairs, in order to raise awareness about its services.
- Completed final draft of the service’s Manual of Procedures.

Case studies:

a. Mary* is a 55 year old lady who lives with her 67 year old sister. The sisters look after each other but they had a challenging relationship. One of the sisters was not managing their money well and ended up with pending bills to pay. The sisters were supported during a period of difficulty during which Mary was admitted to
Mount Carmel Hospital for a short period. Upon discharge, a plan was set up with the sisters to help Mary save some money to be able to pay for any extra expenses. Regular contact and visits to support were made and Mary became more independent from her sister. A budget was set with the sisters to try to ensure that they keep to the weekly plan. Pending bills are now being paid regularly. After a period of five months Mary is proud that she was able to save enough money to pay her dentist’s bill and also to buy necessary clothing items out of her own pension.

b. Gail is a 28 year old woman who lives on her own. She was referred to the services two years ago. Gail came from a very abusive environment. After gaining her trust through consistent work and support, the Social Worker continued to encourage Gail to seek ways to improve her skills. She was supported first for a brief period of employment and has continued to be supported whilst doing a course to gain qualifications to be able to seek better employment. Attending and being able to do well in this course was a great success for Gail.

Way Forward

- Monitor the impact of the new Mental Health Act on human resources and operations of the service, and undertake any reviews necessary of the social work practice in line with the changes in the Act, as well as update the Manual of Procedures accordingly;
- Explore any networks in the community that need to be linked up with, consolidated or created in order to ensure adequate support for clients and their families in the community, according to the human resources available;
- Address the waiting list.

4. Saint Vincent De Paule Residence (SVPR)

Service Overview

The social work service at SVPR started with two Social Workers in the year 2000. In the residence, the Social Workers deal with various kinds of issues including helping new residents settle down, planning discharge when this is the case, curbing any kind of abuse, applying for services outside SVPR that the resident may need, mediating in relationship problems, and acting as advocates for the residents; among others.

Review and Analysis of Service

In 2012 in SVPR the Social Workers dealt with a total caseload of 359 cases (Table 24); and with 366 cases in 2013 (Table 25).

<table>
<thead>
<tr>
<th>Number of cases worked with January – December 2012</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>168</td>
</tr>
<tr>
<td>Re-contact</td>
<td>119</td>
</tr>
<tr>
<td>Known</td>
<td>72</td>
</tr>
<tr>
<td><strong>Total cases worked with</strong></td>
<td><strong>359</strong></td>
</tr>
</tbody>
</table>

| Number of individuals worked with                 | 306  |

*Table 24: Number of residential cases worked with by the SVPR Social Work Service, 2012*
<table>
<thead>
<tr>
<th>Number of cases worked with January – December 2013</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>179</td>
</tr>
<tr>
<td>Re-contact</td>
<td>95</td>
</tr>
<tr>
<td>Known</td>
<td>92</td>
</tr>
<tr>
<td><strong>Total cases worked with</strong></td>
<td><strong>366</strong></td>
</tr>
<tr>
<td>Number of individuals worked with</td>
<td>333</td>
</tr>
</tbody>
</table>

*Table 25: Number of residential cases worked with by the SVPR Social Work Service, 2013.*

During this period, there were also 433 and 312 new community cases from the community worked on during 2012 and 2013 respectively, with a further 48 cases being reopened.

As from the year 2012 a third Social Worker was added to the team, however for the first time the service was dealing not only with residents at SVPR but was also requested by the Department for the Elderly to assess cases of elderly people living in the community. The Social Workers conducted assessments to determine whether the elderly person required community services, such as, Home Help, Telecare, Meals on Wheels, and MMDNA, among others, or long-term care in a home for the elderly. They also carried out interventions with elderly persons who were considered social cases. They cover a large catchment area ranging from Sliema, St Julian’s, San Gwann, and Naxxar, among others.

One of the major challenges faced by this team was that due to lack of human resources, not all SVPR wards were being covered.

Amongst the major achievements of the service, one should note that:

- One Social Worker was active in the Working Group on Elderly Abuse, where policy on abuse was drafted, following which awareness and training sessions for staff were conducted;
- The same Social Worker was also active in the Vulnerable Residents Fund Board within SVPR, which allocates small amounts of money gathered from donations to residents most in need;
- Another Social Worker joined the National Commission for Active Ageing tasked with drafting the national policy for active ageing in order to be used by the Maltese government;
- One clerical staff joined the team from the Department for the Elderly, which reduced the large amount of administrative work being carried out by the Social Workers;
- Held several meetings with the Department for the Elderly and SVPR authorities to establish and clarify procedures in relation to the Community Service.

**Way Forward**

- To continue improving the social work service to hundreds of service users, in order to enhance their quality of stay and life at the residence and homes for the elderly, and in the community;
- To start promoting the role of the Social Workers’ role to the wards beyond the ones currently
being worked with, in order to reach more potential clients who have the need for social work intervention, depending on human resources available.

5. Outreach Community Service

Service Overview

The Outreach Community Team based at Mount Carmel Hospital is an inter-disciplinary team made up of Psychiatric Nurses, Social Workers, Psychology Assistants and Care Workers. This team aims at providing comprehensive mental health care to adults with severe and persistent mental illnesses associated with a high level of disability. An Appoġġ Social Worker forms part of this team.

The team focused on delivering intensive home-based care, with the aim of improving engagement of service users to mental health care, reducing hospital admissions and length of stay when hospitalisation was required, increasing stability in the lives of service users and their carers, and improving day-to-day and social functioning.

Review and Analysis of Service

The years 2012 and 2013 brought about a number of important developments in the Mental Health Services structure, which converged to produce radical changes in the Outreach Community Team. Among these being the new setup and strategy of the Community Service and the Child and Adolescent Mental Health Service, and the introduction of the Mental Health Act in 2012. The new setup also brought about changes in staff and a drastic reduction in professional key workers in the team.

New trends in referrals, such as an increase in young adults with psychosis, mothers with newborn children, old persons and persons with co-morbidity, have led to new demands and developments within the Outreach Team. It also brought about the need for further training and for consolidation of the aims and objectives to maintain fidelity to the model of care specific to the service.

<table>
<thead>
<tr>
<th></th>
<th>Active Cases</th>
<th>New Referrals</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>53</td>
<td>21</td>
<td>8</td>
</tr>
<tr>
<td>Females</td>
<td>98</td>
<td>38</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>151</td>
<td>59</td>
<td>28</td>
</tr>
</tbody>
</table>

*Table 26: Number of residential cases worked with by the SVPR Social Work Service, 2012-2013.*

During the two years under review, the team faced various challenges and achieved several tasks, including:

- Review and changes in Outreach Operational Procedures: new aims and objectives were identified and developed to cater for the changing needs of existing service users and current trends in new referrals for service;
- Care co-ordination was reviewed, and a number of measures were added to the system of care to adopt a more team approach to care. The team was to operate on a two-tier system, namely, a team approach for services users in an acute state who require intensive support, and a case management approach for those who are at a more stable level;
- Caregiver’s Support Group was planned and facilitated by the team members in collaboration with
Floriana Day Centre. A total of 13 sessions were held and were mainly focused on psycho-education related to mental illnesses, coping strategies, information on treatments, and sharing of experiences;

- Community flats - the team continued to follow and monitor six service users living in the three community flats, with one of them being empowered to move to privately-rented accommodation;
- Evaluation of active cases and outcome measures. The development of a new outcome measure tool was in progress based on the new aims and objectives of the service, to enhance our work with service users;
- Psycho-educational Groups – the team continued to organise activities with the aim of helping our service users improve their social and communication skills and also increase their awareness and knowledge about their mental illness, through the use of groups.

**Way Forward**

- Ongoing evaluation of service and practice based on the aims and objectives of Assertive Outreach and the new strategy of the Community Service and the Child and Adolescent Mental Health Service;
- Implementation of new model of care based on the Assertive Outreach approach;
- Focus on developing an outcome measures tool also in line with the aims and objectives of service and introduction of new assessment tool to screen new referrals and assess current cases;
- Preparation for the new developments based on the Mental Health Act, 2012, especially those in relation to the Community Treatment Order and other related issues;
- Investing in continuous professional development and training of staff to enhance interventions with clients.

**FOSTERING SERVICE**

**Service Overview**

Since its creation in 1996, the Fostering Service has recruited, trained, supported, and supervised over 400 foster carers and placed over the same amount of children in foster care families in Malta and Gozo. The interventions of the Fostering Service aim at ensuring that children in foster care are provided with good quality care and stability in their lives.

**Review and Analysis of Service**

During 2012 and 2013, the Fostering team worked directly with 232 and 243 foster carers, respectively. These foster carers were caring for 281 and 239 children respectively (Table 27 and Table 28).

<table>
<thead>
<tr>
<th>The number of foster carers by year and foster care type</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-related foster carers</strong></td>
</tr>
<tr>
<td>2012</td>
</tr>
<tr>
<td>2013</td>
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</tbody>
</table>

*Table 27: Number of foster carers, 2012-2013*
### Table 28: Number of children in foster care, 2012-2013

<table>
<thead>
<tr>
<th>Period</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>140</td>
<td>141</td>
<td>281</td>
</tr>
<tr>
<td>2013</td>
<td>117</td>
<td>122</td>
<td>239</td>
</tr>
</tbody>
</table>

The number of persons who enquired to become foster care in 2012 was 99, whilst in 2013 it was 67.

In the period under review, the team’s Social Workers continued to support the foster carers and their families. The number of children placed in foster care in 2012 was that of 49, 10 of whom were newborn. The following year 26 were placed in foster care, out of whom only one was a newborn.

To recruit more prospective foster carers the Fostering Team continued to participate in awareness campaigns, involving a number of media activities such as TV and radio programmes, and public meetings in parishes and other organisations. Members of the team also shared their experiences in interviews for media articles and links on websites. A quarterly newsletter was also printed during these two years.

The major achievements of the service during the two years under review include:

- The Fostering Team organised seven initial training programmes in 2012 and another four in 2013 for prospective foster carers in Malta and Gozo;
- Six on-going training programmes were facilitated by local and foreign trainers, as part of the on-going training to foster carers in order to enrich their own skills to foster. The themes chosen were: lifework, transitions in foster care, the rights of the child in foster care, and attachment theory;
- The team also supported the National Foster Care Association Malta (NFCAM) in organising two annual conferences. In 2012, a Family Therapist and expert on attachment, delivered training in one of the conferences with the theme Understanding Attachment and Bonding in the child in foster care. In 2013, a Professor from the United States – an expert on neuroscience and member of IFCO – delivered training in another conference with the theme Nurturing Positive Development in Our Foster Children. Both conferences presented foster carers and Social Workers who participated with how the latest research in neuroscience can help in understanding the behaviours exhibited by children in foster care and how to respond to them;
- The Fostering team also carried out monthly support groups for foster carers. In 2013, two staff members created a training programme for the foster carers’ biological children. This event was a great success and this group of young people is still meeting and giving support to each other;
- The Service Manager and Service Area Leader contributed to the Ministerial Working Group on the review of Specialised Fostering.

**Case studies:**

- **Maya** was placed in care at birth. Her mother had mental health difficulties, and the father had physical health problems and was not in a position to look after her. The parents were separated. Maya spent the first eight years of her life in a children’s home residing with her eldest sisters, while her brothers lived in another children’s home. Over a number of years, Maya built a healthy relationship with a family who...
used to take her out during the weekend. When the birth mother died, and there was no adult to look after her from her extended family, this contact family approached Aġenzija Appoġġ to become foster carers for Maya. They were trained, assessed and approved as foster carers. Maya was placed with them and she started experiencing what a well-functioning family was like. Although Maya knew the family that she started living with on a full-time basis, she still felt that she could not trust them. Her past experience of neglect affected her psychologically. Academically, she was very behind her peers. She had very poor grades at school and did not have any friends. Her foster carers had to work hard on this lack of skills in order for Maya to build her self-esteem. At Form 5, Maya did not get the grades to go to post-secondary education. However, she continued with her studies, and slowly, she started believing in her capabilities which transformed the way she started looking at herself. On a daily basis, the foster carers used to support her and encourage her in her studies. Today she is in her second year at University of Malta.

b. Jason* was placed in foster care as a newborn baby. This decision was taken after several attempts were made over a number of years working with the birth parents on issues of severe neglect experienced by his elder siblings. Over time, the foster carers and other professionals noticed that Jason was not reaching his developmental milestones. The medical specialist discovered that Jason had delays in his development and would not be able to walk, talk or express emotions. Although the foster carers were shocked at the news, the situation made them more determined to help the boy. Medical interventions were made, and the foster carers also bought material that could help the child be stimulated. Also, through the time spent with him on a one-to-one basis, Jason started responding to the treatment. Today Jason is able to walk, talk and express emotions. He goes to school and is very sought after by his peers.

Way Forward

A number of changes will probably be witnessed in the coming years, through the amalgamation of the Fostering Services; the review of incentives to foster carers; the introduction of the Child Protection Bill and review of the Foster Care Act; and awareness campaigns. The Fostering Service will be pro-active in preparing and putting forward recommendations for such changes to take place. Specific examples of this pro-action are:

- Contribute to the amalgamation of the Fostering and Specialised Fostering Services, to consolidate these services especially in the light of the impact that the Children's Act with mandatory reporting, and the amendments in the Foster Care Act, will have – with the possible increase of referrals, and subsequent increase in Care Orders and demand on placements;
- Review Awareness campaigns – to tap new media eg. social media to attempt to attract more prospective foster carers; and focus on different types of fostering – siblings, short-term, respite, and emergency;
- Contribute to the authorities’ review of the current incentive system to foster carers, with one of the aims being to encourage them to foster siblings;
- Explore more ways of better supporting foster carers eg. an alternate on-call system, and peer support system;
- Regular revision of training course content, assessment techniques, and seeking training opportunities re latter;
- Advocate for the Agency to explore the possibility of a team model to work with biological parents, foster carers, and children in care; and for an increase in the support services, such as home-based therapy;
- Continue to advocate for the Advisory Board to see to the needs of children in voluntary care as well as those under Care Orders, in the interim of the Children's Act;
- Work on more on-going training programmes to be created and attempt to work with other foreign foster care associations through the use of online training.
ADDITION

Service Overview

The Adoption Service within Aġenzija Appoġġ follows the adoption process from beginning to end, working together with the prospective adoptive parents (PAPs). The role of this service entails:

- giving information and supporting PAPs throughout their adoption journey;
- setting up and facilitating regular preparatory courses for PAPs;
- assessing PAPs and compiling Home Study Reports, preparing all necessary documents to support PAPs when adopting both locally and also through foreign sending countries; and
- following up the family after adoption through Post Adoption Reports.

The team continued to work towards the main objective of the service, to find suitable alternative families for children who cannot live with their natural families. The service continued to assist PAPs who apply for local or inter-country adoptions to adopt a child/ren, at the same continuously keeping the best interest of the children at primary focus.

Review and Analysis of Service

In the period under review, the service dealt with 267 pre-adoption cases (Table 29) reaching 250 children and 187 families post-adoption cases in 2012 (Table 30); and 274 pre-adoption cases (Table 31) reaching 253 children and 191 families in 2013 (Table 32). This workload was apart from the enquiries dealt with and training delivered.

<table>
<thead>
<tr>
<th>Number of cases worked with January – December 2012</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of pre-adoption cases worked with</td>
<td>267</td>
</tr>
<tr>
<td>Number of individual pre-adoption cases worked with</td>
<td>254</td>
</tr>
<tr>
<td>Total number of enquiries processed</td>
<td>192</td>
</tr>
<tr>
<td>Number of cases closed in year</td>
<td>93</td>
</tr>
</tbody>
</table>

*Table 29: Pre-adoption data for Adoption Service, 2012*
<table>
<thead>
<tr>
<th>Number of cases worked with January – December 2012</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012</td>
</tr>
<tr>
<td>Number of children</td>
<td>250</td>
</tr>
<tr>
<td>Number of families</td>
<td>187</td>
</tr>
<tr>
<td>Number of cases closed in year</td>
<td>29</td>
</tr>
</tbody>
</table>

Table 30: Post-adoption data for Adoption Service, 2012

<table>
<thead>
<tr>
<th>Number of cases worked with January – December 2013</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
</tr>
<tr>
<td>Total number of pre-adoption cases worked with</td>
<td>274</td>
</tr>
<tr>
<td>Number of individual pre-adoption cases worked with</td>
<td>274</td>
</tr>
<tr>
<td>Total number of enquiries processed</td>
<td>197</td>
</tr>
<tr>
<td>Number of cases closed in year</td>
<td>79</td>
</tr>
</tbody>
</table>

Table 31: Pre-adoption data for Adoption Service, 2013

<table>
<thead>
<tr>
<th>Number of cases worked with January – December 2013</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
</tr>
<tr>
<td>Number of children</td>
<td>253</td>
</tr>
<tr>
<td>Number of families</td>
<td>191</td>
</tr>
<tr>
<td>Number of cases closed in year</td>
<td>18</td>
</tr>
</tbody>
</table>

Table 32: Post-adoption data for Adoption Service, 2013

The Appoġġ Adoption Service was accredited (in accordance with the Adoption Administration Act) in 2012, together with three other private agencies. This meant that the service could now refer prospective adoptive parents to other accredited agencies who had foreign contacts.

The enactment of the private agencies also brought along a number of challenges. Prospective adoptive parents now had the option of either working with a private Agency or through a government Agency. In-depth consultations with the Central Authority and with the other agencies were necessary to cater for this change. Main difficulties included movement of Prospective Adoptive Parents across agencies and hence lack of continuity. Particularly was the issue of Appoġġ as the government agency taking over the responsibility of post-adoption reports of private clients without having participated in the process in any way.
The major accomplishments of the service during the two years under review include:

- The service was accredited by the Malta Central Authority;
- Due to an additional worker in January 2012, there was a substantial decrease of waiting time for the preparatory course. By the end of 2012, the service had managed to tackle the waiting list whilst providing a service to a greater number of service users;
- The introduction of the newly accredited agencies in 2012 also meant an increase in collaboration meetings with the Malta Central Authority and the private agencies. Procedures needed to be enacted with regards to prospective adoptive parents’ movement across agencies, amongst others. It also meant that in accordance with the Adoption Administration Act, all agencies were obliged to pass on a log book of all the prospective adoptive parents (and which stage they are at) to the Malta Central Authority.
- Another new worker joined the team in 2013. This meant that the service facilitated an additional training course. This, together with the enactment of the private agencies, resulted in a significant decrease in the waiting list.
- The service’s Social Workers benefited from training on infertility issues. This brought upon a lot of reflections regarding prospective adoptive parents and their reasons for adoption. It is a known fact that a lot of prospective adoptive parents have infertility issues. Although such circumstances should obviously not hinder the possibility of adoption, it is important to assess that a couple have dealt with their infertility issues prior to proceeding with their adoption process;
- The preparation of a draft of an adoption story in Maltese by the team. It was noted that although there are a lot of foreign stories targeted at adopted children regarding adoption, there is no such local stories. Hence, the Adoption team worked on a script which is aimed at being published in the next year.
- The team also updated the material handed out during the training course so as to be in line with current literature. The country packs explaining the process in relation to the different countries available were also updated.

Case study:

The Adoption team considers every adoption as a success story. Even more successful are the local adoption situations. The biological parents cannot sign consent before the child is six weeks old. However, the child will be living with his/her prospective adoptive parents during this period. This is usually a very difficult period for the prospective adoptive parents since they will be risking that the adoption will not go through. Hence, although it is always heart-breaking watching a biological parent sign consent for adoption, it is also considered as a success story since a lot of work would have been put into ensuring that this is the best way forward for the minor concerned.

Way Forward

- Researching the feasibility of setting up support groups for adoptive parents;
- Updating the training course. Feedback obtained from participants during the training course is always very positive, however the service aims at ameliorating the training provided since this is believed to be not only a place for prospective adoptive parents to reflect on whether to continue with the adoption, but it is also a reference for how to deal with difficulties especially in the early days following the adoption;
- Publishing and marketing of the adoption storybook;
- Contribute to advocating for more inter-country agreements for adoptions; as well as for the Agency to have its contact person/s in sending countries for inter-country adoptions.
EMPLOYEE SUPPORT PROGRAMME

Service Overview

The Employee Support Programme (ESP) is designed to provide support for public employees on a broad range of difficulties, both personal and work related, to enable employees to be healthier, more productive, and able to contribute better to their place of work and in assisting the general public. This programme was coordinated in the first instance by the Office of the Prime Minister (OPM) in collaboration with Appoġġ, which provides the social work service in carrying out the initial assessments, among other tasks.

Support to employees in 2012-2013 was given by ESP Appoġġ Social Workers in partnership with six other organisations; in relation to:

- Addictions
- Bereavement
- Terminal illness
- Disability issues
- Mental/emotional health difficulties
- Marital, family and relationship difficulties
- Other areas of personal concern that are affecting the employees’ work performance;
- Work related stress

The referred partner organisations provided each employee with a maximum number of ten support sessions after being assessed by the Social Workers through the Employee Support Programme Unit. In 2012-2013, Richmond Foundation took most of the referrals since the two most common problems communicated by the service users were related to mental health difficulties and work-related problems, both of which also contributed to marital/relationship problems.

Since inception of the ESP unit, over 314 individuals made use of the service. During the period under review, the service dealt with 105 cases in 2012 and with 141 cases in 2013.

A number of cases did not require referral for the service. Venting out their feelings during two or three sessions was enough for some employees. However, the intervention of a Social Worker was always important.

A few cases were more intense and not only required referral to Richmond Foundation but also needed collaboration with their superiors at the workplace. This required regular correspondence between ESP and government officials involved in the case.

Review and Analysis of Service

The main achievements for this team during 2012-2013 included:

- As from 2012, Appoġġ offered the services of two Social Workers, a full-timer and a part-timer;
- The mapping process continued in 2012. The Social Workers took part in the process, which was led by a psychology firm that was outsourced, and the work performed with all the Ministries was completed. The mapping process also involved considerable administrative work;
- Social Workers receive at least two individual supervisions sessions every month from the Appoġġ Supervisor;
- Social Workers assisted the Project Coordinator in conducting awareness sessions to employees in different departments in every Ministry. The topics chosen for these sessions were deducted from
the mapping. The sessions were on addiction, mental health, self-care and / or stress management;
- Meetings between OPM and Appoğg were organised regularly to agree upon working procedures and coordination of work between the two entities;
- Evaluation and Satisfaction Forms were also given great importance in order to acquire constructive feedback from the clients about the services offered by the Social Workers during the assessment period and the sessions offered by the six partners;
- Manual of Procedures established;
- A clear procedure of how the Social Worker should work with clients was also set up;
- Social work interventions were encouraged. This was common practice in 2012/3. There were times when the unit Coordinator / Social Workers set up appointments with the top management of certain government departments to voice out concerns about the rights or difficulties of employees in their place of work. This is always done with the consent of the client.

Regardless of the milestones mentioned above, the service also encountered a few shortcomings and thus faced challenges. Mainly;

- There was a lack of awareness about the service amongst government employees;
- There was a fluctuation in the referral of clients; and
- The clients had a limited number of sessions at the partner organisations.

Case study:

A client who suffers with bipolar depression had several work-related difficulties such as arriving late at work due to the effect of medication. Through the ESP programme and with the consent of the client, the Social Workers talked to the Director and explained the situation. The client was given a concession to arrive later than other employees. The Social Workers continue to support the client at work and even at the office.

Way Forward

- A number of cases are to be taken by the Social Workers themselves with no referrals necessary. Social Workers can be allowed to take over cases long-term to help monitor the situation on a regular basis. It is proposed that the service will continue to be provided to the Public Administration on a regular basis.
- Exploring the possibility of the recruitment of Psychologists within the team;
- The idea of Fast Track should be continued – the idea of the ESP service was that to facilitate and promote a good and quick service to clients;
- Explore the possibility for the extension of the service to the family (partners and children);
- Regular training on mental health issues to ESP employees should be ongoing;
- Working and liaising with various agencies are also necessary in this particular work so protocols could be explored.

HUMAN TRAFFICKING

Service Overview

The service on Human Trafficking (HT) was set up in 2008. A memorandum of understanding was set up between the then Ministry of Social Policy (through Aġenzija Appożg), and the Malta Police Force, outlining the method of referrals regarding victims of human trafficking, and the obligations of the Agency in terms of welfare service provision for these victims. A liaison person on HT was designated within the Agency to co-ordinate the above-mentioned on the part of the Agency.
Review and Analysis of Service

During this period, the liaison person responsible for this service, who is also the Service Manager responsible of this cluster of services, continued to directly assist the police with the support of Social Workers from the Initial Family and Support Service (IFSS), and workers from the Ghabex emergency shelter within the Agency, in the identification of victims of human trafficking. This together with ensuring the provision of all social welfare services, including emergency accommodation to the victim, among other tasks. Over the period 2012-2013, 12 cases of alleged human trafficking were worked on.

Among the achievements were:

- Liaison person (LP) was nominated on the National Task Force on Human Trafficking;
- The LP’s contributions as part of the National Task Force on Human Trafficking to the setting up of National Action Plan, National Referral Mechanisms, National Standard Procedures, National Campaigns, and plans for Awareness Campaigns, among others;
- The LP co-ran a workshop at a national conference on human trafficking;
- The LP attended several weeks’ training courses coordinated by the International Organization of Migration (IOM) in conjunction with IOM-Rome and IOM-Washington, delivered by foreign experts. This training included the participation of several of the Agency’s professionals, leading to the establishment of the National Referral Mechanisms and National Standards of Procedures;
- LP had several opportunities to attend conferences abroad on human trafficking.

Training was also delivered to some of the Agency's professionals, including the Management, by an IOM trainer.

Case study:

A young foreign woman, a victim of domestic servitude, was admitted to Appoġġ’s emergency shelter, after having been helped to escape by friends from her foreign employers living in Malta. During her voyage from the Philippines, through several countries, she suffered conditions of domestic slavery. She was made to work very unreasonable hours by her foreign employers in Malta, leading to sleep deprivation and loss of weight; suffered emotional abuse by the family; and was not paid for several months. Once admitted into the shelter, the LP worked closely with the police to retrieve some of the woman's personal belongings, such as her passport, which had been confiscated by her employer. Her friends conveyed that on her first night at the shelter she had slept well for the first time in two years. At the shelter, she regained her strength and was empowered to seek work again. She moved out to live with friends, and has been since working as a carer with a Maltese family who treat her with dignity.

Way Forward

- LP to continue contributing to the National Task Force on human trafficking
- Advocate for capacity building for one part-time Social Worker to be attached with the LP on human trafficking;
- Advocate for the implementation of the EU directive on victims rights, especially vis-à-vis the reflection period for victims and their right for legal representation;
- Work towards an awareness campaign with Cybercrime on the connection between the Internet and human trafficking;
- Contribute to training on human trafficking via presentations to Management and Leaders, with the possible participation of NGOs.
Aġenzija Sapplı is committed to enhance the quality of life of persons with disability through innovative personalised support, expertise, and advocacy.

**HUMAN RESOURCES AND TRAINING**

**Employees within Aġenzija Sapplı**

At the end of December 2013, the Agency had a staff complement of 359 categorised as follows:

<table>
<thead>
<tr>
<th>Item Requested</th>
<th>Full-Time</th>
<th>Full-Time Reduced Hours</th>
<th>Part-Time</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Executives</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Administration</td>
<td>10</td>
<td>2</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Leaders</td>
<td>15</td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Coordinators</td>
<td>10</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Social Workers</td>
<td>10</td>
<td>1</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Professional Support Workers</td>
<td>12</td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Support Workers</td>
<td>212</td>
<td>9</td>
<td>43</td>
<td>264</td>
</tr>
<tr>
<td>Maintenance / Drivers / General Hands etc</td>
<td>16</td>
<td>1</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>Nurses</td>
<td>-</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Staff on maternity or parental leave</td>
<td>7</td>
<td>1</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>298</td>
<td>15</td>
<td>46</td>
<td>359</td>
</tr>
</tbody>
</table>

*Table 33: Staff complement at Aġenzija Sapplı, December 2013*
Staff Training

In order to guarantee the highest level of service to its clients, the Agency gives importance to staff training on both a formal and an informal hands-on level. Staff members benefit from training that is provided by the Agency directly as well as through their participation in training organised by other entities locally and internationally.

Staff training provided by the Agency assists employees to:

- understand Sappor's philosophy and values to ensure that all staff members move in the same direction, towards a unified vision;
- develop skills in their direct work with clients, particularly persons with challenging behaviour and those who may have complex medical needs;
- build on their abilities to anticipate potential crises situations and be able to diffuse them, as well as to intervene in such situations when they escalate;
- learn appropriate and professional methods of administration of medication;
- ensure that clients are not victimised and are protected from any form of abuse;
- advance the skills related to their specific role;
- extend their abilities in teamwork and teambuilding; and
- comprehend Sappor policies and procedures such that all employees abide by such directions and reach Agency expectations.

As has been mentioned above, workers also have the opportunity to attend seminars and programmes organised by other entities in order to progress in their process of professional and personal development.

Staff training throughout 2012-2013 included:

- Feeding and Swallowing Difficulties in the Elderly
- Guardianship Legislation Consultation Meeting
- Gambling Training
- LDV Dissemination Phase Training
- Training in Parental Skills
- FHRD Annual Conference
- Mandatory Skills in the Helping Profession
- Developmental Stages of Children and Recognising Abuse
- Lifting and Handling Techniques
- Perpetrators Programme Facilitators Training
- Motivational Interviewing Training
- Taking and Writing Effective Minutes
- Infectious Diseases Training
- Drug Update 2 – Medication
- Drug Update 3 – Legal Dimensions of Work with Addictions
- Dual Diagnosis Training
- Eating Disorders Training
- Training on Challenging Behaviour
- Aditus Training on Asylum Seeking
- Mental Health Issues
- HGT and Blood Pressure
- Training in Nutrition
• Dysphagia (Feeding and Swallowing) Training
• Conducting Effective Performance Appraisals
• Multi-Sectoral Sexual Assault Interventions on Women
• Common Assessment Framework Training
• Common Assessment Framework for Core Groups
• Training in Supervision
• Training in Supervision for Professionals
• Customer Clerk-ing Training for Customer Care Clerks
• Working with Individuals with Disabilities and with their Family
• Seminar on Equality Policies in the Public Sector (CDRT)
• Training in Human Trafficking
• Care Givers Course on Mental Health (Mental Health Association)
• Training on The New Mental Health Act of Malta 2013
• Basic Life Support Course (Malta Resuscitation Council)
• Coping and Caring Course
• Aspects of Abuse (Mount Carmel Hospital)
• Save the Day Public Lecture
• Issues of Mental Health relating to Children and Adolescents (Mount Carmel Hospital)
• Independent Living Skills Course (Malta Society of the Blind)
• Course for Residential & Day Care Workers: Introduction and Intermediate
• Training on Domestic Violence (Institute of Legal Studies)
• Training on Divorce Law (Institute of Legal Studies)
• Training on Social Security
• Contact Issues: Connecting Children with their Family of Origin
• Staff Development Days
• Fire Fighting Course
• Induction Training
• Food Handling Courses
• First Aid Courses
• LGBT Training
• PECS Training
• Team Building Sessions for Residences, Day Centres and Administration Staff
• Training in Avoiding Stress and Burnout
• Seminar on Developing and Strengthening Family Resilience in Families of Persons with Disability
• Seminar on Helping Ourselves, our Children and Grandchildren Avoid, Survive and Grow through Trauma
• Young People in Gozo – Public Conference
• Training to HR Officers
• Reception of Asylum Seekers in Malta
• Strategic Review for Agency Sapport
• The Disadvantaged Child: Problems and Solutions – Conference
• Bridging the Gap – Communication and Computers
• Using Communication Systems
• Introduction to Autism Spectrum Disorders
• Introduction to Family Law
• Information Meeting on Housing Authority
• Social Communication Skills
• Touching Autism Training
• Visual Aid and Social Stories Training
- Crisis Management and the Law Courts 2nd CRM Intensive Course
- Sex, Relationships and Learning Disabilities Training
- Gambling Training Session
- JRS Conference – Understanding the Other: the Challenge of Providing Cultural Competent Care
- JRS Closing Conference – Project Offering Psycho-Social Support Vulnerable Asylum Seekers
- Arts Therapy with Children, Young People and Schools
- Motivational Skills Course for Middle Managers
- Compulsory New Leaders Training Programme
- Compulsory PSWs and Coordinators Training Programme
- Communication Dynamics
- Understanding and Managing Personality Disorders
- An Introduction to Applied Behaviour Analysis
- Il-Liġi u l-Familja Maltija – Ejjew Ghandi Conference
- Handling Work Stress

The Agency, with the assistance of the FSWS Human Resources and Training Offices, works to identify any international opportunities for training abroad, that staff may benefit from, to attain direct experience of similar and diverse services.

Sapport also participated and contributed to various conferences and seminars. Moreover, it continued to encourage involvement in schemes such as Youth Exchange Programmes through the participation of a number of persons with disability and their assistants in programmes held in Malta and Germany. Such opportunities allow persons with disability to broaden their horizons and share experiences while exposing themselves to cultural, educational, vocational, recreational and social programmes with persons with disability from different countries.

SERVICE ALLOCATION COMMITTEE (SAC)

In 2003, Aġenzija Sapport set up a semi-independent body, namely the Service Allocation Committee, in order to ensure that, subject to government legislation, every person with disability has an equitable opportunity to be considered for the various services available at Sapport, mainly Community and Residential Services, and to ascertain that all services provided are within the scope, ability and resources of the Agency.

In August 2012, the Independent Community Living Service (ICL) (Vote 5594) was set up to financially support person with disabilities and their families with the intent of allowing them to live independently in the community and avoid institutionalisation. The Service Allocation Committee is also responsible to assess and decide which service users are eligible to benefit from the Independent Community Living Service.

Service Overview

This committee is responsible for examining all requests for services, specifically Community Services, Residential Services and Independent Community Living Service. Members of the committee scrutinise each and every application which is presented to them by the person requesting the service or his / her carers, together with the Agency's Social Worker as their advocate, and decide on allocation based on the needs of the individual and the Agency resources available at that point in time.
The Service Allocation Committee is composed of:

- A parent of a person with a disability who is also a finance professional
- One professional from the community in a related field (KNPD)
- One Occupational Therapist
- Two person with disability’s representatives from the community one of which is the Chairperson
- One representative from Sapport, who is the Service Manager or his/her delegate
- One member of staff from the Sapport Social Work Unit who has carried out the initial assessment (this member has no vote since s/he is representing the service user)
- One secretary.

Review and Analysis of Service

Throughout the period 2012-2013, the committee convened 20 times. In the said meetings, the committee examined 154 situations as seen in Table 34. 145 of these were all considered deserving and were therefore approved service, while only nine were refused service (Table 35). As mentioned above, persons are presented in front of SAC for Residential Services, Community Services and Independent Community Living Service. Occasionally, a few situations are presented for both Community and Residential services usually because the person would necessitate Community Services until Residential Services are available.

<table>
<thead>
<tr>
<th></th>
<th>ICL</th>
<th>Residential Service</th>
<th>Community Service</th>
<th>Residential &amp; Community Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Presentations / Reviews</td>
<td>23</td>
<td>29</td>
<td>92</td>
<td>10</td>
<td>154</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>29</td>
<td>92</td>
<td>10</td>
<td>154</td>
</tr>
</tbody>
</table>

*Table 34: Situations presented to SAC 2012-2013*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SAC Meetings held</td>
<td>22</td>
</tr>
<tr>
<td>Number of Persons Presented to Committee</td>
<td>154</td>
</tr>
<tr>
<td>Presentations not approved</td>
<td>9</td>
</tr>
<tr>
<td>Number of Persons Approved Service</td>
<td>145</td>
</tr>
</tbody>
</table>

*Table 35: Breakdown of SAC presentations, 2012-2013*

SOCIAL WORK SERVICES

Social Work Services for persons with disability had been transferred from Aġenzija Appoġġ to Aġenzija Sapport on 1st January 2003. This service has a principle role of being the first point of reference for every person in need of service. In fact, the Agency’s Social Work Services co-ordinate services through assessment, short-term and long-term interventions to meet the desired objectives of the client and his/her family/carer. Following initial contact, the Social Worker acts, among others, as the persons with disability’s advocate in rights-based issues as well as their broker for all services provided by the Agency and by other entities.
Service Overview

The efforts of the Social Work Services are based on the principle that the person with disability has a right to live a full life as an active member of society. Hence, the work is directed at ensuring the realisation of such right. The Agency believes that society is more whole, more complete, through the participation and contribution of its disabled members; the Social Work Service works at guaranteeing such active involvement. Hence, the objectives of the service are as follows:

- to assist persons with disability in addressing in an effective way any social issues they may encounter;
- to support persons with disability in recognising their rights as citizens and help them in ensuring the acquisition of such rights;
- to support persons with disability in their process of self-advocacy and advocate with them when such assistance is requested;
- to work with persons with disability in strengthening their informal networks, the carers and entities in their lives which make up their circle of support;
- to impart information about any necessary formal supports and assist persons in the process of referral for services;
- to work with the person's significant others when such work would imply an improvement in the person with disability's quality of life;
- through the input of the Residential Social Worker, to ensure that the needs and wishes of persons in receipt of Sapport Residential Services are being reached;
- through the input of the Community Services Social Worker, to ensure that the needs and wishes of the persons receiving community services are being reached;
- through the input of the Day Centre Social Worker, to ensure that the needs and wishes of the persons receiving day services are being reached; and
- through annual reviews of the individual client and situational needs.

It is also the responsibility of the Social Work Service to assess the situation of persons who approach the Agency for support. Such role involves:

- the provision of information regarding the Agency and its Services;
- the evaluation of the person's needs and wishes, and the presentation of service requests to the Service Allocation Committee when these are related to Community, Residential and ICL Services;
- the implementation of SAC's decisions and recommendations; and
- the possibility of representing the person with disability for any appeal that may be requested in the case of a client who is not satisfied with the initial decision taken by SAC.

Review and Analysis of Service

Since it was originally set up back in 1996, the Social Work Service established contact with 4,006 persons with disability and their families. 270 of these were actively receiving assistance through the input of a Social Worker at the end of 2013. The year 2013 closed with 41 persons on the waiting list for service. Table 36 summarises the work of the Social Work Services throughout the years 2012-2013.
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Number of Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of persons actively receiving Social Work Service from the Generic</td>
<td>270</td>
</tr>
<tr>
<td>Service at the end of 2013</td>
<td></td>
</tr>
<tr>
<td>Number of persons actively receiving Social Work Service from the Community</td>
<td>122</td>
</tr>
<tr>
<td>Service at the end of 2013</td>
<td></td>
</tr>
<tr>
<td>Number of persons actively receiving Social Work Service from the Day</td>
<td>423</td>
</tr>
<tr>
<td>Services at the end of 2013</td>
<td></td>
</tr>
<tr>
<td>Number of persons on waiting list to receive Social Work Service at the end</td>
<td>41</td>
</tr>
<tr>
<td>of 2013</td>
<td></td>
</tr>
</tbody>
</table>

*Table 36: Review of the Support Social Work Service, December 2013*

**Way Forward**

The Social Work Services plan to developing its service provision:

- To formulate a Personal Development Plan for each Social Worker, which plan is derived from the Performance Appraisal and will identify any training needs related to Social Work;
- To evaluate the present Referral Form and Initial Assessment Form and identify whether to include a Risk Assessment Check List;
- To introduce a new system of recording the Monthly Reports;
- To introduce Group Supervision to consolidate and support the Social Work Team;
- To liaise with the Health Department, Education Department, and Local Councils in order to create awareness in the disability field through talks;
- To consolidate the Generic, Residential, Community and Day Service Social Work Service.

**COMMUNITY SERVICES**

Support provides different Community Services with the aim of providing persons with disability with the support necessary to continue to live their life in the environment of their choice, either independently, with their families, or with significant others, rather than having to consider institutionalised or residential, more-restrictive settings.

**Service Overview**

At the end of 2013, the Agency was providing such services to 122 persons with disability through a total of 505.5 hours of service a week. Such service is provided through the input of Support Workers or members of the Agency’s Resource Team. The type of input may be distinguished under three main categories as follows:

1. **Personal Assistance**

Personal Assistance refers to the service provided to persons who require support to carry out daily activities such as bathing, toileting, dressing, undressing, and feeding, as well as those whose quality of life is significantly improved when they are provided with such support. Such service is provided in the community, and could also include assistance for medical appointments. The Agency attempts to do all that is possible to address the needs and wishes of the individuals to whom it provides service. Hence, the support provided is as flexible as possible in order to ensure that the service is given on the day and time that the service user most requires it and, where possible, by the employee of the person’s choice.
Personal Assistance aims at:
- providing necessary support to persons with disability in activities of daily living in the community;
- ensuring that assistance is targeted to enable service users to live as independently as possible; and
- building support based on the person’s abilities, needs and wishes, which assistance guarantees their right to an ordinary life.

At the end of 2013, Sapport was providing Personal Assistance Services to 31 persons.

2. Intervention

Intervention takes the form of facilitating a defined strategy of activities, based on an individualised programme. It refers to the services offered to persons with disability, which are geared at involving the person in activities of a personal, familial, and social nature of the person’s choice. These services aim to utilise ordinary daily activities in the person’s natural environment to assist the person to acquire and practice skills such as budgeting, money-handling, road safety, riding a bus, shopping, going to a restaurant, and the like. Intervention services are built on the philosophy that the acquirement of certain skills may give the person greater autonomy and that the balance of self-sufficiency and support should be individualised and attuned to the requirements of every person with disability. The Agency offers a service to. The family members or carers of the person with disability are involved in the intervention in order to ensure greater consistency in the person's skills acquisition process.

Hence, in more specific terms, Intervention Services aim at:
- ensuring more active participation of persons with disability in the community;
- facilitating the acquirement of necessary social and community skills to allow for more functional involvement in society; and
- enhancing learning of basic daily living skills to develop independence as much as possible.

At the end of 2013, Sapport was providing Intervention Services to 78 persons a week.

3. Combined Personal Assistance & Intervention

This refers to the service provided to persons whose hours of community service are divided between personal assistance and intervention, that is, the input provided to service users who need a combination of both these services. Such an arrangement is provided when it is established with the service users that it would prove more beneficial for them.

At the end of 2013, Sapport was providing a combination of Personal Assistance and Intervention Services to 13 service users per week.

Ad Hoc Personal Assistance

The Agency acknowledges its responsibility to assist persons with disability who are travelling abroad for study or leisure purposes, visiting the island, or who are attending training programmes, and require personal assistance throughout their stay. Through the Agency’s Community Services, persons with disability receive ad hoc Personal Assistance support wherever this is required, allowing them to participate in educational activities, such as through seminars and continued education, as well as leisure pursuits such as the participation in holiday tours. Such endeavours are considered as average in the life of persons without a disability; thus, it is the right of the person with disability to receive whatever support is necessary to participate in such normalised activities.
Group Community

Group Community is a sub-service which involves weekly outings of small groups of either women or men, primarily with intellectual disabilities. Each group has a set programme of outings laid out for each pay period. Both the service users and Support Workers are involved in planning these outings which are usually educational or leisurely. This service aims to bring service users of varying ages together to go on outings and develop friendships while encouraging the development of already present skills. The service also provides a certain amount of autonomy as they are asked to make decisions without their parents’ involvement. Parents are involved should there be any problems or concerns to discuss.

More specifically, Group Community attempts to:
- integrate persons with disabilities as a group within society;
- give persons within the group the opportunity to participate in activities not commonly associated with disability;
- encourage decision-making among clients;
- educate persons in their areas of interest.

At the end of 2013, Sapport was providing Group Community Services to eight female service users a week (three hours per session).

Review and Analysis of Service

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Number of clients</th>
<th>Hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Assistance</td>
<td>31</td>
<td>152.65</td>
</tr>
<tr>
<td>Intervention</td>
<td>78</td>
<td>246.3</td>
</tr>
<tr>
<td>Combined Personal Assistance &amp; Intervention</td>
<td>13</td>
<td>106.43</td>
</tr>
<tr>
<td>Group Community Service – Female</td>
<td>8</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>529.38</td>
</tr>
</tbody>
</table>

*Table 37: Community Services distribution, December 2013*

Way Forward

Over the next two years, the Community Services will endeavour to:

- commence the Group Community Service for male service users;
- carry out the Initial Assessment and Yearly Review of the service users availing of the Community Service through the new Occupational Therapist;
- together with the service users and their families, ensure that the Individual Support Plans are held on a yearly basis;
- introduce a Client Satisfaction Study through a questionnaire, which study would be carried out during the yearly Case Reviews;
- provide three hours of outsourced service (through the Direct Payment System) to a maximum of 90 service users that are on the waiting list for Community Services; and
- ensure that the service agreements both for the Community Services through Sapport and those through the Direct Payment System are signed by every Community service user and/or their carers to verify the expectations from such service, of both service users and the Agency.
DAY SERVICES

During the period of 2012-2013, the Sapport Day Services for persons with disability have focused on the consolidation of the services. The major focus of the service was on the service users’ needs and wishes. Furthermore, the idea that persons with disability are able to give something back to the community was explored through several initiatives and is in the process of being integrated into the services’ culture.

Service Overview

Programmes provided within the centres emphasised the need for the acquisition of independent living skills, employability skills, and involvement in the community as participative members. All this was targeted whilst ensuring the delivery of a holistic service. The respite that this service gives to the service users and their significant others frequently signifies that the service user can live within the community for a longer period, rather than looking for and utilising residential services.

Each Day Centre is supported through the services of a Social Worker, who caters for the social work aspects of the service users who attend that particular Day Centre. This service is also an aid to the relatives of the service users. Social Workers conduct yearly reviews, and aid significant others in applying and gaining new services, whilst tackling difficult social issues when necessary. The Social Workers also monitor the current services being offered and draw attention when and where needed.
The Professional Support Workers assigned in the Centres contribute towards the consolidation of the programmes that are being carried out. Their professional knowledge and assessments have been of great assistance to the refinement of individual support plans, which aim to reflect the needs of service users, who require specialised support. The multidisciplinary team has shown that an excellent synergy was created when combining the specialised knowledge of the Professional Support Workers with the experience of the Leaders and Coordinators. This has led to results that were of benefit to the service users.

**Review and Analysis of Service**

The Day Services are based in nine Day Centres which are spread in different localities. At the end of 2012, the population of service users within the Day Services was of 407; whereas at the end of 2013, the population went down to 403 persons with disability in receipt of Day Services (Table 38).

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cottonera Resource Centre</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Fleur de Lys Day Centre</td>
<td>66</td>
<td>69</td>
</tr>
<tr>
<td>Hal Far Day Centre</td>
<td>83</td>
<td>85</td>
</tr>
<tr>
<td>Marsascala Day Centre</td>
<td>63</td>
<td>60</td>
</tr>
<tr>
<td>Mtarfa Day Centre</td>
<td>87</td>
<td>89</td>
</tr>
<tr>
<td>Mtarfa Resource Centre</td>
<td>32</td>
<td>34</td>
</tr>
<tr>
<td>Paola Day Centre</td>
<td>24</td>
<td>23</td>
</tr>
<tr>
<td>Santa Venera Centre</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Swatar Resource Centre</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>408</strong></td>
<td><strong>417</strong></td>
</tr>
</tbody>
</table>

*Table 38: Day Services client population as at end 2012 and 2013*

One of the challenges encountered by the Day Services is the waiting list. At the end of 2012 the waiting list featured 165 persons with disability waiting to benefit from the Day Services, whereas by the end of 2013 the number decreased to 112 persons with disability, as a result of an intake exercise, combined with a professional review, of the waiting list (Table 39).
<table>
<thead>
<tr>
<th>Persons with disability waiting to start receiving a service</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>165</td>
<td>112</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>165</strong></td>
<td><strong>112</strong></td>
</tr>
</tbody>
</table>

*Table 39: Day Services waiting list as at end 2012 and 2013*

**Way Forward**

In order for the Day Services to meet the challenges encountered and to seize opportunities to improve and modernise its service provision, the following goals are being set:

- secure enough resources to permit the increase of professional input within the Services;
- secure the necessary resources to open a new Day Centre to address the current waiting list;
- consolidate the Community Integration and the voluntary work programme;
- continue with the promotion of the abilities of persons with disability; and
- provide training with regards to sexuality issues and adult protection issues, keeping in mind that both areas are relatively unexplored in the Maltese context and generally avoided when discussed in relation to persons with disability.

**RESIDENTIAL SERVICES**

The provision of Residential Services for persons with disability was one of the primary responsibilities given to Aġenzija Sapport. The idea came as a response to the long-standing concerns of parents with regard to the future welfare of their sons/daughters with a disability once they are no longer available or able to support them.
It is a fact that, in Malta, a number of persons with disability continue to live with their family of origin, which arrangement serves both housing and support purposes. However, gradually, the complex reality of such living arrangements moved more to the forefront and a number of questions were being asked. Parents of persons with disability who had sole responsibility to support their son/daughter started to question what was going to become of their child once they are no longer present or fit enough to continue providing such support. In other situations, the main caregivers did not have the opportunity to keep on offering such support to their disabled relative for long because of deterioration in their health, physical or mental. Above all, some persons with disability themselves started to voice their wish not to continue being dependent on their family of origin for housing and support; several persons wished to move out and lead a more independent life.

Service Overview

The Residential Services of Aġenzija Sapport emerged to start addressing the needs of persons who, either by default or by choice, required alternative living arrangements, where support is also provided according to their requirements.

The main objective of the Residential Services is to support clients holistically so as to address their right to independent and community living. In fact, prior to the provision of such services, a number of disabled persons who required support in their day-to-day lives and whose immediate family was not in a position to provide this support ended up living in institutions such as the mental health hospital or in residences for older persons; dwellings that were far from appropriate or adequate.

Review and Analysis of Service

Sapport provides Residential Services to a number of persons with disability through seven residences based in the community, namely:

i. **Fgura Apartment (Housing Authority)**
The Fgura residence opened in November 2002 whereby it received three persons with disability. One of the clients passed away in 2013. A debriefing session was provided to the team of Support Workers working directly with him after he passed away. As at the end of December 2013, the support level of the remaining two clients was considered to be intensive.

ii. **Kirkop Apartment (Housing Authority)**
The residence in Kirkop opened in February 2003 to house four persons with disabilities. In 2013, two of the clients chose to move out of the residence to go and reside with their families. The two remaining clients came from Mount Carmel Hospital and Villa Chelsea respectively. During this same year, a new client was identified, and completed his transition from his family home to the residence. The support they require is as follow: two necessitate an intermediate level of support while the other one needs basic support.

iii. **'Villino Maria' in Imtarfa**
July 2003 marked the opening of this residence – which now can accommodate eight service users. In 2013, one of the clients passed away, whilst another one of the clients was admitted for a long stay at Mount Carmel Hospital. Another client is benefiting from a particular arrangement whereby he is receiving Community Services at Mount Carmel Hospital from the same staff of the residence. By the end of 2013, the residents in Villino Maria required a high level of support with one on an intensive level, five on intermediate plus.

iv. **'Vajrita Residence' in Marsascala**
This building comprises two separate residences, with 12 flatlets spread over two floors (six flatlets on each level). The two floors are administered separately.
Vajrita 1 (1st floor) was inaugurated in February 2003 with the first residents moving in throughout April of the same year. At the end of December 2013, there were 13 persons living in this residence. Most of the clients were previously institutionalised in Mount Carmel Hospital. In the past two years, a number of the clients residing at Vajrita started making use of the Day Services provided by the Agency itself. With regards to support levels as at the end of December 2013, two persons required intensive support, four intermediate plus, six necessitated an intermediate level, while another one needed a basic level of support.

The official opening of the other residence, Vajrita 2 (2nd floor), was held in December 2003 and it received its first residents in the same month. The residence can take up to 12 persons. At the end of December 2013, 11 clients were residing at Vajrita 2, whilst a young woman had started her transition from Mount Carmel Hospital. When evaluating where the 11 resided before moving to Vajrita (2nd floor), it emerges that five lived at Mount Carmel Hospital, one had been institutionalised at Saint Vincent de Paule Residence, two came from Villa Chelsea, one had been on long respite at Dar il-Kaptan, while another two lived with their families in the community. Similar to the reality in the other residences, the support levels of clients vary; at the end of December 2013, assessment indicated that two required intensive support, four intermediate, another four necessitated basic plus support, while one needed just basic levels of assistance.

v. ‘Dar Andrew’ in Bormla (Housing Authority)
This residence opened its doors in 2010 and can take up to seven clients. By the end of December 2013, there were six persons residing in the residence. Previously, four of these lived with their families in the community, whilst the other two moved from another Sapport residence due to the need of a less stimulating environment. The seventh client, who had been transferred from Mount Carmel Hospital, moved to another residential setting where she could live a more independent life. Another client was identified, and started his transition. As at end of 2013, the residents were receiving the following level of support: one needs intensive support, two intermediate plus, three intermediate. The identified seventh client will require an intensive level of support.

vi. Birzebbuga Residence & Therapy Unit
The Birzebbuga residence is the Agency’s first residence to accommodate minors and the latest to be opened by the Agency. During the period under review, adaptations and furnishings of both the residence and the therapy unit were completed.

Transition for the first two clients started in December 2012, whilst the third client started his transition in June of the following year. The first client started residing at Birzebbuga residence in September, whilst the second client moved in December 2013. At the end of December 2013, the third client was still on transition. This residence can accommodate up to four clients. Before moving to the residence, one of the clients had been living at the Young People’s Unit at Mount Carmel Hospital whilst the other client was at risk of being institutionalised. The third client who was still on transition, was also a client at Mount Carmel Hospital.

The Therapy Unit was the first of its kind to be opened by the Agency, with the intent to offer different therapeutic services for all the clients of Sapport. The premises consist of a White Room, Ball Pool Room, and a Counselling and Therapy Room. A bedroom will be installed with the intent of providing emergency or short-term service.

Sapport has also been given the responsibility by the Government to administer another 34 residential placements within Dar Arka, Dar Pirotta, Dar il-Wens and Dar l-Akwarell. Details of the service offered by these four organisations follow:

i. ‘Dar Arka’ in Ghajnsielem, Gozo
Since 2003, Sapport administered the provision of Residential Services to six persons within this complex. However by 2012, through a revision of the contract, the number of clients was increased to ten permanent
residents. These clients come from different dwellings: in fact, two moved from Mount Carmel Hospital / Gozo General Hospital, five came from the community and one client came from another residential service. The clients also require different levels of support: four require intensive support, two require intermediate support and two require basic support. Moreover, there is another resident at Dar Arka who is also followed by the Agency, but who is funded through separate funding since he is a minor on Care Order requiring intensive support.

ii. ‘Dar Pirotta’ in Birkirkara
The year 2007 witnessed the finalisation of the agreement with Dar Pirotta, which contract was based on conditions similar to those stipulated in the agreement with Dar Arka. Sapport was again given the responsibility of identifying the clients to benefit from the service and formalise a procedure for utilisation of such programme. Seven beneficiaries were identified, which clients moved into Dar Pirotta throughout the same year. One of these residents passed away in 2008; hence, another person was identified to fill in this vacancy. However, at the end of December 2013, there were eight placements available due to changes in the levels of support. Clients came mainly from the community; however, there was one person who moved from Dar il-Kaptan and another one who previously resided at St Jeanne Antide Home for minors. Clients are funded depending on the level of support that they require. Two of the residents at Dar Pirotta need intensive levels of support, another four require intermediate plus and the other two intermediate.

iii. ‘Dar il-Wens’ in Kalkara and in Ghajn Dwieli
The year 2011 witnessed the finalisation of yet another agreement, this time with Dar il-Wens. The conditions set in the contract are similar to those stipulated in the agreement with both Dar Arka and Dar Pirotta. The 15 clients who benefit from such agreement are funded depending on the level of support that they require: four of the residents need intermediate support whereas the other 11 require a basic level of support.

iv. Dar L- Akwarell
In 2012, another agreement similar to Dar Arka, Dar Pirotta and Dar il-Wens was signed with Dar l-Akwarell. This residence has a total of three clients who have a physical disability but with support can live independently in the Community. The said clients require different levels of support: two require intensive support while the other client requires an intermediate level of support.

All Sapport residences are staffed 24-hours a day with support being provided by Support Workers to clients according to their individual programmes which are based on their unique needs and wishes.

In the past two years, more emphasis was given to the implementation of Individualised Support Plans (ISPs) which resulted in the improvement in quality of the services being provided to the clients.

More input and emphasis was given to working on team dynamics which has had a positive effect on the turnover of support workers. In various services, unit days or team meetings have been dedicated to provide Support Workers with information and training on their client group's specific needs.

Albeit great effort is made to ensure that as many clients as possible are accommodated via residential services, the truth is that given the resources, Sapport is only managing to address a small percentage when considering the demand there is for residential placements.

Way Forward

Plans related to Sapport Residential Services for the coming years include:
the filling-in of the rest of the vacancies through the identification of persons who are of utmost priority to benefit from such service, provided that there is a match between the person's needs and the residence where the vacancy has arisen;

- the improvement in formulation and implementation of ISPs for clients who would ascertain that service provision is more in line with its mission, that of being needs-led;
- the strengthening of professional input, resources permitting, both quantitatively and qualitatively;
- the provision of Residential Services, resources permitting, to the persons on the waiting list;
- address the maintenance issues found at the residences to offer a safer and more comfortable living and working conditions;
- continue investing in the residential teams to improve team dynamics which will ultimately influence their job satisfaction leading to a positive impact on the clients; and
- the initiation of Therapeutic Services for clients within Sapport services as well as clients from the community.

**Case studies:**

a. Stefan* is a person with physical disability. He used to live at Sta Luċija residence for over 11 years. In fact, he was one of the first clients to use the residential services of Aġenzija Sapport. Stefan came from a very deprived environment and, by living at Sta Luċija, he was able to enjoy and participate in different activities. Over the years, through support and individualised programmes, Stefan was able to integrate with other people and learn how to socialise within the community. He was also able to develop new daily living skills which helped him become more independent. Such skills include using public transport, money management, buying food, cooking daily meals for himself, and washing his own clothes. He also became able to manage his medical and psychological appointments and attend for such appointments on his own. By time, together with the help of Social Workers, Stefan found a full-time job. He plans his vacation leave to be able to attend appointments and to other personal meetings that he has.

Stefan is also involved a lot within the community. He attended several personal growth groups in which, in turn, he learnt how he himself could help other persons with disability. Stefan, in fact was one of the first persons to come up with the group Flimkien Naslu, which is a self-advocacy group run by persons with disability. This group promotes awareness, organises fund-raising activities, and live-ins for its members.

Through the years, Stefan became more and more independent, until he felt capable of living on his own. Eventually he moved in with his brother and his family, whereby he pays his share for the rent and food, and also does his share at home, supports the children when the parents are at work, goes out to work on a daily basis, and also participates in different groups within the community.

b. John* is a 30 year old man with an intellectual disability and mental health problems. During his childhood and adolescence, he was abused physically, emotionally and sexually, even by members of his own family. His main carer could not cope with his difficult behaviour and he was admitted several times to the Young Persons Unit in Mount Carmel Hospital as he got older. When he was barely 20, his carer died suddenly and he went to live with a relative. Within a few months, the exploitation and abuse resumed by this relative. He was admitted to Mount Carmel Hospital, where he stayed for two years. Throughout, the Social Worker worked intensively with him and advocated for all his needs. Eventually, John was admitted into one of Sapport's residencies four years ago. The journey was not a bed of roses as he was accustomed to a particular lifestyle and he had to adjust to another lifestyle. However, with a lot of effort and determination from workers within Aġenzija Sapport, he managed to overcome this obstacle and adapt. He is presently doing very well at the residence and plans to follow a programme at MCAST during the next scholastic year.
c. Benny* is a young man in his 20’s. He is a non-verbal service user who has been within the institutional system since he was quite young. On presentation of Benny’s case history, it was concluded that he would need a one-to-one Support Worker to deal with his challenging behaviour. Although he has mobility difficulties, Benny is a very strong young adult who knows how to aim his kicks and punches. Benny was also deemed to be a wheelchair user by the institution where he lives.

In the very first days at our centre, he tried to get his own way but with determination and gentle guidance, the staff helped him to adjust and assimilate to his new surroundings. As the days went by, Benny became more integrated with his Support Workers and a bonding relationship began to develop and he became an integral part of the Day Center. Staff learnt about Benny’s needs and frustrations and how they could help him deal with them. It is a slow progress for both him and the staff to strengthen the relationships that have begun to develop into long, lasting ones. Some days are quite easy and he enjoys the simple things done for him, while other days can be quite a roller coaster ride.

During the last year, Benny’s challenging behaviour has been reduced to a minimum and he is integrated in a group of other service users who have managed to build a connection with Benny. The Support Workers, aided and guided by the centres’ team, have found a way of communicating with Benny. Benny indeed could walk for short distances and he could easily use a seat on the tail lift, which further reduced occurring incidents. Through his body language, Benny shows that he feels accepted and happy at the centre. He is involved in community outings and thus improving his integration. Hopefully, Benny will continue to develop his skills to the best of his ability and enhance his circle of support. If given the right structure and assistance, Benny could and would thrive better within our community.
To plan and recommend developments and updates to the National Policy in the field of drug and alcohol abuse and compulsive gambling, and to provide service in health promotion, prevention, treatment and rehabilitation to persons with drug and/or alcohol problems and other similar conditions, and to their families, so as to help them live a stable life and to integrate better in society.

PREVENTION SERVICES

Service Overview

The team of professionals within the Prevention Service has continued to integrate its interventions within schools, community and workplace. Evaluation was an integral part of the work process aiming to provide awareness and accurate information to society as well as stimulating the formation of skills for positive lifestyles.

Review and Analysis of Service

The following sections shall address accomplishments achieved by Sedqa Prevention Services according to the respective area of intervention during 2012 and 2013.

1. Primary School Level

   i. Tfal Favur Ambjent Liberu (T.F.A.L.)

   This initiative consisted mainly of Sedqa Facilitators delivering prevention programmes to Year 3 students, the peripatetic PSD teacher delivering prevention programmes to Year 5 students and the contracted facilitator delivering the prevention programme to Year 6 students. The workbooks used during these interventions were designed to be child-friendly and included activities which allowed the sessions to be more interactive. These workbooks were also meant to be taken home where the parents / guardians could review what the students had learnt and thus could encourage and follow up with their children the subjects and skills discussed. The workbooks for school teachers to use with students in Year 1 and Year 2 were uploaded on the Sedqa’s website, making them freely available for the teachers.
ii. B.A.B.E.S. programme
This six session programme is intended for Year 3 pupils (7/8 years old) and contains sessions on life skills through story-telling animated with hand puppets. The purpose of B.A.B.E.S. is to empower children with personal life skills including the following topics: decision-making skills, peer pressure, bullying, coping skills, wise use of medicinals, alcohol, and substance abuse. A parents’ meeting is organised in parallel with each programme where the facilitator explains the purpose and the topics of the programme.

iii. T.F.A.L. 5 Programme (B.A.B.E.S. Follow-up)
Follow-up is believed to be essential so as to get the message across the targeted population. This is also vital in increasing the possibility of knowledge retention and skills transference. In this regard, T.F.A.L. 5 is a continuation of the B.A.B.E.S. programme. The main objective of this programme is to reinforce basic education and information about alcohol, tobacco, legal and illegal drugs, gambling, misuse of Internet and computer addiction.

iv. T.F.A.L. 6 Programme
This prevention skills-based programme for Year 6 students provided the opportunity for students to learn basic information about addictions and also the opportunity to practise skills through role plays and activities including assertiveness and refusal skills, decision-making skills and facing peer pressure.

v. SkolaSajf Programme
During the summer months of both years under review, the Primary Prevention team was heavily involved in SkolaSajf, organised by the Directorate for Education. This 6 week programme was run by the B.A.B.E.S facilitators and the topics discussed were family, friends, legal and illegal drugs, gambling, misuse of Internet, computer addiction, and alternative leisure.

2. Secondary School Level

i. Talks for parents in secondary schools
These talks are designed to complement the programme of Sedqa sessions in secondary schools and focused mainly on technological addiction, substance misuse and good communication between parents and teens.

ii. Sedqa Sessions in Secondary Schools
The sessions were delivered by one peripatetic PSD teacher on secondment from the Education Division. The sessions were both knowledge and skills-based since the teacher used several visual aids as well as activities during the sessions. The topics offered during the two scholastic years under review were: technological (IT) addiction, alcohol, substance misuse and a revision session.

iii. Peer Leadership Courses
A number of courses were organised in different schools to students who are either in a position of formal leadership (such as class, form or bus prefect) or else are showing potential leadership skills. The aim of these courses is to empower these students in order to become positive leaders and influence their peers to lead positive lifestyle and stay away from harmful ones.
3. **Post-Secondary School Level**

   i. **Prevention session with post secondary school students**
   A session was offered to post-secondary school students focusing on providing basic information on addictions. The aim of the session was to provide information about the Agency’s services to the students so that they could contact the Agency in case they would need help. The session was offered to all MCAST students attending the Foundation course and to students at the Giovanni Curmi Higher Secondary School.

   ii. **Mocktails competition**
   In collaboration with the Institute for Tourism Studies (ITS), the Prevention Division organised an event in 2013 where students participated in a mocktail competition through an original mocktail. Officials from Aġenzija Sedqa and ITS were involved in judging the mocktails and appraising the participation of all students. The mocktails recipes were collected with the aim of being published by the Agency in a booklet.

4. **Prevention Interventions in the Community**

Community prevention is another façade of primary prevention in which prevention takes the form of community animation, dissemination of information, empowerment, and support to community leaders and promoters through various media, such as printed material and talks.

   i. **Collaboration with Aġenzija Appoġġ to support an adolescent group**
   A group for pre-adolescents named “Colours of Life” was set up at the Cottonera Access Centre in collaboration with the Appoġġ Community Team based there. Referrals were received from Social Workers and the community at large. The period under review included sessions with persons with disability attending the Cottonera Day Centre, alcohol and drugs awareness, and general addiction issues including technological addiction. Other sessions included self-awareness, personal skills, sports sessions, communication skills, teamwork, internet safety and alternative leisure activities. In addition, further sessions covered friendship, horse riding activities, budgeting skills, water games, carnival crafts, treasure hunts in every locality in the Cottonera community, cooking session, archery sessions, hikes and a picnic. These sessions succeeded to enhance participants learning, participation and skills.

   ii. **Stick no Bills**
   Sedqa participated in a project called “Stick no Bills”. Through this project a music video focusing on drug addiction and its consequences was produced in collaboration with the Christian Rock band “Footprints” and Aġenzija Żgħażagħ. This project was financed by the Youth in Action Programme of the European Union. It included:
   - Producing and distributing an audio CD & DVD
   - Organising two concerts, one in Sliema and one in B’Bugia
   - Writing an accompanying lesson plan for PSD teachers
iii. Local councils
Various efforts were made to work and liaise with local councils. Meetings were held with representatives from various councils to encourage them to engage in prevention initiatives. A number of local councils organised a series of talks to the general public within their locality with a special emphasis to youths. The plan is that more work would be carried out in the future with more local councils.

iv. Programmes and Talks in the Community
A number of talks were also carried out with a number of organisations in the community throughout Malta on invitation. In addition, further programmes were developed in collaboration with the Msida & B’Kara Aċċess Centre, including a programme entitled Tlett Kwarti Spazju Ghaliya which was targeted to parents whilst waiting for their children who were attending catechism classes. The Community Executive took care of initiatives with two secondary schools and delivered a number of sessions with St. Augustine College and St. Edward’s College. During the period under review, an over 4,400 participants attended the programmes including adults, youths and children.

The Community Executive also disseminated preventive material on a regular basis to different Health Centres and liaised with a number of English language schools for the dissemination of such material across their various centres.

v. Sports organisations
The Prevention Community Executive initiated a preventive programme with a number of football nurseries. The programmes were held in collaboration with Żejtun Corinthians Football Nursery, Kirkop United Football Club, Marsa Football Club and Sliema Wanderers Football Club. Around 336 participants attended these programmes, including adults, youths and children.

vi. Facebook profile
In an attempt to reach a wider audience, especially young people, the Prevention Community Executive created a Facebook profile. The aim of such profile is to pass on informative messages both about upcoming activities held by the Agency and also about reliable literature that shed light on issues related to addictions; besides this, it also serves as a channel for referrals to our services and also to other entities within FSWS.

vii. Other initiatives in the Community
The Community Executive was part of an organising team which organised a Study Visit between various countries in order to share the best practices in our professional field. The participating countries during this study visit were Italy (Associazione Vicolocorto); Armenia (Armenian Progressive Youths); Republic of Macedonia (Volunteer Centre Skopje); and Turkey (Bursart).

Case study:
“Community sessions were very interesting and a lot of ground was covered in a short amount of time. I think that it was an important part of the Kellimni training programme because substance abuse is not only a pressing issue in itself but it is also very often related to other factors such as crime, abuse, relationship issues, and so on. Hence I think it is very important to be well informed in this area when working somewhere such as Kellimmi. The speaker was also very helpful and answered all the questions which the other volunteers and I had related to the subject.”

(Volunteer, Kellimmi.com)
5. Prevention Interventions at the Workplace

i. S.A.F.E. programme
The S.A.F.E. programme is a workplace-based comprehensive programme focusing on substance abuse, other addictions and self-care. It is divided into four phases.

Phase one consists of the setting up of an exhibition stand that displays a preventive message in a prominent place within the company’s premises. The aim of this phase is to raise awareness regarding the issue of substance abuse amongst employees. Phase two consists of training for management, frontline supervisors, and foremen, the aim being to equip them with the necessary skills to identify and deal constructively with employees who have a substance abuse problem at their workplace. In phase three, two informative sessions are held for employees. Topics discussed are alcohol and its effects and drugs and their effects. In phase four of the S.A.F.E. programme, the company involved is encouraged to introduce a formal policy on the use of alcohol and other drugs at their workplace, and the procedures to be employed in the case that such use is identified. This phase is considered to be the climax of the whole programme as it seeks to formalise procedures related to addictive behaviour at the workplace.

ii. Statistical data
As part of phase one, 35 exhibitions were held in different workplaces during 2012 and 2013. In phase two, 14 courses (20 sessions) were held with the participation of 270 managers and frontline supervisors. In phase three, 47 courses (67 sessions) were held reaching 998 employees.

Meanwhile, 30 sessions regarding the issue of Substance Abuse and Driving reached 487 participants who were attending the Special Licence course.

iii. Appreciation Ceremony
In order to acknowledge the companies’ participation in the S.A.F.E. programme and also to acknowledge their effort to have a substance abuse-free environment at the workplace, an appreciation ceremony was held. This event serves both as a marketing exercise and also to provide positive reinforcement to those companies who choose to have the S.A.F.E. programme. 26 companies were awarded certificates of appreciation in 2012 during a ceremony that was fully sponsored by a hotel who had implemented the S.A.F.E. programme in previous years.

iv. Other Initiatives
During December 2012 a billboard that displayed a preventive message regarding drink driving was erected in one of the island’s arterial roads during the festive season.

During 2013 Sedqa and the G.W.U. collaborated on a number of initiatives which were launched at the end of November during a press conference. These included an exhibition that was also open for the general public, preventive talks (for union members, ex-professionals and pensioners) and a presentation regarding the substance abuse and gambling policy for the Secretaries of different sections of the union.

6. Interventions with Parents

i. Parental Skills Courses – Inrabbu ’l Uliedna Ahjar
This is a six week-long programme of 90 minute sessions. Sessions included discussions based on dramatised role plays presented on DVD which reflected realistic situations found in our families. Two corresponding booklets were produced including a manual and an exercise book. During the period under review, a total of 44 Parental Skills Courses were offered with the participation of 569 parents. There were another two programmes for specially addressed to parents with adolescents. 48 participants attended for these programmes.

ii. E-Handbook for Parents
The E-Handbook for parents, including articles by various professionals about a variety of topics related to parenting, continued to gain popularity. With the themes related to parenting incorporated in the S.A.F.E. programmes, these CDs were distributed in most workplaces during exhibitions as well as in all initiatives within the community that involved parents. This CD is also available to download from the Agency’s website.

7. Interventions within Residential Homes for Children and Adolescents

i. Prevention sessions in Residential Homes
The Prevention Services provided sessions within residential homes for children and adolescents. These sessions included the use of activities such as sports, drama and discussions. The topics encouraged healthy lifestyles and the prevention from addictive behaviours through healthy choices and developing a sense of self-worth. 25 interventions were conducted reaching a number of 178 children / adolescents in 2012. 14 interventions were conducted reaching a number of 106 children / adolescents in 2013.

ii. Seminars for carers in residential homes
In conjunction with the sessions offered to children and adolescents, their carers were also offered a seminar to further empower them in their role. The personal experience of a person who spent his childhood in residential homes enriched the experience of the seminar by giving insight on the importance of the role of the carer in the life of residential homes.

8. Printed Material and Innovative Resources

Information material has been distributed to many entities including schools, Health Centres, pharmacies, hospitals, the Courts, parishes, NGOs, local councils, workplaces, etc. These were updated on a regular basis with over 111,000 leaflets, booklets, stickers, posters and other material distributed over this period under review (Table 40).

<table>
<thead>
<tr>
<th>Year</th>
<th>Primary Schools</th>
<th>Secondary Schools</th>
<th>Workplace</th>
<th>Community</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>23,782</td>
<td>10,839</td>
<td>7,732</td>
<td>21,036</td>
<td>63,389</td>
</tr>
<tr>
<td>2013</td>
<td>20,604</td>
<td>11,818</td>
<td>7,933</td>
<td>7,500</td>
<td>47,855</td>
</tr>
</tbody>
</table>

Table 40: Material distributed by Sedqa Prevention Services, 2012-2013
9. Media Interventions

The Executives working within the service participated regularly in interventions on local TV and radio programmes. These interventions included topics related to the prevention of addictions, parental skills, formation skills for children and adolescents, alternative leisure, stress management, healthy relationships, effective communication and others.

Case studies:

a. “Our collaboration with Sedqa through the S.A.F.E Programme aimed to increase awareness amongst persons working in the tourism sector on how to handle sensitive situations of alcohol and drug abuse at the place of work as well as how to manage stress. The sessions were very interactive, the facilitators were very hands-on and provided the trainees with real life case studies, preventive and recovery measures”.

(Ms Stephanie Rocco, Industry HR Development Unit – Malta Tourism Authority, 2013)

b. “The Sedqa SAFE Programme was provided for all managers and directors at Micheal Debono Ltd. It was delivered professionally and in a manner that ensured that all those participating were exposed to the hazards and implications of alcohol and drug abuse. The programme filled a general awareness gap within management related to the abuse of the substances in question and actually contributed substantially to the setting up of a policy within the company to screen new entrants for substance abuse as also to watch out for signs or indicators of new abusers amongst those already in employment”.

(Mr Micheal J. Mallia, Director – Micheal Debono Ltd, 2013)

Way Forward

- To establish and strengthen further our work with local councils and others organisations within the community;
- To create innovative interventions which cater for the needs of other services within FSWS incorporating these initiatives within the remit of the Prevention Services. This will be established after consultation with the Agencies involved in order to adopt an effective prevention strategy;
- To provide sustainable interventions rather than one-off interventions, thus focusing on building skills rather than just providing information;
- To plan and implement interventions to cater for the needs of post-secondary students and other youth by offering alternative leisure, education and skills-based interventions;
- S.A.F.E. programme to continue offering skills-based preventive programmes in the form of workshops where possible.

SEDQA CARE SERVICES

As the national agency against alcohol, drug and gambling abuse, it is Sedqa’s duty to ensure professional help is available to drug users, problem drinkers and gamblers and to their most significant relatives. A wide range of services are offered by Sedqa precisely to ensure that clients’ needs – which can vary widely in nature and intensity – are met with the least possible disruption to clients’ lives. This part of the Biennial Report is concerned with five such services, three of which, the Alcohol and Gambling Community Team, the Psychology Team and the Family Therapy Team operate at Community level, while the other two, the Substance Misuse Inpatient Unit (Dar I-Impenn) and the Assessment and Stabilisation Unit (ASU) are of a residential nature.
30 full time employees, 10 part timers and 10 contractees work within these services which, when one includes significant others directly worked with, provide assistance to around 1,000 clients every year. Interventions are quite often carried out in collaboration with professional workers from other social work, legal and medical services – Aġenzija Appoġġ, the Probation Services, Mount Carmel Hospital and Psychiatric Out-Patients – and NGOs such as Caritas, Alcoholics Anonymous, Al Anon, Gamblers Anonymous, Gam Anon and others.

PSYCHOLOGY AND FAMILY SERVICES

Service Overview

The Psychology Team comprises around 17 workers (Counselling Psychologists, Clinical Psychologists and Psychotherapists) and the Family Team includes five professionals (Family Therapists and Family Workers). Although administratively part of Sedqa – and thus offering a service to drug and alcohol abusers, compulsive gamblers and their significant others – this team also assesses cases referred to it and provides therapy to clients with trauma, stress and other psychological difficulties not caused by, or related to, substance use. Most clients are referred by Social Workers from Appoġġ and Sedqa, although in certain cases self-referrals are also accepted by the Family Therapy team. Some cases are referred by the Courts. Collaboration between Psychologists, Psychotherapists and Family Therapists on the one hand and Social Workers on the other, is a constant feature of the therapeutic work carried out.

All members of this team are supervised by highly experienced professional supervisors; in turn, they provide supervision on both group and/or individual levels to all workers at Sedqa.

In August 2012, Sedqa’s Psychology and Family teams and Appoġġ’s Psychology and Family teams merged and moved to new premises in Guardamangia. The unification process was a long and complex one necessitating a great deal of preparatory work, with the respective teams eventually overcoming their initial reluctance about the project and fear of loss of identity to meld quite successfully. From a logistical and practical point of view, there were a number of teething problems which at times interfered with the flow of the work, but by mid-2013, most of these had been solved.

Review and Analysis of Service

In 2013, the Psychology Team self-evaluated the service it was rendering to clients and set itself the goal of tackling the very substantial waiting-lists which had accumulated over a number of years where resources had not matched demand. The strategy devised entailed a two-pronged approach to the problem of the heavy demand which was threatening to swamp the Psychological Services:

- more consistent support to other workers who could thus handle a number of cases they would otherwise have referred to the Psychology Team;
- a new Intake procedure which envisaged a consultation with the referring Social Worker to assess the suitability of the case for therapy. This came into effect in late 2013 and at the end of the period under review it seemed quite clear that this new system would translate into a more manageable intake management system (i.e. a shorter waiting-time, among other things) in 2014.

Throughout the biennium under review the Psychology Team provided individual and group supervision to Sedqa staff, and, in potentially traumatic or highly stressful situations, to Appoġġ employees as well. It is believed that this psychological input quite likely has contributed to the low levels of staff turnover at Sedqa over the past years.
Mainly in response to the rising figures relating to the abuse of cocaine, in 2013 Sedqa established a Stimulants Clinic. Together with the Agency’s Clinical Director and a Social Worker who is well-versed in the treatment of drug abuse and addiction, a Psychologist was involved in the setting up and is still a member of the team which runs this service. This Clinic provides a specialised service independently of Detox-Out-Patients, where the bulk of clients suffer from heroin addiction.

Despite the intensity of work, and the amount of time spent on enhancing team dynamics, waiting-time has been substantially reduced. This in turn has enabled a greater number of both individuals and families requiring help to be seen, since as waiting-time decreases, the drop-out rate of individual clients and families on waiting-list declines as well. Moreover, as from 2013, the Family Team is now offering a service to Komunità Santa Maria residents and their significant others.

In 2013, mindful of the need to constantly gauge performance, the Psychology and Family Therapy Services conducted an Evaluation Survey, involving 24 participants with a view to evaluating the effectiveness and efficiency of the service. The results showed that the merged Psychology and Family Team was deemed by its clients to have maintained a high standard of service delivery, and that clients’ needs were being met in a timely and effective manner. Results were uniform, irrespective of whether clients hailed from Appożg or Sedqa.

**Case study:**

*A case in point was a client who suffered from addiction problems whose marriage was on the verge of breaking up, despite the fact that he had gained sobriety and had not touched alcohol for three months. Individual psychotherapy has helped the client to work on attitudes which were contributing to quite needless conflict, while family Interventions helped clarify a number of couple issues which had erupted during the years he was drinking heavily. The family is now functioning well on the basis of much better internal communication.*

**Way Forward**

The recruitment of an additional number of Psychologists is essential for the rejuvenation of the team and to make up for the inevitable departures of seasoned staff members who are driven away by personal circumstances or lured by prospects FSWS cannot match. More experienced, warranted professionals must also be encouraged to join the teams in order to ensure that specialised work, such as the assessment of court-mandated clients, can be carried out. Moreover, it is clear that the Foundation must ensure that Sapport clients are also offered Psychological and Family Services, which can only be done if resources (both human and material) are made available. Further specialised training and the provision of technical tools (psychological tests) necessary for effective work also figure prominently in the list of items which envisioned as essential for 2014 and beyond.

**DRUGS COMMUNITY TEAM**

**Service Overview**

Drugs Community Team (DCT) is the team within Sedqa to offer the first service to any person asking for help in relation to drug abuse issues. Composed of 10 members, the team is entrusted with the assessment of people requesting help and at a later stage, in collaboration with the clients, with the setting up of an agreed care plan. Team members hold office meetings, home visits and case conferences to avail themselves of the best knowledge about the case in order to set up with the client the best tailor-made care plan possible, thus ensuring the highest possible adherence to the set plan. DCT workers act as key workers to the clients whilst receiving service both within and outside of FSWS and continue to work along with the client whilst accessing other services. This ensures that the client has a constant reference point and a continuation of service delivery.
in adherence with the set care plan.

In order to reach out to clients in the best way possible, Drugs Community Team workers are also entrusted with liaising with other service providers in the field. One of the team members is stationed in the Courts of Law on a permanent basis thus providing service delivery from within the courts to all DCT clients who have legal issues as well as being a reference point from the judiciary in cases where advice is asked for. Team members act as reference persons for psychiatric consultants and their teams who see to dual diagnosis patients with a drug addiction problem. Another team member sits on the multidisciplinary team for drug misusing pregnant users, whilst other team members liaise with the Prison’s Assessment and Rehabilitation Management Board within CCF with regards to prisoners who show interest in following a residential rehabilitation programme. DCT members also participate in the Agency’s Stimulants Clinic that is directed toward clients who abuse stimulants and can come for this specific clinic in the community without accessing the mainstream Substance Misuse Out-Patient Unit. The Drugs Community Team also holds close contact with other services within other FSWS agencies, such as the Appoġġ Child Protection Service and the Looked After Children Service, as well as Youth In Focus, and work in collaboration with these teams when drug addiction is of a major concern for the families and youths receiving services.

The Drugs Community Team strives to deliver the best service possible at a community level, helping clients to maintain or continuously improve functioning on a bio-psycho-social level, whilst dealing with the drug addiction problem. Moreover DCT strives to give clients the necessary skills that will help the client to prevent relapse to drug abuse thus ensuring a healthier and sustainable future to all our clients and their families.

**Review and Analysis of Service**

During the two years under review, the Drugs Community Team went through different phases. The year 2012 was characterised by many changes which in some ways or another always tend to influence the performance of the team. A new Team Leader was appointed. Moreover there were staff changes where one employee joined DCT whilst a DCT member moved to another service within Sedqa. The stability experienced during the year 2013 helped to consolidate the work processes of the team and this resulted in better overall performance.

The statistics in Table 41 reflect the above-mentioned situation.

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals</td>
<td>244</td>
<td>272</td>
</tr>
<tr>
<td>Appointments</td>
<td>3,132</td>
<td>3,522</td>
</tr>
<tr>
<td>offered</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Table 41: Drugs Community Team, 2012-2013*

During the year 2012, the DCT team embarked on a new initiative such as the attendance to ward rounds at Mount Carmel Hospital (MCH) where we started assisting psychiatry firms in their ward rounds to drug abusing clients. Our input helped in working out holistic care plans for clients with a dual diagnosis, where after a stay at MCH they could be prepared to move on to services within the community or move to residential services offered by Sedqa where treatment can be received in a residential set-up. This collaboration has been benefiting clients all along these three years with a better continuation of service that ensures better outcome results.

During the years the team also continued to experience more and more clients that are willing to work on their addiction problem without accessing other services. In fact, throughout the years it has been noted that there is
a significant decrease in DCT clients who also access the Substance Misuse Out-Patient Unit (SMOPU) to get medication, particularly methadone. At present, only 29.9% of the clients at DCT access services at SMOPU. This trend may be due to multiple factors. One of these factors may be that clients who access our service are being supported to contain their difficulties without having to access more intensive care like methadone treatment and residential settings. Upon further investigating into this pattern, it was also observed that there was a shift in the drug of choice reportedly abused by clients accessing the service, along with an ever-increasing concurrent dual substance addiction. For this reason, the Stimulants Clinic was set up, in collaboration with Sedqa’s Clinical Director and Psychology team, to cater for this growing population of clients. In this way, DCT strives to update its service provision in line with the emerging trends within the drug addiction field in a way to continue offering a service that is relevant to current clients’ needs.

The current service provision at DCT is proving to be successful in helping clients going through a drug addiction problem with maintaining the best level of functioning possible. This can be seen through the help offered to clients who succeed in completing their scholastic studies whilst working with the Agency’s professionalos about their drug addiction problem. Benefits can also be seen with employees maintaining their job after completing the rehabilitation service with Sedqa, in agreement with their employers. DCT also provides relapse prevention counselling to clients who have either been through their drug addiction rehabilitation and also to clients who years down the line deem necessary to receive some support during times of distress that could lead to a relapse. Thus, the service offered by DCT helps to sustain the client to maintain the sought after and achieved progress.

Case study:

Rita* was a 27 year old woman. At initial contact with DCT, Rita had already appeared in Court on various occasions due to prostitution and drug abuse. After meeting the DCT Court worker during one of her Court hearings, Rita was introduced to our services. A DCT worker was allocated to be Rita’s key-worker throughout her contact with our Agency and started working with client about plans to attain major life changes that would help Rita out of a spiralling life of drug abuse and prostitution. This lifestyle had already cost her some time in prison and most importantly had led to termination of contact with her first born due to a Care Order issued by the Child Protection Services for the benefit of the toddler she was having difficulty to raise.

A few months into the care plan, when the key-worker was supporting the client in her initial stages to stay away from drugs, Rita got pregnant. Her partner and father of the child also had a drug problem. With the DCT key-worker’s support, Rita decided to enter Sedqa’s residential rehabilitation programme to follow a one-year care plan to work on her issues and also to ensure that she spends her last months of pregnancy clear of any drug abuse. During this phase, in collaboration with the residential rehabilitation programme, the DCT key-worker and the other professionals involved supported Rita through sessions to work on attitude and lifestyle changes to increase the possibility of having a life without drugs as well as reduce the involvement in criminal activity which used to support client’s drug-taking lifestyle. During her stay at the residential unit, Rita gave birth to her second child. In collaboration with Appoġġ’s Child Protection Services Rita was supported to keep her baby. This was achieved by supporting the client on a practical level, to look after the child’s basic needs, as well as by supporting client on a social, emotional and psychological level to tackle challenges and new situations encountered without relapsing to drug use. Once out of the residential rehabilitation, the DCT key-worker focused on after-care by supporting the client to find suitable accommodation, as well as by supporting her with employment and with ensuring that Rita continues offering a supportive and safe environment for her child. Rita maintained regular contact with the DCT key-worker by visiting DCT offices on a fortnightly basis. Together with CPS, the DCT key-worker used to also hold home visits every other week. As time passed, Rita engaged in regular work and also moved in with a new partner with whom she now has another child. Rita continued maintaining stable progress and two years after initial contact, the case at Child Protection Services was closed. Nowadays, four years down the line, Rita holds
occasional phone calls with the DCT key-worker and occasionally visits DCT offices to maintain contact with her Drugs Community Team worker as part of continued aftercare.

**Way Forward**

DCT aims to continue being a central service provider for the Maltese community all around the islands. Through the years DCT has been moulding service provision in line with the latest trends in drug addiction and it aims to remain abreast with the demands of the Agency’s client population. DCT aims at consolidating and streamlining the service provision it currently offers and keep a lookout at any new trend emerging. In this way Sedqa can be proactive in its service delivery.

**ALCOHOL AND GAMBLING COMMUNITY SERVICES**

**Service Overview**

The Alcohol and Gambling Community Team (AGCT) renders professional assistance to problem drinkers and problem gamblers, and to their family members. Assessments by AGCT members are not only carried out during the initial intervention, but are also the basis on which treatment is planned. Almost all clients are then offered counselling, while a large number will also be referred for medical assessment by Sedqa’s doctors.

Some (drinkers) will proceed to in-patient detoxification, while a much smaller number will require residential rehabilitation. A proportion of both gamblers, drinkers and their significant others clients will be referred to individual psychotherapy, family therapy and psychiatric help – all provided by through Sedqa structures. After-care has been an essential feature of the service offered by this team since Sedqa’s inception 20 years ago. Team members also take part in prevention and marketing activities.

**Review and Analysis of Service**

1. **Alcohol**

<table>
<thead>
<tr>
<th>Year</th>
<th>Clients who attended at least once</th>
<th>Appointments offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>383</td>
<td>3,178</td>
</tr>
<tr>
<td>2013</td>
<td>339</td>
<td>2,860</td>
</tr>
</tbody>
</table>

*Table 42: Cases seen by the AGCT regarding an alcohol problem, 2012-2013*

As can be seen from Table 42, there was a slight reduction in the number of clients seen and the number of appointments given in 2013, compared to 2012. This decline is wholly attributable to the fact that between June and December 2013, the Team was not on full complement due to two members having gone out on parental leave. Not surprisingly, at the end of 2013 the team had a waiting-list of 46 drinkers. In these difficult circumstances, the Team still managed to carry out all of the work reasonably expected of it, like fulfilling its obligations to the profession of social work by offering placements to students, liaising with other services, and also facilitating an alcohol support group at Komunità Santa Marija.
Case study:

The ultimate aim of this service is to help bring about positive change in clients’ lives. One can illustrate the results obtained by mentioning the story of a 50-year old woman, who after struggling for many years with alcoholism, achieved sobriety and re-established relations with her once-estranged children to the extent that she is now their main carer, while also carrying out voluntary work in the environmental sector.

2. Gambling

In so far as referrals to AGCT in relation to gambling services are concerned, there was a decrease in 2013 in relation to the previous year, although both years’ figures registered an increase over 2011 and 2010. So, generally speaking, one can state that, as expected, the re-opening of the betting arcades in 2012 did lead to an increase in referrals, although it was expected that more people would seek help in 2013.

In any case, despite the decrease in referrals, more sessions with clients (and significant others) were held in 2013, compared to 2012. There are two possible explanations, which are not mutually exclusive: one is that the team’s increasing expertise has allowed its members to become more efficient in the execution of their work, despite the fact that during 2013 the AGCT was operating with reduced manpower. The second explanation is that the increase in number of session came about as result of the increase in demand which spurred the team to redouble its efforts.

Case study:

A 55-year old gentleman presented with a long-standing history of gambling addiction, coupled with depression and anxiety. Over time, he disclosed with his Social Worker that he had stolen money from the family business in order to pay the huge debts he had incurred due to his addiction. This additional circumstance was contributing to more anxiety on himself, alienating him from his family, making him lose interest, concentration and confidence at work, and as he says, sapping every ounce of happiness from him. Through the ongoing support and empathic understanding of his Social Worker, this man started to feel empowered to face the myriad of difficulties that his gambling addiction had created. He agreed to involve his family in his care plan, and with the support of his Social Worker opened up to them about all the difficulties that had been burdening him for many years. This self-disclosure, in turn, enabled him to stop the gambling as he realised that this was only worsening his situation. Furthermore, through the involvement of the family, a plan was made to pay back the money that was due. Once the finances were under control, the anxiety and depression started to lift, allowing him, once again to savour the joy of being alive.

Way Forward

The team must ensure that its services become more accessible to those who need them. To this end, plans to establish a presence in other more localised bases (such as the Accès Centres which provide social work
services in various parts of the island) will be drawn up, discussed, finalised and executed before the next the end of the next biennium.

The team shall do its utmost to press for the adoption of the National Alcohol Policy. Once it is adopted, this policy will enable the AGCT to construe and deliver its work within the context of a national, organic set-up of legal and other measures which give direction to efforts to counteract alcohol-related problems. It is also hoped that work on an equally badly-required National Gambling Policy should commence soon.

**SUBSTANCE MISUSE OUT-PATIENTS UNIT**

**Service Overview**

The main role of Sedqa’s Substance Misuse Out-Patients Unit (SMOPU, or as it is more commonly called, Detox Out-Patients) is to provide primarily for the medical needs of persons with a substance abuse problem. This unit liaises closely with other units within Sedqa and also other agencies and departments in order to offer a holistic service to its service users, including psychological and social support. This unit provides a service to over 1,100 persons annually, with about 750 persons calling daily for methadone.

The services offered by this unit are the following:

- assessment of dependence and stabilisation leading to detoxification;
- routine blood, toxicology and other medical tests;
- symptomatic treatment;
- substitute therapy – mainly methadone;
- a “Take Home Methadone” Service;
- drop-in and harm reduction;
- motivational work;
- counselling & social support;
- referrals to other sections within FSWS, other agencies and hospitals;
- psychiatric clinic.

These services are provided by a team of highly experienced Medical Officers, Nurses and Social Workers, and other workers most of whom have been employed in the field for many years. Besides individualised treatment, screening for HIV, Hepatitis B and Hepatitis C are also carried out. An immunisation service for Hepatitis B is also delivered. Since the incidence of psychiatric co-morbidity within the drug-abusing population is high, this Unit also provides a psychiatric service to a considerable number of users. Most of our patients’ medication is supplied by the Unit’s own Pharmacist.

Although there was a marginal decrease in the number of new clients seen, the total number of users who accessed this service remained practically the same. This slight decrease is as a result of shifting trends in drug abuse, where there was a decrease of persons abusing opiates and increase in those abusing stimulants, mainly cocaine, with the latter population less likely to call at professional services.

**Review and Analysis of Service**

- Pregnant drug users require more frequent visits at Detox and sometimes also admission to in-patient services for observation and stabilisation. A Social Worker from DCT attends Detox to see to their needs with other team members;
- Clients with a job are also increasing sharply. Holding a job helps them in having a more
structured day and to stay away from a chaotic lifestyle;

- More psycho-social interventions are taking place. The Social Workers based at this Unit are acting as a liaison between SMOPU and a number of other services. Outreach work is carried out and consolidated especially in the vicinity of our premises. We offer brief social work interventions to the Unit's service users and their significant others; typically these include both advocacy and brokerage roles with other individuals, departments and agencies according to the service user's needs. In the case of clients who already have a Social Worker from another unit within the Agency or from another agency, such interventions are implemented in full liaison with them;

- The Wound Clinic continues to treat wounds, ulcers and health complications for SMOPU patients (this involves treating the injuries, follow-up treatment, testing, etc.). This reduces the workload on the Health Centres. Moreover, SMOPU also liaises with the Tissue Viability Clinic in more severe cases;

- An in-house Client Management Software was built by one of the medical officers. Besides facilitating communication between all the unit professionals involved, this has saved time searching in client's hard copy files for needed information, virology and toxicology results;

- Substitute treatment makes it possible for patients to work towards achieving some stability in their life. A less chaotic lifestyle enables a patient engage in psycho-social interventions. The use of proper medication and referrals to other services can lead to a healthier life. Referrals to other services are backed up, when indicated, by input from a Psychiatrist and other professionals.

Other salient developments that took place within the period under review include:

- Improvement on currently available therapeutic modalities which offer better stability and less inconvenience to patients who would not need to come to our services daily;

- More availability of psycho-social assessments and/or interventions;

- Introduction of medication in tablet form for those clients travelling abroad instead of methadone suspension. This will eliminate the inconvenience due to airport restrictions when carrying liquid methadone.

**Case study:**

Jonathan* is a married 30-year old with four children. He has a stable full-time job. He has been receiving a service from Detox for the past 6 years. He is also receiving service from the Dual Diagnosis Clinic at the same Centre.

In the early stages of his contact, Jonathan was very chaotic and was not compliant with the service and psychiatric treatment that he was receiving, which affected his relationship and work. There were several attempts to detoxification on his own, however he would relapse and would then seek help again.

In 2012, Jonathan was introduced to the Take Home Methadone programme since by then, he had managed to successfully fulfill the criteria for take-home methadone. One of the criteria is to be free from all mood-altering substances and in control of his mental state. This resulted in his home life becoming more stable and has no pending legal problems. He is now able to maintain work and to function well in society.

Jonathan is currently on a stable low dose of methadone, still benefiting from the Take Home Methadone programme. He also keeps his appointments with the Dual Diagnosis clinic and compliant with his medication. He also keeps regular contact with Detox staff.
Way Forward

- coping with ever-increasing medical complications especially in older clients;
- liaise closely with the health authorities on implementing an effective strategy with regards to HIV and Hepatitis.

THE SUBSTANCE MISUSE INPATIENT UNIT (SMIPU - DAR L-IMPENN)

Service Overview

Within this nine-bedded unit, manned by four Nurses and four Care Workers working on a 12-hour shift basis, clients are helped to detoxify from drugs or alcohol, and are medically assisted with regard to their physical ailments which often result from years of abuse. Besides enabling detoxification, SMIPU also offers the opportunity of some ‘time-out’ to drug addicts whose lives have become chaotic to experience a few days in a relatively peaceful environment where they can think about their future. Thirdly, it provides stabilisation for some clients who are on Suboxone or methadone (both of which are heroin replacements) and who may require a stable environment for a few days while the right dosage is established. The duration of admissions rarely goes beyond 10 days.

Only Sedqa's Medical Doctors can authorise admission to Dar l-Impenn. Except in emergency situations, Sedqa's Community or Detox Out-Patients Social Workers, or Caritas workers assess the client before admission. Together with other professionals – and obviously the client – they devise a care-plan which would include detoxification as one of its early stages, and would spell out the rest of the therapeutic itinerary, stage by stage and level by level. While admission to Dar l-Impenn is not essential for each and every client who is battling addiction, it is often an indispensable stage for many of the more hardened addicts who are seeking to kick the habit.

Review and Analysis of Service

As can be gathered from Table 44, the number of clients who were admitted to Dar l-Impenn during 2013 was 180, of whom 134 were males and 46 females. 41 of these were admitted on more than one occasion, with total admissions numbering 229.

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Admissions</td>
<td>275</td>
<td>229</td>
</tr>
<tr>
<td>Successfully Terminated</td>
<td>219</td>
<td>174</td>
</tr>
<tr>
<td>Individuals Admitted</td>
<td>203</td>
<td>180</td>
</tr>
<tr>
<td>Individual Males</td>
<td>162</td>
<td>134</td>
</tr>
<tr>
<td>Individual Females</td>
<td>41</td>
<td>46</td>
</tr>
<tr>
<td>Alcohol (Admissions)</td>
<td>54</td>
<td>42</td>
</tr>
<tr>
<td>Drugs (Admissions)</td>
<td>221</td>
<td>187</td>
</tr>
<tr>
<td>Bed-Nights</td>
<td>2,209</td>
<td>1,707</td>
</tr>
</tbody>
</table>

Table 44: Dar l-Impenn data, 2012-2013
It is worthy to note that Dar l-Impenn closes its doors for the last 10 days of the year. This decision, taken many years ago to ensure a more rational use of resources necessary, was prompted by the observation that use of this service dropped quite heavily during this period. This measure was implemented in both 2012 and 2013.

As even a cursory glance at Table 44 will reveal, the number of clients making use of Dar l-Impenn – and all related indicators, such as bed-nights – went down in 2013 compared to 2012. The decline is quantifiable in the region of 15%. Almost certainly, this can be attributed to the introduction of another Sedqa residential service, the Assessment and Stabilisation Unit (ASU) which attracted a number of clients who would normally have entered Dar l-Impenn. This service opened its doors in December 2012.

Alcohol admissions account for just under 20% of all admissions in both 2012 and 2013. Alcohol detoxification is usually a fairly short process – taking about a week or less – and almost all attempts at in-patient detoxification were successfully terminated. The same cannot be said for drug admissions: 20-25% of which came to a premature end, either because clients chose to leave before the process was completed or because the staff at Dar l-Impenn reluctantly had to ask the clients to leave because some essential rule was violated.

Detoxification (or similar processes) at Dar l-Impenn is but one stage in the therapeutic process. What happens to clients when they successfully terminate the detoxification, stabilisation or time-out process? Table 45 shows the distribution of referrals of clients whose admission to Dar l-Impenn led to a successful termination.

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Services</td>
<td>157</td>
<td>102</td>
</tr>
<tr>
<td>Caritas Shelter</td>
<td>18</td>
<td>28</td>
</tr>
<tr>
<td>Caritas Programmes</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Komunità Santa Marija</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>OASI</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>ASU</td>
<td>4</td>
<td>24</td>
</tr>
<tr>
<td>Dar iż-Żerniq</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Medical / Mental Health Service</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>219</td>
<td>174</td>
</tr>
</tbody>
</table>

*Table 45: Distribution of referred cases to Dar l-Impenn, 2012-2013*

In 2012, 26 clients (9.5% of all successfully-detoxified clients) were referred to Caritas services. The corresponding numbers in 2013 were 29 and 12.7%. One should not read too much in the percentage increase, but it should be noted that these figures are indicative of the constant collaboration between Caritas, Sedqa and OASI. The largest number of successfully-detoxified clients (157 out of 219 in 2012 and 102 out of 174 in 2013) are referred back to the Agency's Community Services. It should be clarified that those clients who choose to terminate their detoxification (or other) programme prematurely are also referred to Community Services, that is to say, none of those who enter Dar l-Impenn are left to their own devices once they leave the unit. Some may of course decline the offer for further support from the Community Services.
Case study:

Joe* showed up at Dar l-Impenn looking shabby and under the influence of drugs. He was admitted for methadone stabilisation. His dose was considerably high and the first day he was monitored so not to influence the other residents.

On day two, he was encouraged to take a good shower and from then on, he was assigned a key worker in order to work on a plan. He was a perfect example of a chaotic client. He required some motivational talk by the Unit’s Leader, after which he agreed to collaborate. His care plan included reducing his methadone dose gradually, in collaboration with his doctor. After nine days, he was offered the possibility to go on to a residential rehabilitation programme. Joe is now in the last phase of such a programme and doing very well. He will be graduating soon and he is very proud of where he is now.

Way Forward

The prospect of a move from the current location which features in Sedqa’s plans for the next two years is engendering a welter of emotions, predominant among which is a sense of expectation that this service will function even more effectively in the new surroundings. Once the move is decided upon, planned and executed – and with further training – one can expect the highly experienced staff of this Unit to improve their performance in the interests of all dependent individuals who require detoxification and kindred services.

THE ASSESSMENT AND STABILISATION UNIT (ASU)

Service Overview

This Unit was established in mid-December of 2012 in response to an emerging need for a residential facility which would enable clients with alcohol or drug-related problems to be comprehensively assessed and which would afford a period of stabilisation to clients who are going through a particularly difficult time, but who may need to take important decisions about their future. Some of these clients will have just completed detoxification at Dar l-Impenn or a period of care at the Dual Diagnosis Unit (DDU) at Mount Carmel Hospital. The duration of the stay varies from three and a half weeks to eight weeks. This facility has a capacity of nine beds, caters for both male and female clients and is manned 24-hours a day by one of four Care Workers who are employed on a shift basis. It is led by a Social Worker with several years’ experience in addiction work.

Ideally, prospective ASU residents should be referred by their key-worker; this is always the case when the referral emanates from Sedqa’s Community Teams, Caritas, or the DDU. However, when clients are referred from Detox Out-Patients this may not be the case; in these situations they are assigned a key-worker as early as practicable after admission. This sometimes presents problems due to the fact that the Drugs Community Team and the Alcohol & Gambling Community Team (from which the key-worker would hail) have waiting-lists to contend with.

The work carried out in this Unit consists of:

- stabilisation on medical, social, psychological and spiritual levels;
- social work interventions regarding family relations, social security, and housing;
- occupational activities; and
- individual counselling sessions.

Moreover, a psycho-educational group meeting, facilitated by the Team Leader and focusing on topics relevant to this client-group, is held every week.
Review and Analysis of Service

The proportion of female referrals to the ASU during 2013 was in fact somewhat lower than that in the substance-abuse population which makes us of Sedqa Community Services. This may be possibly due to the fact that a number of female alcohol and drug addicts are mothers currently caring for their children who would find it difficult to enter into a residential programme and leave their offspring in the care of others. On the other hand, not much can be made of such a statistic during the first year of operation and it would be wiser to wait a few years until a clear trend has established itself.

Of the 60 clients who entered ASU during this period, 11 decided to enter a rehabilitation programme at either Sedqa’s Komunità Santa Marija (drugs) or Dar iż-Żerniq (alcohol) or at a Caritas residence (drugs) following completion of the ASU programme. More than one third of those referred never commenced the programme. Most of these changed their minds by the time a place became available. This is partly due to the perennial problem of waiting-lists. However, in many cases, the decision not to pursue the request to do the programme came within a few days of the referral and could not be attributed to waiting-time; it was more a question of a referral which had been made on the spur of the moment and without due reflection.

Problem drinkers made up about 25% of all clients admitted to ASU during the period under review. Initially there was a degree of apprehension about how the two categories of client would relate, but any fears proved to be largely unfounded, because no problems were experienced in this regard. Alcohol clients and residents with mainly drug-related problems who also abuse alcohol very heavily also attend groups which are held nearby at Dar iż-Żerniq.

Case studies:

a. Brian* was referred to ASU for his alcohol and cocaine problem. Although he has a stable employment, he was at risk to end up unemployed because of his addiction. A plan was done to come to ASU to better tackle his addiction, with his employer being involved in the design of the care plan. During his stay at the unit he was able to become more self-aware through various interventions, both psychological and social. After his stay at the unit, he went back to work now claims that he is dealing with his family life in a more positive way.

b. Claire* was referred to ASU wehn she was pregnant, with the aim to be more stable and safe during her pregnancy. The plan was that after giving birth she will go for a residential rehabilitation programme. She gave birth during her stay at the unit. During this period, other professionals from other agencies were involved to safe guard the best interest of the child and a follow-up care plan was done.

Way Forward

For the ASU, being a new Unit, the past year has been also an important learning experience for staff and management. It is believed that activity-based training programmes for staff should be offered during 2014 to ensure that Care Workers possess necessary skills to be able to assist clients acquire the ability to perform tasks of daily living.

Secondly, observation has yielded the information that most of our clients have psychological difficulties which obstruct progress within the programme and, more importantly, contribute very markedly to the re-inforcement of their addiction and other life problems. It is strongly believed that ASU should help the clients by providing structured psychological help while they are residents there. To this end, psychotherapeutic interventions will be provided after due discussion to ascertain both the availability of resources and the optimum modality, that
is to say, whether these interventions should be given on an individual level or in a group-setting.

KOMUNITÀ SANTA MARIJA

Service Overview

The main objective of this service is to help persons experiencing drug-related problems to change their attitudes and behaviour, which have been influenced negatively by their drug use, with the aim of leading a healthy lifestyle. The programme offers a rigorous structure with the aim of enriching responsibility, honesty, commitment and consistency. This is achieved through constructive feedback by peers and staff and the encouragement for self-reflection and the principle of self-help. Individual psychotherapy and counselling, family therapy sessions, support sessions with the residents and family or significant others and group work are also indispensable components of this programme. Educational and spiritual sessions are also offered at Komunità Santa Marija (KSM) so as to provide holistic treatment and rehabilitation.

During the 2012-2013 period, several changes occurred at KSM. In July 2012 a joint Unit Leader for Komunità Santa Marija and Żerniq was appointed. The Care Workers’ complement went down from eight to four, with the other four being deployed to a new service which the Agency opened late in 2012. Thus as from December 2012, KSM staff comprised of Unit Leader (jointly leading Żerniq), a Programme Co-ordinator and four Care Workers.

During these two years under review great emphasis was given to group therapy in KSM. With the Co-ordinator’s input three other groups were added in the therapeutic community’s programme. An anger management group started to be held weekly, an expression group is being held every fortnight and a psycho/educational group is also held every week. KSM also benefited from creative workshops provided by different entities. Lately, a project of 15 sessions of drama therapy, funded by the President's Premju għall-Kreattività, was run jointly by a drama therapist and an applied drama practitioner.

Review and Analysis of Service

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>New admissions</td>
<td>42</td>
<td>27</td>
</tr>
<tr>
<td>Completed phase 1</td>
<td>15</td>
<td>11</td>
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<tr>
<td>Completed phase 2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Completed phase 3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Completed phase 4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Self-terminations</td>
<td>23</td>
<td>13</td>
</tr>
<tr>
<td>Disciplinary cessations</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>Graduated</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 46: KSM case overview, 2012-2013
The number of persons who availed themselves of the services offered by KSM remained constant in the period being reviewed as opposed to 2010-2011, with a total admission of 68 clients in the period 2010-2011 up to 69 admissions in the period 2012-2013. This is considerably lower, however, than the period 2008-2009 with the total admissions of 111. This could be due to the changes in the referring system, the admission criteria and the waiting list incurred by the Agency's Drugs Community Team. The new Parole legislation and also the changes in the procedures governing the Prison Assessment and Rehabilitation Monitoring Board also influenced the numbers of clients being referred from the Corradino Correctional Facility (CCF). There had been 50 referrals from CCF in the period 2010-2011 as opposed to 16 referrals in the period under review.

In 2012, 42 persons started the residential programme at KSM. In 2013, 27 individuals were newly admitted. One can also notice a considerable decrease in self-terminations but an increase in terminations due to disciplinary procedures. This could be a result of clients not feeling that they are well catered for due to lack of staff complement. This in itself creates more room for rules infringement since the staff cannot be present enough on the floor.

The highest occurrence rate of terminations tends to happen during the first or the third phase of the programme. Once in the third (semi-residential) phase, clients need a different level of input from the staff at KSM. Unfortunately due to the changes faced at KSM, the idea of having a Co-ordinator specifically for the final two phases had to be put aside with the consequence that very few are succeeding in completing the programme.

Case studies:

a. Mary* approached our services at the age of 38, being a mother of two kids and married to a drug user. After eight years supporting her addict husband, she too started using heavily and was getting drawn to easy money. When she realised that she could lose her children, especially her son who was a minor, Mary asked to be granted bail from CCF to be able to follow the KSM programme. Thanks to therapy groups, individual sessions and psychology sessions, she was able to remain focused and set goals which helped her change her lifestyle, be productive through employment and also further her studies and obtain recognised qualifications.

b. Josette* is a transgender who sought the service when serving a prison sentence. After serving several years at CCF, suffered different types of abuse and also breaking all the ties with her family, Josette came to KSM. Gradually and through family groups, therapy groups, peer support, individual support and individual therapy, Josette was helped to regain her self-esteem, accept her identity, rebuild the family network and also find gainful employment.

Way Forward

An evaluation of the KSM residential programme is strongly indicated in order to provide a better, high quality service and to increase the chance of residents completing their programme successfully.

The service has developed in the last two years from having a service-centric approach towards adopting a more service user-centred approach. This means that the needs of the individual service user take priority over the overall structure.
Service Overview

Dar Żerniq offers residential and day programme services, both of the duration of twelve months. The aim of these programmes is to provide a personalised service to individuals and their significant others who are experiencing some form of alcohol-related difficulties. Through structured community living, counselling, therapy, and individual support, Dar Żerniq aims to empower the service users to lead a healthy, total abstinent, independent lifestyle. Counselling and other therapeutic interventions are offered on both group and individual levels to both clients and their significant others. In cases where complex inter-personal or intra-personal issues are detected, family therapy and in-depth psychotherapy are also offered.

The team at Dar Żerniq is composed of a Unit Leader (also leading Komunità Santa Marija), a Programme Co-ordinator and four Care Workers. This team is supported by a Senior Clinical Psychologist and an Occupational Therapist who both attend the service twice a week. In addition, Social Workers from the Sedqa Alcohol and Gambling Community Team, a Doctor and a Psychiatrist, form the multidisciplinary team responsible for the delivery of this service. Case reviews are carried out at least twice a year for all service users. These are attended by all the professionals involved in the client’s life, including those coming from outside the Agency.

Residential clients are encouraged to resume work or to seek for employment after an average of six weeks in the programme. They are also encouraged to engage in voluntary activities. Family members are expected to participate in parts of the programme (groups, some individual sessions and case reviews) both because this participation is of help to the resident and also because family members often require support in their own right. Home visits are also carried out.

Review and Analysis of Service

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions (Day/Residential)</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td>Sessions with clients (Day/Residential)</td>
<td>621</td>
<td>574</td>
</tr>
<tr>
<td>Group attendances</td>
<td>2,819 (192 groups)</td>
<td>3,041 (194 groups)</td>
</tr>
</tbody>
</table>

Table 47: Number of cases at Dar Żerniq, 2012-2013. (Note: Group attendances include also Community clients and significant others.)

2012 has brought many changes with it for Dar Żerniq. The new idea of having a Co-ordinator for the service was a new concept; consequently, client-related work was better managed. In December 2012, Dar Żerniq was relocated to a new part of the building.

As can be seen, there was a very slight decrease in the total admissions between the two years being reviewed. If one had to see the numbers of admission according to the different programmes, however, there was an admission less in the Day Programme and three less in the Residential in 2013 when compared to 2012. This could be the result of a better retention rate.

Group meetings are held four times a week with two of them being held at Dar Żerniq. These groups are an essential part of both the Day and the Residential Programmes and also provide a forum where Community
Services clients and residents grow together, support each other and learn from each others’ experiences. Significant others are also welcome for three of these meetings. One group meeting is kept strictly for clients with alcohol-related difficulties.

**Case studies:**

a. Manuel*, father of three minors and in his late 30s, came to Żerniq after being referred by AGCT. He was engaged at Dar Impenn by Żerniq staff and encouraged to start attending therapy groups. Thanks to the support provided by the groups, individual therapy and the daily structure at Żerniq, Manuel was able to work on his marital issues with his wife, challenge his old patterns of behaviour and mind set, improve his literacy skills and also be more present for his family. Having been self-employed for many years but facing bankruptcy several times, the family faced hard financial times. Żerniq helped by obtaining sponsors for the family for the children's uniforms and also for Manuel to be able to attend a university course, which he completed successfully. Today, Manuel is gainfully employed and successfully keeping the balance between work and family responsibilities.

b. Frans* was severely depressed when first referred to Żerniq. He had suffered an injury at the place of work at the age of 53 and could not accept that he could not do the physical work he was used to. He started attending groups at MCH and his wife was present and supportive throughout. Thanks to the daily structure, therapy groups and individual support, Frans was able to decrease considerably his psychiatric medication, start taking care of his personal hygiene, start taking more responsibilities related to his role in the family and also rebuild his relationship with his wife and their daughter.

**Way Forward**

The staff members running the service aim to keep providing a high standard quality service for the benefit of the service users under all circumstances. Regular staff meetings ensure that the service-users’ needs are discussed on a regular basis and thus ensuring that the programme is continuously attending to the service users’ needs. The service is also trying to take into account the changing realities of alcohol addiction, whereas today most prospective residents have dual or multiple-substance addictions and as well as significant mental health issues. These changes put pressure on the service and on the staff members. The need that they are continuously trained is essential.

The members of staff at Żerniq are very positive about the future of the service. This is a unique service in Malta, which specialises in alcohol rehabilitation with an unequalled level of success locally.

*All names have been changed to protect the identity of the clients.*
Over the last two years, the demand for the services given by the three agencies within the Foundation for Social Welfare Services continued to increase. The agencies continue to adjourn their services to the needs of society in general.

BUDGETS

To be able to cope with these changes, the agencies required further funding from the government, which increased over the previous years as shown in the Table 48.

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appoţţ</td>
<td>3,450,000</td>
<td>3,372,000</td>
<td>3,821,000</td>
</tr>
<tr>
<td>Sedqa</td>
<td>2,550,000</td>
<td>2,470,000</td>
<td>2,483,000</td>
</tr>
<tr>
<td>Sapport</td>
<td>6,590,000</td>
<td>7,713,000</td>
<td>8,395,000</td>
</tr>
<tr>
<td>Total</td>
<td>12,590,000</td>
<td>13,555,000</td>
<td>14,699,000</td>
</tr>
</tbody>
</table>

*Table 48: Government subventions per Agency 2011-2013*

The subventions in Table 48 were all utilised in the best way possible to maximise the quality of the services given to our clients. In most cases, this is only achievable through our high number of professional employees. In a number of instances, the delicate and complicated cases would require one-to-one sessions; and in some instances, round the clock individual attention is also required. This, with an always increasing wage bill, makes the payroll cost across the Foundation the highest cost element.

This can be further illustrated in Figure 50, where one can immediately note that payroll cost is on average four times as much higher compared to the cost of recurrent expenditure for all the three agencies.
Whilst Figure 50 is illustrating the split between the recurrent expenditure and the payroll cost by Agency in 2013, Figure 51 is depicting the costs percentage when the three agencies are combined for the same year.

Figure 51 clearly highlights the fact that payroll cost is by far the major recurrent cost for all three agencies.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGCT</td>
<td>Alcohol and Gambling Community Team</td>
</tr>
<tr>
<td>ASU</td>
<td>Assessment and Stabilisation Unit</td>
</tr>
<tr>
<td>CCF</td>
<td>Corradino Correctional Facility</td>
</tr>
<tr>
<td>CDRT</td>
<td>Centre for Development, Research and Training</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CPS</td>
<td>Child Protection Service</td>
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<td>DCT</td>
<td>Drugs Community Team</td>
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<td>DDU</td>
<td>Dual Diagnosis Unit</td>
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<td>DVU</td>
<td>Domestic Violence Unit</td>
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<td>E4L</td>
<td>Embark 4 Life</td>
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<tr>
<td>EMCDDA</td>
<td>European Monitoring Centre for Drugs and Drug Addiction</td>
</tr>
<tr>
<td>ESP</td>
<td>Employee Support Programme</td>
</tr>
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<td>ESPAD</td>
<td>European School Survey Project on Alcohol and Other Drugs</td>
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<td>ETC</td>
<td>Employment and Training Corporation</td>
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<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>FHRD</td>
<td>Foundation for Human Resources Development</td>
</tr>
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<td>FOI</td>
<td>Freedom of Information</td>
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<tr>
<td>FRA</td>
<td>European Agency for Fundamental Rights</td>
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<td>FSWS</td>
<td>Foundation for Social Welfare Services</td>
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<td>GWU</td>
<td>General Workers Union</td>
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<td>HGT</td>
<td>Hemo-Glucose Testing</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>HT</td>
<td>Human Trafficking</td>
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<tr>
<td>ICL</td>
<td>Independent Community Living Service</td>
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<td>ICT</td>
<td>Information and Communications Technology</td>
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<td>IFCO</td>
<td>International Foster Care Organisation</td>
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<td>IFSS</td>
<td>Intake and Family Support Service</td>
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<td>INHOPE</td>
<td>International Organizations of Internet Hotlines</td>
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<td>IOM</td>
<td>International Organisation for Migration</td>
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<td>IRS</td>
<td>Initial Response Service</td>
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<td>ISPCAN</td>
<td>International Society for the Prevention of Child Abuse and Neglect</td>
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<td>ISPs</td>
<td>Individualised Support Plans</td>
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<td>IT</td>
<td>Information Technology</td>
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<tr>
<td>ITS</td>
<td>Institute for Tourism Studies</td>
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<tr>
<td>JRS</td>
<td>Jesuit Refugee Service</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>KNPD</td>
<td>Kummissjoni Nazzjonali Persuni b’Diżabilità</td>
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<tr>
<td>KSM</td>
<td>Komunità Santa Marija</td>
</tr>
<tr>
<td>LAC</td>
<td>Looked After Children Service</td>
</tr>
<tr>
<td>LDV</td>
<td>Leonardo da Vinci</td>
</tr>
<tr>
<td>LGBT</td>
<td>Lesbian, gay, bisexual, and transgender</td>
</tr>
<tr>
<td>LP</td>
<td>Liaison Person</td>
</tr>
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<td>MCH</td>
<td>Mount Carmel Hospital</td>
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<tr>
<td>MDH</td>
<td>Mater Dei Hospital</td>
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<td>NCPE</td>
<td>National Commission for the Promotion of Equality</td>
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<td>National Commission for the Promotion of Equality</td>
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<td>NFCAM</td>
<td>National Foster Care Association Malta</td>
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<td>NGOs</td>
<td>Non-Governmental Organisations</td>
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<td>Office of the Prime Minister</td>
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<tr>
<td>PABX</td>
<td>Private Automatic Branch Exchange</td>
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<tr>
<td>PAPs</td>
<td>Prospective Adoptive Parents</td>
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<td>PECS</td>
<td>Picture Exchange Communication System</td>
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<td>PFI</td>
<td>Paulo Freire Institute</td>
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<td>PPCD</td>
<td>Planning and Priorities Coordination Division</td>
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<td>PSD</td>
<td>Personal and Social Development</td>
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<td>PUD</td>
<td>Programm Ulied Darna</td>
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<td>S.A.F.E.</td>
<td>Substance Abuse Free Employees</td>
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<td>Service Area Leader</td>
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<td>Supervised Access Visits</td>
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<td>Safer Internet Centre in Malta</td>
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<td>SMIPU</td>
<td>Substance Misuse Inpatient Unit</td>
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<td>SMOPU</td>
<td>Substance Misuse Out-Patient Unit</td>
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<tr>
<td>SPL 179</td>
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<td>T.F.A.L.</td>
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<td>TVM</td>
<td>Television Malta</td>
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<td>UK</td>
<td>United Kingdom</td>
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<td>WHO</td>
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<td>YIF</td>
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<td>2</td>
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