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Presentation

Fighting Poverty and Social Exclusion

By

Nipping Poverty in the Bud

Examples of Good Practice

Prof Angela Abela

Department of Family Studies

Faculty for Social Wellbeing

University of Malta

SLIDE 1

Honourable Mr Speaker, Honourable Chair of the Social Affairs Committee, Honourable Ladies and Gentlemen,

It is indeed a great privilege for me to be presenting to you this morning on a subject of such importance for our respective countries. Adequate income and participation in social life is an important determinant to ones wellbeing. Families constantly have to handle their

finances as they go about their daily lives, trying to fulfil their dreams – however humble or grand - in every stage of the family life cycle. Meaningful connections with those around them not only with their families but also with their communities are equally important for their wellbeing. These provide them with a lifeline in moments of distress and an opportunity for celebration and solidarity with others.

In my work as an academic and a practitioner (I am a clinical psychologist and a family therapist and supervisor), I adopt a systemic theoretical framework to make sense of what is happening around me and take into account the context in which families are embedded. It is for this reason that I will first provide you with a backdrop of our socio economic context before moving on to present to you examples of good practice that are being implemented here in Malta, which have the potential to fight the intergenerational cycle of poverty and social exclusion for our children and families, an area of work which is very close to my heart.

## **CONTEXT**

### SLIDE 2

Our economy is doing very well. It remained resilient during the financial crises of 2007/2008. The current economic performance is characterised by a robust increase in real GDP and very low levels of unemployment ranking the fourth lowest in the EU 28 with the unemployment rate standing at 4.4% in January 2017 (Eurostat 2017)

Statistics on poverty in Malta show that between 2013 and 2015, the at-risk-of-poverty rate went up slightly from 15.7% to 16.3% whereas the at-risk-of-poverty and social exclusion rate went down from 24% to 22.4%. Childhood poverty also went down but our children,

continue to be our most vulnerable group. In 2015 23.4% were at risk of poverty ( .6% less than 2013) whereas 28.2% are at risk of poverty and social exclusion (3.8% percentage points less than 2013). Having so many children living in poverty does not augur well for their future and that of our society.

Those on the minimum wage complain that it does not suffice. The percentage of working poor stood at 6% for those working full time in 2015 and went up to 10.4% when including those at risk of poverty and social exclusion (NSO personal communication March 20 2017).

After 2013, budgetary measures were introduced to elevate the burden on low income families such as, the reduction of 25% on water & electricity bills, tapering of unemployment benefits for persons entering employment and in-work benefits for low income families with children.

Our Prime Minister has now promised that an increase in the minimum wage will be one of the measures to be taken in the next budget. I consider this measure to be extremely important. Making work pay rather than being expected to undertake precarious jobs to earn a living is fundamental if we truly believe that employment is a social right.

In this respect a rights-based approach to dealing with poverty informs this presentation. I join other scholars in believing that poverty and social exclusion are the result of neglect by society towards more vulnerable groups. We have a responsibility in protecting these families' human rights including their five social rights to employment, housing, health, education and social protection as stipulated by the Council of Europe. Our children too have a right to be protected. Parents are to be supported and children should never be separated from their parents because of poverty.

This framework is extremely important. Otherwise we risk pathologising and medicalising poverty and other related phenomena such as racism for example (Centre on the Developing Child at Harvard University 2016). No amount of medication and/or psychological intervention, early childhood curricula or home visits will take the place of job training for those who want to increase their skills, family friendly measures for parents with caring responsibilities, good health care, innovation and the revival of a sense of community in our neighbourhoods and housing policies that create social cohesion rather than cluster vulnerable families together. These are but some of the initiatives that would have a direct influence on child and family wellbeing.

Examples of good practice start from having the basics right. It is only then that we can venture further.

### **A focus on the early years**

The examples of good practice, which I will be reviewing today are about interventions with families with young children. This is because the early years are critical years in the child's development. By addressing poverty and social exclusion at this stage, there lies an enormous potential in terms of fighting the intergenerational cycle of poverty. Children's development starts from conception as the foetus is already influenced by the quality of life it experiences in the mother's womb. In the first years the human brain goes through the fastest developmental growth ever. 1.8 million new synapses per second are occurring between 2 months of gestation and two years. SLIDE 3 After this period of rapid growth, these connections between neurones decrease and pruning starts to occur. This helps the brain circuits to be stronger and more efficient. The early experiences that the infant has will have a direct impact on the architecture of the brain precisely because those circuits

which were not used through lack of stimulation will be pruned.

Though early difficulties may not necessarily put a child at a disadvantage for life, early developmental skills are an important foundation for development. This is because the capacity for the brain to adapt and change slows down over time. It is therefore more challenging to build more sophisticated cognitive, social and emotional skills when the foundation is not robust (Center on the Developing Child at Harvard University, 2016).

Parents and young children living in disadvantage and poverty experience multiple stressors. Parents get stressed, depressed and anxious. For example 20% of mothers in the lowest quintile for socioeconomic status experience post natal depression compared with 7% in the highest economic quintile (WHO & Calouste Gulbenkain Foundation 2014). (SLIDE 4) These emotional states disrupt the parenting behaviour (Conger, Reuter & Conger 2000). Babies and infants are not immune to the stresses and harsh conditions to which poor parents are exposed. To grow infants need warm consistent and nurturing caregiving. In this respect, the wellbeing of parents is considered as crucial for the baby's wellbeing given that parents provide the facilitating environment for children to develop well through their attunement with their infants and the quality of interaction and stimulation which they provide. More educated parents talk, sing and read more to their infants at a very early age. By the time children reach 3 years old, poor children will have heard 30 million fewer words than their wealthy peers. (SLIDE 5) There is a whole body of research which shows that already by age two, there is a significant cognitive difference between children living in poverty and those who do not and this continues to be visible and even increases over the years. Recent research by psychologists from Stanford University reveals that 2 year-old children of lower-income families may already be six months behind in language development (Stanford

Report Sept 25 2013).

It is therefore of no surprise that Heckman, the Nobel prize laureate in economy has emphasized that the earlier the intervention the higher the return on the investment made for children. (SLIDE 6)

The EU institutions and the member states have also been working on how to combat poverty and social exclusion in Europe. In February 2013 the European Commission issued a long awaited recommendation entitled *Investing in children: Breaking the cycle of disadvantage*. These policy guidelines reflected the considerable work over the years by EU institutions and the Member states. Early intervention and prevention are perceived as part of an integrated strategy that also takes into account the successful employment of parents in family friendly work that pays. Whereas children's rights are paramount, the importance of families in children's lives and the quality of relationships in the family are considered as the robust variable when gauging children's sense of wellbeing. Integrated strategies, that go beyond material security for children and aim at promoting equal opportunity to all children are prioritised. Special attention is given to at risk groups and the importance of policy continuity and long term planning is also highlighted.

### **Examples of good practice in Malta**

SLIDE 7

The introduction of the *Free childcare Scheme* for women working or in education with children from 0 to 3, which was introduced in April of 2014 in Malta is a policy that reflects these principles. Parents are entitled to free childcare which is pro-rata to the mother's (or single father) employment hours. The service is provided either through the 13 child care

centres run by the Ministry of Education and Employment or through registered private childcare centres . The Scheme was primarily meant to encourage women to join the labour market by providing child care services which are free of charge. At present Malta has the third lowest female employment rate in the EU 28. However the female employment rate has been steadily going up between 2005 and 2015 and the average annual growth rate of 4.34% makes it the largest and most rapid increase in Europe (European Commission 2016). This policy was therefore timely and was particularly of help for mothers who work on a minimum or a relatively low wage given that the additional cost of child care would have rendered going to work futile for this group of women, especially for those who did not have their own parents to look after their children. The over reliance on grand parents emerged in a recent national study about lone parents whose youngest child was 3 years or younger (Abela et al 2013) and is typical of familialistic countries like Malta as reported in a study on grand parenting in Europe published in 2013 (Glaser et al. 2013)

The *Free Childcare Scheme* in Malta has succeeded in breaking the mould in a familialistic country as it has been very well received by families with young children, in spite of the traditional wariness by parents, when it comes to placing children in a childcare centre. According to statistics published in 2016, the Scheme resulted in being most popular in the age bracket between one and two and two and three where circa one in every 3 children are attending.

Only 7.5% of babies between 0 and 12 months are registered. In this respect I think that parental leave needs to increase. Maternity leave has been extended by 4 weeks in 2013 and is now 18 weeks. The last 4 weeks are not on full pay but on state benefit. This is still 9.7

weeks less than the average duration of maternity leave in the European Union (Institute of Family Policy).

The average daily duration of children in the free child care scheme is five hours. We do not know how many of these children are picked up by parents who are working on reduced hours and how many are picked up by grandparents. One thing is for sure; grandparents are no longer obliged to care for their grandchildren for very long hours even in circumstances where they find such a task to be burdensome and exhausting. In one year alone the average number of hours of grand parenting has gone down. Grandparents and grandchildren can now enjoy their relationship without having to experience the stress and constraints that a near parenting role might potentially bring with it. This augurs well for the children's overall development. The infants' development including their cognitive development will suffer when looked after by tired and exhausted grandparents.

Another extremely valuable initiative which the 13 child care centres run by the State undertake is that of liaising with outside agencies to promote the wellbeing of vulnerable families. To this effect 34 out of 412 current children attending these child care centres do not pay for the service after means testing in spite of the fact that the mother is not in education or in employment. In the case of these families detailed referrals are prepared by professionals who work in a number of services offered by other Ministries. These include services by the Ministry for the Family and Social Solidarity such as those offered by the newly set up Family Resource Centres in the community, and/or the specialised social work services and Psychological and Family Therapy Services offered by multidisciplinary teams at community level. The Child Development Assessment Unit within the Health Services also makes such referrals . Coordinators from the child care centres and professionals from the



various services keep an open channel of communication to address difficulties that arise in order to support the child and family in a holistic manner. Similarly if families who make use of the childcare service require support from an outside agency, these same agencies support the family.

This interagency way of working with children and their families across Ministries is without doubt an example of good practice that merits to be highlighted. We know that there are more children and families to be reached. Among lone parents alone, 12.45% were considered as particularly vulnerable. Lone mothers either had a disability or an illness, or were facing mental illness and or lived in a context of domestic violence or had children with a disability.

#### *The National Strategic Policy on Positive Parenting 2016-2024*

I would now like to make reference to a more recent strategic policy which was launched last year by the Ministry for the Family and Social Solidarity and which also seeks to nip poverty in the bud by breaking the cycle of poverty and disadvantage as early as possible.

The *National Strategic Policy on Positive Parenting 2016-2024* (SLIDE 8) has a number of best practices incorporated in it. It specifically calls for better synergy between government services in the different Ministries and involves experts in the field to avoid fragmentation and duplication and builds on existing services. It provides a number of evidence-based preventive and interventive parenting programmes which are on offer at different stages of the family life cycle. The time allotted for this presentation will not permit me to present all of the policy actions (there are over 60 of them) which form part of this *Strategic Policy*. These include home based therapy Services with families whose children are at risk of being put into care, specialised training provided to professionals in the area of domestic violence

and Substance Misuse as well as support to parents following a separation in Court and more.

Rather I will focus on those policy actions that seek to intervene as early as possible in the life of children and their parents and have the potential of breaking the cycle of poverty and disadvantage. One of these policy actions reaches families where mothers are expecting a baby and forms part of the first assessment carried out by midwives when these mothers register for their first appointment at the Antenatal Services. It includes an assessment of the mental health of the expectant mother and routine screening with regards to any adverse situations in the home. Those in need of specialised support are then to be referred to the appropriate service including the Perinatal Service and/or other services that are not necessarily within Health Services such as the Family Therapy Service and the Domestic Violence and Substance Misuse Services. Intervention at such an early stage is greatly beneficial for all families, especially for those living in poverty who may be particularly isolated and do not afford to seek help in private practice.

The cost benefit analyses of proper screening and timely intervention are remarkable. If we had to simply focus on the mother's mental health, we know that between 10% and 20% develop a mental illness during pregnancy or in the first 12 months following the birth of the child. A study carried out in 2014 by the Centre of Mental Health and the LSE in the UK shows that when the mental health of the mother during the perinatal period is untreated, this would impose costs of around 10,000 sterling for every birth for society as a whole. Almost three quarters of the adverse impacts (72%) are endured by the child! With a much smaller amount, calculated at 400 sterling per birth, mothers can recover from these illnesses (Centre for Mental Health and LSE October 2014).

In this respect the Perinatal Clinic needs to move out into the community to be closer to families and employ psychologists, family therapists, counsellors and other helping professionals who are specialised in parent-infant psychotherapy and whose role will involve supporting the parents, helping them in their parenting and enhancing the parent-infant relationship.

The Strategy also envisages assessing the level of stress of the parents and their wellbeing during their visit to the Well Baby Clinic when the baby is six weeks old and then again when the baby is eight months old. This is a time when the stress of the parents is expected to be soaring (Borg Xuereb 2008). Parents who are stressed will be referred to follow one of the evidence based parenting programmes that will be on offer in the Family Resource Centres. The emphases will be on the relationships between the parents and between the parents or significant others and their child.

The Strategic Policy also seeks to reach out to those parents giving birth for the first time at our main state hospital but who do not turn up for courses offered to parents by the Parentcraft Services. Outreach Services for families who are marginalised and do not actively seek services on offer is another hallmark of this Strategy. (SLIDE 9)

The strategic Policy also envisages research which would help to monitor the results. We need to constantly learn more about promising intervention strategies and how best to engage with these families. The empathic attunement of the professionals and their ability to be reflexive with families who find themselves under a lot of pressure and or distress is paramount to the quality of service offered. Continuous professional development is therefore extremely important at all times. In the case of Malta the lack of helping professionals who choose to work in the public sector is another challenge that needs to be

addressed rather urgently. If not, families on a low income who cannot access services in private practice will experience inequality and will be left behind.

## **Conclusion**

It is being hoped that these early interventive approaches will help families in a timely manner, limit the potential harm that can be incurred and eventually reduce the volume of work and/or the gravity of the problems families would end up facing at a later stage. Ultimately the real success of these policies should lead to having more young people in Malta continuing their education beyond school leaving age.

The fight against poverty continues. Honourable Ladies and Gentleman I hope that this tiny presentation has been of some help to inspire you to act in favour of the poor. You are very well placed to do that. Policies that help reduce inequality and social exclusion necessitate political will. (SLIDE 10)