

Social, emotional and behavioural difficulties in Malta: An educational perspective

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Abstract:

Social, emotional and behavioural difficulties (SEBD) in schools have become a cause for concern amongst the various stakeholders involved, with indications of increasing frequency in the past decades. This paper examines the issue from a local perspective, critically evaluating the current educational provisions for students with SEBD. The first section discusses the nature, frequency and causes of SEBD, with a particular focus on the institutional factors contributing to such difficulties. This is followed by an examination of the local educational provisions currently available for children and young persons with SEBD, either in mainstream schools or in special settings, and either school or agency based. A multi level intervention framework is proposed to address the needs identified in the evaluation of the current provisions and to prevent SEBD from reaching the frequency and severity seen in some other referent countries.

Introduction

The recent episodes of violence against teachers in a number of schools in Malta, the physical attack on a five year old boy by a group of twelve year olds in the UK some months ago, and the shooting of teachers and peers by a disaffected student in the USA, are rare and extreme forms of student behaviour in school. They underline however, the current concern about the increasing rise of violence, anti social behaviour, bullying, and other forms of social, emotional and behavioural difficulties (SEBD) in schools. Internationally the increase in the frequency of SEBD is reflected in epidemiological studies (Rutter and Smith, 1995) and in the international literature on behavioural problems and exclusion from schools (Parsons, 1999; Cooper et al., 2000; Mooij, 1999). Currently, taking the widest definition of SEBD, it is estimated that between 10% to 20% of school aged children in the UK experience a significant level of SEBD at any time (Young Minds, 1999); while the greatest increase appears to be in the 12-24 age group, the rate of increase is highest in the primary sector (Parsons, 1999). A similar pattern can be discerned in the USA (Walker et al, 1995)¹. It is important to note that these figures are based on studies of general populations and do not necessarily reflect the incidence of SEBD that manifest themselves openly in schools. As this article will show, however, there is a strong relationship between SEBD in the wider community and SEBD in schools. Defining and meeting the challenges that are revealed in one setting will have important consequences for those which appear in other settings.

Examining the nature of SEBD

Although the most severe cases of SEBD, such as those cited above, are usually the ones which gain our attention, these and similar behaviours are only one part of a continuum covering a very wide of range of behaviours. The headline grabbing incidents can usefully be seen as the small tip of an enormous iceberg. We would go so far as to argue that this sensational 'tip' would be less prominent if the higher incidence lower level difficulties were addressed more effectively and well before they escalate into more serious problems. This is because SEBD is best seen as a dynamic, multi-layered phenomenon that results from a wide range of influences, both internal and external to schools, that coalesce to create an increasingly cumulative effect. This means that an apparently minor problem that is ignored or handled ineffectively will often escalate into a more serious one.

¹ There is not yet any epidemiological data on the distribution of SEBD in Malta, although a national project is currently under way to establish the prevalence rate of SEBD in Maltese schools. There are however, some data sets on the frequency of very challenging behaviour amongst children and young persons, although these have to be treated with caution. According to the 2004-2005 annual report of the National Board for School Behaviour, there were 34 referrals from state school, which is 0.07% of the total state school population (Psaila, 2005). However, the Board deals with cases of 'excessive behaviour' referred by schools and is portrayed as a last resort when schools are considering expelling the student from school. In a study on the use of services by children and young persons with very challenging behaviour, it was reported that during the period 2000-2005, 811 children and young persons (75% males, 25% females) made use of support services for this client group, amounting to 1.5% of the total population of persons under 18 years (Pisani et al, 2006). These figures however, are incomplete as they are based on information provided by services that chose to provide the required referral data. Moreover the services were not restricted to school age children or to educational interventions; indeed the peak referrals were at age 17, with most of the clients seeking social work support for problems related to substance abuse and mental health.

It is useful to think of SEBD as an umbrella term incorporating a diverse range of behaviours ranging from 'acting out' behaviours such as aggression, non compliant behaviour, vandalism and bullying, to 'acting in' behaviours such as social withdrawal, anxiety, depression, extreme passivity, eating disorders, substance abuse and self harm. Acting out behaviours have a tendency to receive more attention from parents, teachers and the wider community, because they impinge in negative ways on the lives of others. Acting in behaviours, on the other hand, are more likely to be hidden from public view, or even deliberately concealed by an individual. Authoritarian educational and parenting practices can be seen as key contributory factors in the creation and maintenance of both types of SEBD, since acting out behaviours are often modelled on coercive management styles, whilst acting in problems can be fostered in the recipient of such a management style.

The reasons why a given individual may 'act out', whilst another may 'act in' are complex. In a seminal study Patterson et al (1982) found common patterns in the life histories of incarcerated career anti-social adults that revealed the cumulative effect of social deprivation and negative early family influences combined with exacerbating school based factors. They found that a common characteristic of the individuals they studied was a coercive social style that was associated with the experience of social deprivation and coercive parenting in infancy, that were followed by teachers' failure to employ positive behaviour management strategies. Social rejection by teachers and peers led the growing child to seek affiliation with similarly rejected, anti-social peers in a deviant sub-culture. Membership of this group led to further reinforcement and refinement of anti-social tendencies. The outcome of this process was the career anti-social adult, who, by his late teens, had a well-developed set of coercive strategies which he used to meet his personal and developmental needs. The practical outcomes were erratic occupational histories, criminality, mental health problems and chaotic personal relationships. As parents, these individuals were well placed to repeat the cycle which had blighted their own lives.

Patterson et al's social learning model has strong support in the educational research literature which has shown, repeatedly over many years, the ways in which schools can contribute to the social construction of deviant student identities through processes of labelling (Hargreaves et al, 1975), and the failure to actively promote positive social and academic engagement in schooling and feelings of self worth in vulnerable students (Schostak, 1982; Cooper 1993; Cooper et al, 2000).

Bowlby's (1975) attachment theory provides a second major theoretical source in our quest for an understanding of how and why SEBD may develop. In contrast to the social learning approach, Bowlby's work is rooted in a psychodynamic tradition. At the core of attachment theory is the idea that individuals' feelings towards and engagement with the wider world is mediated by the psychological effects of their earliest experiences of being nurtured by their primary carer. The theory asserts that this early experience is seminal, in developmental terms, having deep implications for the individual's later life.

According to this theory all human beings proceed from an initial state of absolute dependence on the primary carer to one of autonomy and independence. In order to reach the stage of independence, however, the infant must have their dependency needs met in a satisfactory manner. The stage of independence is characterised by the

child's feelings of emotional security that are dependent upon the possession of an internal, psychological and symbolic representation of the primary carer as a stable and reliable provider of love and protection. This symbolic representation is created as a direct result of having had a consistent actual experience of being loved, cared for and protected by the primary carer in early infancy. Where such attachment relationships fail, for whatever reason, the child is left with a legacy of emotional insecurity that has a negative influence on his or her engagement with the world. The insecurely attached infant will respond to this unmet need in a one of three ways. He or she may become withdrawn, fearful, anxious and overly compliant (i.e. socially passive); timid in the face of routine challenges that human beings are faced with in their personal relationships, school and occupational experience. Such individuals might be classified as 'acting in'. A second possible response will be to act out. In both the acting in and acting out responses, the individual has enormous difficulty in forming and sustaining social relationships. This response is characterised by deeply rooted feelings of anger and frustration in relation to their unmet needs. Such anger often leads to a coercive social style. A third manifestation of attachment disorder is best characterised as a 'disorganised' response. In this response the individual may mask feelings of fear or anger and appear to be, at times, overly self-controlled. On the other hand, they may appear to make apparently random and shallow attachments to other available individuals, thus leaving themselves open to exploitation and abuse.

The foregoing illustrates the enormous relevance of contemporary theories of social and emotional development for education and schools. Mainstream schools are, by and large, established on the basis of assumptions about the social and developmental status of their students. The general assumption is that students in the same age band have achieved similar psychological and social levels of development, and are, therefore, to be treated in accordance with the characteristics associated with the pertinent level of development. This has always been a problematic assumption. In extreme cases it leads to culture of blame, whereby the student who fails to conform to expectations is labelled as 'defiant', 'resistant' or 'non-compliant'. The difficulties he or she is experiencing, and possibly creating for others, are considered the responsibility of the student or the student's parents, resulting in the kind of marginalisation described in Patterson et al's (see above) four-stage model. Schools and teachers taking this view rely on punishment and control strategies, rather than seeking to accommodate the student's developmental needs. In these circumstances the school becomes part of the problem rather than part of the solution.

If schools are going to be able to make a positive contribution to the development of all students, they need to acknowledge and act on their responsibilities for promoting students' positive engagement with schooling (Cooper, 2006). This process is analogous to Bowlby's attachment theory. The experience of schooling is, at least initially, a daunting and even frightening prospect for many students. Like a newborn child, the newly arrived pupil leaves the relative security of the familiar, and enters a new and challenging environment, when he or she attends school for the first time. The primary need of the child at this point is to be made to feel safe and secure. Only when these feelings are established can students move on to become independent, self-directing learners. Children who come into school from circumstances that are in themselves places of threat and insecurity are at an enormous disadvantage in this respect. These pupils do not have the internalised representations that grow from a safe and secure upbringing, and they will need to be actively nurtured by school staff, before they can see the school as a place of safety and become 'attached' to it, an

therefore, use it as a source of personal support and development. Many students, the world over, never achieve this sense of attachment and remain alienated from their school experience for as long as it lasts. Consequently they fail educationally, and any existing social and emotional difficulties they may have had on entry are exacerbated by the educational experience.

SEBD in Maltese schools

To date Maltese schools may have been spared the extreme forms of disaffection, violence, and anti-social behaviour seen in other countries. At a wider social level, one may speculate that certain features of present Maltese society might be translating into protecting factors against difficulties in children's socio-emotional development. The ethnic and religio-cultural homogeneity of Maltese society and the relatively low levels of regional division, might have contributed to more cohesive, cooperative and prosocial communities. Malta has been spared the intense industrialisation, urbanisation and social upheavals, and consequent social problems, unemployment and crime, seen in other European countries. Many Maltese towns and villages have retained their strong identity as cohesive social communities providing a supportive network for their inhabitants. Families have strong traditional roots in Maltese society and they are still relatively strong, with lower rates of marital breakdown and separations compared to international rates (National Commission for the Family, 2004).

These positive social correlates however, should not mask other parallel changes and social problems in contemporary Maltese society. 15% of the general population are at the risk of poverty; of these 21% are children aged 0 to 15 years (Ministry for the Family and Social Solidarity, 2004). Illiteracy, school absenteeism, and low skills and other labour market shortcomings, constitute some of the current risks of poverty and social exclusion (op cit). Recent statistics also indicate rising unemployment among young persons in Malta. Almost 50% of the unemployed in Malta are young persons between 15 and 24 years (NSO, 2005a), most of them not qualifying for social benefits. Unemployed youth are likely to have no qualifications -one in five left school without completing secondary education-, and to stay on the unemployment register for one year or more (ETC, 2004b, Gatt, 2005).

The Maltese family is becoming more individualised and secularised, more permissive of diversified family lifestyles and less intact, gradually losing the traditional support networks previously available to it while facing increasing pressures and demands (see Abela, 2000). The breakdown in family cohesion is particularly evident in the increasing number of marital breakdowns and of children born out of wedlock and to unmarried young mothers. In 2004, the index of marital separation stood at 1225, -compared to 100 in 1995-, while the number of annulled marriages was 186, compared to just 3 in 1980 (Ministry for the Family and Social Solidarity, 2004). In 2005 the number of children born out of wedlock constituted 19% of all births, -compared to 2.2% in 1992 -, while 48.7% of all births to mothers aged between 15 and 24 were registered outside marriage (NSO, 2005c)².

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Rutter and Smith (1995) postulate that the pathway between family breakdown and behaviour difficulties may be found in the positive relationship between the growing distance between adults and children/young persons on one hand, and the growing importance of

More related to this paper however, are the institutional factors which may be creating and contributing to SEBD in school. Malta's educational development has undergone considerable growth in recent decades as the country sought to adopt an educational system suited to its needs as a developing small island state. The National Minimum Curriculum (NMC) launched at the very beginning of this century has provided a vision for the development of a humanistic, inclusive, and democratic education for all Maltese children and young persons (Ministry of Education, 1999). Many of the principles and objectives of the NMC however, are not being fully implemented yet. For instance, the objectives of the inclusive education policy have not yet been effectively put into effect due to unqualified staff and the time being taken to develop and implement the appropriate educational tools (Spiteri et al, 2005). The present educational system is still "deeply embedded in a framework of selectivity" (op.cit.), characterised by a culture of examinations and segregation. Teachers and pupils are still burdened by an overloaded national minimum curriculum: "We have a very rigid and detailed curriculum –indeed still called a syllabus- to be imposed on all students whatever their ability or interests...its implicit principle is the one-shoe-fits-all production system" (Bartolo, 2001). Many students are experiencing high levels of stress and work pressure, particularly those facing the end of primary and secondary school examinations (WHO, 2004; Mansueto, 1997). A recent study on student health in 35 countries in Europe and North America, reported that Maltese students were amongst the very top (first and third amongst 15 and 11 year olds respectively) in feeling pressured by homework and in spending longer time on homework on both weekdays and weekends. Liking for school decreased substantially as students approached school leaving age, from 62% amongst 11 year olds to 22% of 15 year olds (WHO, 2004).

Students who have difficulty in coping find themselves at the lower ends of the system, ending up in schools and classes catering for relatively low achievers. In their own eyes and in those of many staff and parents, such students are at risk of being considered as failures³, eventually leading to disengagement from the educational system (Chircop, 1994)⁴. Area secondary schools have been facing increasing rates of illiteracy, absenteeism, and behaviour difficulties (Mifsud et al, 2000; Clarke et al, 2005; Ishikawa et al, 1996; Borg, 1998; Sultana, 1997; NSO, 2005b), some of them gaining a reputation for disaffection, behaviour difficulties and absenteeism (Sultana,

youth culture on the other. The isolation and void being created in children's life by the increasing breakdown in family structure and the increasing time spent by one or both parents at work away from the children, interact with the rise of the media and information technology, exposing children and young persons to youth cultures which may not be conducive to prosocial values.

³ Only one-third of students attending these schools pass the SEC (end of school) examinations in the five core subjects, while only about 5% sit for MATSEC examinations (University of Malta, 2003).

⁴ One girl who did not make it to the Junior Lyceum described the impact of this event in her life: "But do you find students who do not go to Junior Lyceum who go to University...do you find students like us?...we don't have a chance because we're not clever...at least I am not clever...the exam tells me...from the results which I get...12...7..."(Chetcuti and Griffiths, 2002, p.539).

1997; Borg, 1998). In a case study with Form 3 girls in one such school, Borg (1998) reported rampant misbehaviour at the school both towards the staff and amongst the students themselves. Fifty percent of teachers' time was taken on controlling misbehaviour, with teachers reporting that behaviour seemed to go out of control by the end of the first term⁵.

Truancy and absenteeism have also been frequently reported in secondary schools and trade schools⁶ (NSO, 2005b, Clarke et al, 2005, Cassar 1997, Chircop, 1994, Sultana, 1992, Scicluna Calleja et al, 1988). Malta has one of the highest rates of early school leavers in the EU, although more recently significant drops in both genders have been reported (Demographic Eurostat Report, 2004). In 2003/2004 the overall absenteeism rate was 10.2 days per student with the situation being more serious in state and in secondary schools (NSO, 2005b). The highest rates of both authorised and unauthorised absence from schools were amongst boys in state area secondary (30 and 17 days respectively) and ex opportunity centres⁷ (50 and 34 days respectively). The rate of absenteeism in these schools has also been increasing in the past years. Although absenteeism in the primary is lower and has decreased slightly in the past years, it is still an issue that needs immediate attention (Clarke et al, 2005).

Many students themselves perceive these schools as being unrelated to their everyday reality and a source of difficulty in their lives. In a study in 18 area secondary schools all over the Maltese islands with over 1900 Form 2 and Form 4 students, the most preoccupying factor across age and gender was lack of interest in particular subjects (unconnected curriculum), with exams and fear of failure particularly strong among girls (Bonnici et al, 1999). In a similar study with over 600 students, school concern came out as the greatest concern amongst area secondary students from various areas of concern related to adolescence, with problems such as lack of motivation and interest in studying, subjects and school, coming out very strongly across age and gender (Theuma, 1997).

In two small-scale studies carried out with secondary school students identified as having SEBD, students referred to a number of school factors contributing to their academic and behaviour difficulties. They attributed their poor performance and misbehaviour to negative attitudes by teachers and peers and to a system that failed to address their needs (Massa, 2002). They complained about an impoverished school environment, bullying by peers, and poor relationships with teachers. They particularly found it difficult to interact with teachers who did not respect them and who did not understand them. In a similar study with 20 students with SEBD, most of the reasons given by the students for their behaviour difficulties were directly related to the school, teachers, and peers, particularly unfairness and unsupportive and unresponsive teachers (Bartolo and Tabone, 2002). Most of the students stated that they had very little say in decisions related to school and classroom regulations, classroom management or teaching and learning. They thought that such a situation exacerbated their difficulties, but they believed that if they were more involved in the decisions affecting them, their behaviour would improve. These findings resonate with those of a study with 17 young persons currently making use of services for

⁵ In a study on stress amongst teachers in both primary and secondary schools in Malta, teachers mentioned pupil misbehaviour as their major source of stress (Borg and Riding, 1991).

⁶ Vocational schools, closed down earlier this decade.

⁷ Secondary schools for low achievers.

children with very challenging behaviour, either on a residential or outreach basis. Poor relationships with teachers and staff, bullying by peers, and lack of support for their academic and social difficulties, were the major themes provided by the young persons when asked to reflect on their previous mainstream school experience (Gonzi et al, 2006).

School factors, particularly irrelevant curriculum and poor interpersonal relationships with staff, have been similarly mentioned as the main causes of absenteeism by various studies carried out locally. When asked about the reasons they stopped going to school, students made particular reference to boring school activities, unconnected and irrelevant curriculum, and negative relationships with staff and peers (Clarke et al, 2005; ETC, 2004a; Cassar, 1997). In an ethnographic study on 15 absentees in a girls trade school, Chircop (1994) reported that students became disengaged from school to protect themselves from the negative school experience, namely an insensitive, disengaging system where they were made to feel and see themselves as failures and inadequate, with irrelevant knowledge and alienating curricula unconnected to their life.

Current provisions for children and young persons with SEBD Services provided in the mainstream

In line with the principles of inclusive education and respect for diversity as enshrined in the NMC and confirmed in the Inclusive Education Policy (Ministry of Education, 2000), children and young persons with SEBD in Malta are entitled to the provision of adequate support in their learning and behaviour in their own schools. Indeed, the great majority of such students are supported in mainstream schools, with only 0.2% of students with SEBD placed in special settings⁸. Statemented children and young persons are usually provided with the services of a facilitator who is expected to draw an individual educational plan for that particular child/young person⁹. A number of support services are also available for both these and other non-statemented students exhibiting SEBD, including the School Psychological Service, the Educational Social Work Services and the Guidance and Counselling Services. These agencies usually provide their services to schools upon referral. Other agencies provide more specialised support, such as the Anti-Bullying Service¹⁰, the Anti-Substance Abuse Service, the Child Safety Unit, the Specific Learning Difficulties Unit, and NWAR/HILTI programmes (after school literacy and family support programmes) within the Education Division. A National Board for School Behaviour deals with cases of very challenging behaviour referred by schools. The Social Welfare Services (Appogg) provides a number of services for children, young persons and families in difficulty, such as the Family Therapy Services, the Foster Care Services, the Child Protection Services, an Adolescent Outreach Service, and a community programme for children and families at risk (ACCESS). Other services include the Child

⁸ In line with inclusive education in Maltese schools, exclusion from school is highly discouraged and quite rare. Following the recent episodes of violence in some schools however, there have been various calls to exclude children exhibiting violent behaviour.

⁹ 128 students with SEBD were provided with a facilitator during 2004-2005, most of them boys with ADHD and autism (Sciberras, 2005)

¹⁰ A large scale study in primary and secondary schools reported a high prevalence rate of bullying in Maltese primary and secondary schools, with one in three pupils being involved in serious bullying either as a perpetrator or a victim (Borg, 1999), although another study indicates that bullying may be lower when compared to other EU countries (WHO, 2004).

Guidance Clinic and the Young People's Unit (Health Division) for very challenging behaviour and mental health difficulties, the Young Offenders' Unit of Rehabilitation Services and Substance Abuse Therapeutic Unit (Department of Correctional Services), SEDQA, Caritas and OASI services for substance abuse, and non governmental agencies for children and young persons with disability including challenging behaviour, such as the Eden Foundation, Equal Partners Foundation, and ir-Razzett tal-Hbiberija.

Various barriers to the education of students with SEBD, however, are still preventing these students from a quality education as they are entitled to. As already mentioned, students and teachers are still operating within a competitive, selective system based on achievement and examination. Not all facilitators are trained in providing adequate support to students with SEBD. For instance two thirds of facilitators in 2004/2005 were still untrained and they are usually allocated on a 'next-on-the-waiting-list basis' rather than matched to the needs of students (Spiteri et al, 2005). The large majority of class teachers have still not received training in preparing individual programmes and are not well equipped in dealing with very challenging behaviour (op.cit.). Schools have been clamouring for more central support in their attempts to improve the learning and behaviour of students with SEBD, such as a behaviour support service, providing support and consultation to schools, children and families at both individual and systems levels. As the recent inclusion report concluded, in the case of SEBD, inclusion remains a challenge, particularly in the secondary (Spiteri et al, 2005).

The quality and effectiveness of the service provided by support services and professionals working with children and young persons with SEBD, have been long plagued by inadequate human and physical resources. A recent report on the current facilities for children with very challenging behaviour underlined that inadequate facilities and resources make it difficult to prevent children from finding themselves in extreme and vulnerable situations: "all in all, intervention tends to be too little too late" (Farrugia et al, 2006). Moreover the lack of a national structure to facilitate interagency work and transdisciplinary, multisystemic intervention, strongly limits the success of the interventions provided by professionals and services on a fragmented basis (cf. Naudi, 2006). The children/young persons themselves would like to know more about what is happening in their service and how it is beneficial to them, and to have more flexible and adequate care tailored to their needs (Gonzi et al, 2006).

Non mainstream facilities

In the case of very difficult behaviour, particularly at the secondary school level, a small number of non mainstream educational facilities are available.¹¹ These services presently cater for less than 200 students, which amount to about 0.2% of students with SEBD as worked out on the basis of international prevalence rates. Mater Dei is a special school for secondary school boys with behaviour difficulties, presently catering for about 16 students. It seeks to provide learning and behavioural support and to reintegrate at least some of students back in the mainstream, with provisions for students to attend on a part-time basis. The school has moved forward from its

¹¹ Various services are provided for children and young persons with SEBD by the Education Division, the Health Division, the Social Welfare Division, the Department of Correctional Facilities, and non governmental organisations. In this paper the focus is mainly on services for school age children with an accent on psycho-educational programmes and interventions.

previous custodial care, seeking to promote positive behaviour management and life skills programmes within a high teacher-pupils ratio. Presently there is only one class and the school is working on limited human and physical resources which pose considerable barriers to its goals of improving learning and behaviour, and possibly reintegrate some of the children back into the mainstream.

Another special school for secondary age boys with SEBD was opened in 1985 to cater for male adolescent students with severe behaviour difficulties. The school sought to provide an alternative to exclusion and a second chance to students, with a focus on life and vocational skills. Presently there are 38 students aged between 14-16 years. It appears however that the centre lacks therapeutic care, provides very little individual programmes, has a higher teacher-student ratio than that in the mainstream, and has high absenteeism rates. As many as half of the students leave the centre without any vocational skills or certification, and there have been various calls for a review and restructuring of the centre (Spiteri et al, 2005; Ministry of Education 2005;Ufficju tal-Kummissarju ghat-Tfal, 2005)¹².

Another facility for boys with behaviour difficulties is St. Patrick's Salesian School and Home for Boys. The school presently caters for 86 students (8 - 17 year old boys), 26 of whom are residents. The residents are usually coming from very difficult home backgrounds and have high levels of social, emotional, behavioural difficulties. In most instances they are placed at St. Patrick's upon a Care Order. The other students do not necessarily have to be SEBD cases, but in many instances they do have varying levels of social, emotional and behavioural difficulties. Students follow an adapted curriculum according to their individual educational needs, and they are provided with dramatherapy, psychotherapy and social work interventions. At the residential home, residents are provided with social work services, a semi-structured therapeutic programme and individual psychological help and support, with a focus on eventual reintegration in the community or independent living. The services provided at the school and care centre however, are provided against a backdrop of limited human and financial resources, insufficient support from fieldwork services and lack of appropriate residential facilities for some of young people (Farrugia, 2006).

There are presently no special educational provisions for girls with SEBD. A residential programme called FEJDA was opened in 1997 for adolescent girls (12 years and over) with severe SEBD. Students are referred by the social worker, usually, but not exclusively, upon a care or court order. There are presently 11 resident adolescent girls at the programme. The programme offers multidisciplinary intervention focused on individual, group and family therapy as well as skills for living, with each resident having a care plan. Ultimately the aim is to reintegrate the girls in the community. The duration of the programme varies between 6 and 24 months depending on the nature and degree of the problem (Zammit, 2005). The programme also provides crisis intervention placements. A small unit for adolescent mothers/mothers to be, Ghozza, opened twenty years ago, provides personal and social skills and parenting skills besides regular academic classes¹³.

¹² The currently network organisation of schools being proposed by the Ministry of Education groups both schools within a network with the aim of turning them into Learning Centres working in conjunction with Learning Zones based in the schools (Ministry of Education, 2005).

¹³ In 2001, *Formula Uno*, a multidisciplinary therapeutic residential and day programme for young adolescent males with severe SEBD (including family and psychiatric problems) closed down just a

A small number of children and young persons with severe behaviour and emotional difficulties are also found at the Young People's Unit (YPU) at Mount Carmel Mental Hospital. This is a residential unit originally opened for male and female adolescents with mental health persons, but most of the children and young persons have been admitted because of behaviour difficulties, and presently one finds children and young persons with very difficult behaviour, including primary school children with ADHD and Conduct Disorder (Saliba, 2005). The programme offers psychiatric and psychosocial care and academic programmes, with maximum stay usually being two years.. It takes a maximum of eight residents at any one time besides providing a day care service. Children and young persons are usually admitted if they have not responded to outpatient intervention, but in many instances they find themselves in this unit because no other place or service will take them (Ufficju tal-Kummissarju ghat-Tfal, 2005). Many of the residents find themselves at high risk of social exclusion, crime, and chronic mental health problems (Saliba, 2005). In certain instances, children and young persons may also find themselves in the main (adult) hospital for some time; for instance a thirteen year old boy with severe behaviour difficulties found himself locked in the maximum security adult male ward 10, now closed (Aquilina, 1999). Putting together young children with older adolescents, those with withdrawn behaviour with those with very violent behaviour, may be putting the clients at more risk for later transfer to the adult mental hospital (Farrugia et al, 2006). Various calls have been made for turning this service into a community-based, therapeutic, multidisciplinary outreach programme.

In line with the Children's and Young Persons' Care Order Act which came into force in 1985, the Substance Abuse Therapeutic Unit (SATU) was established to prevent young offenders from being placed in the civil prisons, while undergoing a rehabilitation programme to stop drug abuse. In cases where young people have nowhere to go, however, they are sent to the Young Offenders Unit of Rehabilitation Services (YOURS), opened in 1999 at the main correctional facility. The service prevents the young offenders (mainly drug abuse) from being placed with adult prisoners and provides psychiatric and psychosocial interventions. It caters for males under the age of 21 and presently there about 20 residents, one of whom is 15 years old while some are older than 21. Mixing with adult serious offenders is likely to endanger the rehabilitation of the young persons and put them at risk for a career in criminality. As in the case of YPU, some of the young persons are finding themselves at YOURS for lack of other, more appropriate services (Ufficju tal-Kummissarju ghat-Tfal, 2005; Farrugia et al, 2006).

The following story by a 15 year old boy presently at the adult male ward of Mt Carmel Hospital, underlines the predicament some young persons with SEBD may find themselves in due to the lack of adequate support services:

couple of years from its opening, due to lack of referrals and lack of specialised staff and funds (Muscat Azzopardi et al, 2006). Another therapeutic day programme, *Spark*, was opened in 1996 for juvenile males with substance abuse problems, but its pilot funding was not extended and it closed down after nine months (Aquilina, 1999). An *Adolescent Outreach Programme* followed *Formula Uno's* demise in 2002, currently providing social work support to about 15 adolescents (Muscat Azzopardi et al, 2006).

My first problems started in the primary where as a result of my misbehaviour, I was always blamed when things went missing from the lockers. I left school in Form 3 but my grandfather made it possible for me to start attending another school. I had frequent fights with my mother during this time. Once I was caught with Lm2 worth of cannabis in my possession and I was placed in a drug rehabilitation programme. I ran away twice from the programme until they kicked me out and I found myself in prison. I was 14 years old. After some time I could not take it anymore being locked up in prison and I attempted to hang myself. I survived and was put on medication in the Forensic Ward at Mt.Carmel Hospital. Slowly with the help of the probation officer I started to spend some days at home. But my problems with my mother continued. I also started gas sniffing. One day after a fight with my mother I put my mother's bedroom on fire. I was readmitted to Mount Carmel Hospital, first the Mixed Admission Ward and then Male Ward 1. I would like to start studying, find work and raise a family. I would like to find somebody to help me, but the future looks very confusing at the moment (Conference on Children and Young Persons with Very Challenging Behaviour, 2005)¹⁴.

This story highlights that contrary to common perceptions that SEBD are largely related to adolescence and secondary schools, such difficulties are also very much the concern of the primary school. If adequate support was provided earlier on in the primary, this could have been a success story. Indeed, one of the themes which emerged from a study of 17 young persons currently making use of services for children with very challenging behaviour, was that in most instances problems started when the children were still young and that support was not available then (Gonzi et al, 2006).

Conclusion

Clearly SEBD constitute one of the main challenges facing Maltese schools. Although there is no reliable data yet, there are indications that the rate of SEBD in schools is increasing, and one may predict on the basis of the current and projected challenges, that the problem will inevitably become worse. SEBD is a multifaceted complex social phenomena brought about by a range of factors, and schools are also clearly implicated in its creation and/or exacerbation. Despite the humanistic, inclusive vision promoted by the National Minimum Curriculum, the actual reality in many Maltese schools shows a system still bent on segregation, performance, and competition. Moreover, in contrast to the other areas of individual educational needs, the SEBD group is at the greatest risk of exclusion (as well as least liked and understood), it being the only area in special educational needs where punitive, exclusionary responses are permitted by law in some countries such as the UK (Cooper, 2001). Following the recent incidents of violence in Maltese schools in the past months, there have been various calls to resolve these issues through exclusion and segregation. Many students with SEBD are already at risk of social exclusion, leaving school early, without functional literacy skills, vocational skills and/or any certification.

¹⁴ Free translation from Maltese

There are many examples of good practice both within schools and support services and programmes, related to the education of children and young persons with SEBD, and these should be encouraged and celebrated. It is indicative however, that overall the current provisions and support services for students with SEBD leave much to be desired. In view of the high absenteeism rate in mainstream schools where the great majority of students with SEBD attend, it is highly indicative that the current mainstream provisions for students with SEBD are not adequately addressing the needs of these students. There is a lack of structure providing for continuity and adequacy of multiagency support across the school life of the child, including preventative measures, screening and supporting those at risk, and supporting those already in difficulty. Some schools are facing a continuous struggle with challenging behaviours threatening to spiral out of control, without the necessary resources and support. Moreover, the limited support services available, are in most instances inadequate to provide for the needs of these students, while some students are placed in services which are clearly not suited to their needs and which may eventually lead them towards social exclusion and mental health problems. Services are in many instances working in isolation, providing a fragmented service to schools, children and families.

It is important to start now to prevent the exacerbation of the problem as experienced by other countries. There is a need for a structured developmental approach from the kindergarten to the very end of the secondary, providing for the multilevel prevention and effective management of SEBD. This involves interventions at primary, secondary and tertiary levels within a national framework involving the stakeholders, agencies and departments concerned, and targeting children, schools, families and communities. At preventative level this entails supporting parents, families and communities in helping to promote the healthy development of children, and supporting schools, teachers and students to organise themselves as caring, supportive and inclusive communities. Making the curriculum more meaningful, engaging and accessible to all students as clearly outlined in the NMC will be one of the key tasks at this level. Indicated and selective interventions include targeting and providing support to those students, -and their families and schools-, who are at risk in their social, emotional and cognitive development, or whose difficulties have already become a cause for concern for themselves, their schools and their families. This entails amongst others early intervention work, including screening at various key stages, central and school level behaviour support teams, adequately resourced interagency, transdisciplinary services and programmes providing continuous and multisystemic support according to client's (students, teachers, staff, parents, families) needs and in the client's own context, and continuing staff, professionals and parent training.

Various recent initiatives have been taken to address some of the challenges mentioned above, indicating an acknowledgement on the part of the major stakeholders concerned of these challenges as well as a willingness to do something about them. These include a study on provisions for children and young persons with very challenging behaviour by the Commissioner for Children (2006), the Good Behaviour and Discipline Policy for Schools in 2002, the Ministry of Education reports on Absenteeism and on Inclusive Education in 2005 as well as a forthcoming report on Behaviour Difficulties. A national research project by the Education

Division in liaison with the University of Malta and the University of Leicester, UK¹⁵ is currently underway to establish the nature and causes of the SEBD in Maltese schools and identify the influences that lead to the development or prevention of such difficulties. The study will help to lay the ground for a solid framework within which to devise prevention and intervention strategies including school wide and classroom prevention and management practices, as well as determine the kind of services and programmes which need to be made available within schools, at LEA level, and in the community for children and young persons with/at risk for SEBD.

¹⁵ The two authors of this paper are the directors of the project

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