esprit de corps, and – with the confraternity with the knights of St John and the employment in the Austrian wars against the Ottomans – to provide another platform for military excellence and training for young Bavarian aristocrats. Charitable work and the care of the poor and sick only developed in the Order of St George during the nineteenth century. What might also have contributed to the keenness of many Bavarian nobles to enrol into the Order was – most likely unconsciously – the search to compensate symbolically for lost authority and influence. In this respect, the Orders of Malta and of St George shared an important issue in a period marked by new concepts of state, utility, and nascent nationalism. The political power in the then prevailing times of ‘enlightened absolutism’ had been long since moved from the nobility into the hands of the princes and the leading representatives of centralized administrations.

The Development of Foster Care within the Maltese Islands: Understanding the Local Scenario

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Abstract: This paper outlines the developments of foster care within the Maltese Islands. Fostering originally developed informally. Prior to the introduction of residential care, children who needed care were mostly looked after by the extended family. However, at the turn of the twentieth century, residential services emerged and came to dominate the child-care sphere. Foster care in Malta was formally recognized only recently following the professionalization of social welfare services and the recognition of foster care as an individualized service to children. A legal framework regulating fostering services was first enacted at the end of 2007. This paper reflects on such developments and documents how fostering has evolved in Malta from the turn of the twentieth century.

Keywords: child welfare, foster care, residential care, social work services, social welfare developments, legislation.

In the UK, there is a long history to fostering services. Triseliotis has argued that, in the UK, fostering has become ‘the preferred method of substitute care’. The choice of fostering as an alternative to residential care occurred as a result of changes in policies influenced by emergent research findings, service outcomes, and financial considerations. Foster care was considered as a nurturing, individualized service whereby children were exposed to positive role models.

3 Ibid.
Whilst developments in foster care in the UK were recorded, those in Malta have scarcely been documented. The lack of fostering legislation until recently, when the Foster Care Act 2007 came into force, and the absence of government social welfare services prior to the 1960s restricted the dissemination of knowledge about Maltese fostering. Few works have documented the evaluation of social welfare services and even fewer reports touched on foster care developments. Moreover, these reports were limited to foster care developments which came about after the turn of the twentieth century.

Foster care in Malta: From the turn of the twentieth century

The limited documents about fostering developments that exist can be traced from the turn of the twentieth century. On the basis of the documentary review and interviews carried out by the present author with eight different sources (Sources A to H), it appears that the extended family played a significant role in child-care in Malta. Other informal arrangements were available. However, these were curbed following the introduction of regulations and of residential care. The professionalization of social welfare services in the 1990s was decisive in the rebirth of fostering arrangements but other events, such as the introduction of children's allowances in the 1970s, also played a role.

The extended family as care provider

In the absence of parental support, both the extended family and/or prominent members within the community provided child-care. Often relatives, neighbours, and/or friends of the family took children into their homes. At the time, no reference was made to foster care but the arrangements emulated foster care in principle. This custom occurred in response to the unfortunate circumstances of families, such as the hospitalization and/or the death of one or both parents.

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Though driven by individuals wanting to respond to the needs of children and families, the involvement of the extended family had deep roots within the dominant religion of Malta: Roman Catholicism. Amongst the practices enshrined within this religion was the selection of godparents. When a child was baptized or received confirmation, godparents were chosen, whose role was not only to follow the child’s development in accordance with Roman Catholic principles but also to care for the child when the need arose. Throughout the years, the selection of godparents fell to relatives or very close friends of the parents.

During the late 1940s and 1950s, as a result of large family sizes and/or unfortunate circumstances, godparents made themselves available to care for their godchildren. Siblings were often placed with their different godparents. Verbal accounts reported that authorities were often unaware about the extent of this child-care support. So, the extended family had a critical role and a major impact on the development of Maltese foster care, as will be seen in the following sections.

Children of prostitutes

Apart from these child-care arrangements, a different reason from the health and death of parents gave rise to informal foster care placements. Ad hoc arrangements, also known as ‘farming out’, were made by prostitutes who placed their children in the care of strangers, arrangements which reflected ‘baby farming’ in England. In England, unmarried mothers were encouraged to place their children with foster mothers or nurses in order to continue in employment. In Malta, lack of child-care support and a large number of dependent children influenced the prostitutes’ decision to resort to alternative means of care.

This was the prostitutes’ case. They used to have six or seven children... and they used to send them in care with families. They used to pay these families. They (the mothers) kept in contact with them (children) and there was no resistance. At times in fostering there is resistance...

Yes they used to find them. Yes farming out. Very often they did not inform the authorities. 9

7 Source C.
9 Source A.
Due to their work commitments, prostitutes were not in a position to care for their children and, therefore, adopted a very practical approach of personally identifying carers and placing their children with them. Being able to personally identifying carers, reduced to a minimum the prostitutes’ resistance to this type of care. These mothers had resorted themselves to this type of arrangement and did not feel compelled to choose such an arrangement. As a result, they were not resistant to the idea of their children being cared for by other families.

To ensure adequate care for their children, the mothers paid these carers. The children’s stay with the selected care-givers was often on a long-term basis. Contact with the children was maintained on a regular basis. The children eventually went back to their family home, when the mother thought they were self-sufficient, needed less attention, and she was in a position to care for them herself. Eventually, this arrangement was curbed as result of two factors: the advent of residential care, and, later, the Placing of Minors Regulations 1962, which are discussed in detail below.

The advent of residential care staffed by religious orders contributed to the changes in foster care as parents and families started to resort to residential care which provided an alternative cheap option. The Placing of Minors Regulations 1962 was introduced to create a safe environment for children placed in non-related care and exposed to potential hazards without the knowledge of authorities.

**Unemployment factors**

Another factor, unemployment, influenced the development of informal foster care arrangements. During the 1950s and 1960s, Malta experienced a soaring unemployment rate. Unemployment was then perceived as the main contributing factor to child placements in related and non-related care.

It was during the 1955 and 1957, which means that as from mid-1950s up to mid-1960s there was high emigration because of unemployment… As a result the father (breadwinner) went abroad. The practice was the father first went to Australia or Canada to see the prospects (within these countries). If he saw that the prospects were good and found accommodation, he used to send for his wife and children. However, there were situations when the wife and husband went together and the children were left behind in Malta.10

Unemployment led to the emigration of the heads of households. Occasionally wives migrated with their husbands to experience the new life and settle in the ‘promised land’. The emigration of both parents resulted in leaving the children behind. The intention was to prevent unnecessary hardship to children, which might be experienced during the settling in phase. Children were thus placed in residential services, with relatives and also with non-related carers, possibly godparents. In the absence of parents, the Placing of Minors Regulations 1962 were critical to protect and prevent any harm done to the children.11

**Residential care**

By the turn of the twentieth century, residential care had grown into the major child-care service. Residential services were built as a result of the generosity of philanthropists and were run by religious orders.12 At the time, non-related fostering was rather ignored and care was given either by relatives or residential services. Unlike other countries, which developed foster care whilst residential services were reduced,13 in Malta the reverse process occurred owing to the various vested interests.

Stories of abuse and exploitation of Maltese children in residential care also surfaced. Similarly to the UK14 during the 1950s, some children residing in Maltese institutions were shipped to Australia to start a new life and to provide cheap labour. Diverse accounts of abuse and exploitation of Maltese children, as with other children coming from the UK, occurred.15

Residential care still plays a significant role. Children who misbehave are often threatened by their parents that they would be sent to ‘Abatija’, a name used for residential care services. Officially residential services became the major source of placement for looked-after children from the turn of the twentieth century. They currently offer care to around 155 children at any one time.16

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10 Source B.

11 Ibid.

12 A. Abela, R. Dimech, R. Farrugia, and J. Rolé, Children’s Perceptions of Their Experience in Foster or Residential Care (Malta, 2005).


14 Malta was then a British colony. It became independent in 1964.

15 Triseliotis, Sellick, and Short.

16 From the turn of the twentieth century until 2010, residential care offered most placements. For example whilst, at 31 March 2004, statutory fostering offered a service to 136 children, residential care was available to over 300. During 2010, residential care serviced around 259 children and foster care was available to the total of 165 children. In 2011 and 2012, the
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The Ross Report

Concern about child welfare services during the late 1950s led the Maltese government to commission an English civil servant, Mr J. Ross, to review and provide recommendations about child-care and probation services in the islands. In his report, Ross looked at the different services available, including institutional care. Ross stressed that a family life for disadvantaged children was a better alternative to institutional care. He described the current institutional care as 'overprotective instead of being positive and constructive'.

Despite the benefits that fostering offered, the provision of foster care was not perceived as replacing institutional care. Vested interests that promoted residential care as a cheap alternative prevented the development of formal fostering for over forty years. However, apart from these interests, Ross saw another factor impinging on the development of foster care, namely the size of Maltese families. In Malta then most families had a large number of children. ‘Boarding out’, by which Ross meant fostering, was seen as achievable, within limitations. Large families impinged on its development. Nonetheless, Ross was optimistic that fostering was still achievable as a result of social work services development.

Boarding out – may not be practicable on any wide scale in present circumstances because of the large families commonly in Malta, but it is desirable that the practice of boarding out should be developed as social workers become available to select foster homes and to supervise the welfare of children placed in them.

During the 1950s, in the absence of social work services, medical officers monitored the children until the age of 4 years. Ross saw the role of social work intervention as being to supervise children who were permanently in the care of a non-relative carer until school leaving age. In response to the Ross report, during the early 1960s four individuals were selected and sent to the UK for formal social work training. Such training continued until the mid-1970s after which time, in the 1980s, professional training of social workers started in Malta. Over the years, the influx of new social workers has contributed to the development of fostering services. More social workers were employed in fostering, while an increase in social workers contributed to the professionalization of the service.

The Ross report also prompted the introduction of subsidiary legislation; the Placing of Minors Regulations came into effect in 1962. These regulations strengthened the development of social work and played a significant role in the protection of children in foster care. As a result, non-related carers were legally bound to inform the authorities of a child’s placement in their care. The family welfare officers were the professionals legally recognized by these regulations to visit and examine from time to time protected minors and the premises in which those minors are being kept in order to satisfy themselves as to the well-being of the minors and give such advice as to their care and maintenance as may be needed.

Later on, during the 1980s with the introduction of the Children and Young Persons (Care Orders) Act 1980, the significance of foster placements and social workers, then known as welfare officers, was further recognized. Welfare Officers were given the mandate to ‘periodically review’ the situation of children and young persons under a care order, not only those placed in institutional care but also those in foster care.

Ad hoc fostering arrangements

Statutory concrete steps taken during the 1970s encouraged the development not only of social work but also of fostering. Expansion of services within the Welfare Department, previously referred to as the Welfare Division and which nowadays no longer has this function, relied on the influx of new social work staff as had been advocated by Ross.

21 Children and Young Persons (Care Orders) Act, 1980, Sect 13, 5.
22 The Welfare Division originated within the Department of Emigration and Labour and later was integrated with the Department of Social Services. Eventually this Department became the Department for Family Welfare and nowadays the Department for Social Welfare Standards. This Department is now the regulatory body of social welfare services and services are delivered by the Agency APPOGG.
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The first local training of social workers took place in the late 1970s. This training was necessary for later developments in the provision of social work services, including social work interventions within foster care.

The beginnings of fostering by the authorities can be identified from the time when the department started placing children with non-relative carers in the 1970s on an *ad hoc* basis. This mainly occurred because of the initiative of an individual social worker who placed children in non-related care on an *ad hoc* basis. This social worker, who was responsible for family casework, became aware of the difficulties of families who were struggling to look after their children and arranged for the children to be placed with *ad hoc* foster carers. These arrangements were carried out in the absence of regulatory protocols to protect the rights of children and their parents. No follow-up of placement was available and the children were often left in foster care.

In these arrangements, in Malta in the 1970s, the social worker clearly had several roles. This was explained by one of the sources:

"... in a way since we were an omnibus social worker had its advantages in a small community because first you had an overlapping of social work and secondly when you went to a home visit, you did not drive mad the client with all the persons that were involved in the case. You had one (social worker) who took care of everything."

Similar multi-role arrangements were then operating in the UK. However, as Triseliotis *et al.* point out, such arrangements were fraught with difficulties because, if conflicts arose among the foster child, the foster 'parents', and the birth family, the social worker would be exposed to a conflict of interests. Changes within this system of fostering came about later, influenced by the introduction of local social work training.

With an influx of social workers, the system allowed workers to have specialized caseloads. Service delivery was improved in response to an increase in social workers.

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**Fostering or adoption?**

The turning point for fostering occurred when local adoption became rather difficult. The decrease in the availability of Maltese children for adoption occurred when the government, in 1974, introduced the children's allowances. This allowance was the equivalent of a child benefit; a monetary benefit given to families for the upbringing of their children. With additional monetary benefits, disadvantaged birth families perceived their situation as more conducive to the care of their children and increasingly refused to give them up for adoption.

That was the time when the government introduced the Children's Allowance; the parents were less likely to give their children for adoption. Now they were saying 'Perhaps I can afford more to take care of my child.' So the possibility to release children for adoption was decreasing. So there were couples who wanted to adopt during a time when (local) adoption opportunities were in decline.

In this period couples keen to adopt were approached by the social worker to take on fostering. The aim of this type of foster care was to introduce children to a permanent placement with the potential for later adoption. The effect of fostering as a means to adoption was often negative. Foster carers were sometimes confronted with birth parents appearing on the scene without any prior notice claiming their children. Such a situation often left the child with no option but to return to the family of origin and two foster carers were left completely devastated, with a shattered family dream. To some extent, this also threw light on the behaviour of carers who were more likely to follow the exclusive model, resulting from role confusion and lack of training about the purpose of fostering.

Foster carers, or 'foster parents' as they were preferably called at the time, saw their service more as parenting the children and disliked any

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24 Source A and B.
25 Rolé.
26 Source D.
27 Triseliotis, Sellick, and Short.
28 Ibid.
29 Source B.
30 Adoption became legal as a result of the Legal Notice 13 of 1962, Placing of Minors Regulations. Subsequently other pieces of legislation refer to adoption, namely Chapter 16 – Laws of Malta, Subsidiary Legislation 16.04 Adoption Regulations 1995 and the Adoption Administration Act 2008 (see R. Farrugia, *Assessment of Lacunae in Maltese Legislation on Children served by APPOGG* (Malta, 2010)).
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34 Source C.
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interference from statutory authorities and the families of origin. Lack of training and awareness about the role of fostering contributed to their belief that they were more adopters than foster carers. Moreover, the role confusion and lack of training left its mark on how birth parents saw fostering and the role of foster carers.

Perspectives of the birth family

Over the years, as a result of training, carers acquired a greater understanding about the role of fostering. On the other hand, birth parents still saw residential services as their preferred mode of placement. As Abela et al. reported:

Placing their children within an institution rather than within a foster family is far less threatening and this may be one of the reasons why so many children are placed in residential care. This way of thinking could be deeply rooted within Maltese culture.

It was not therefore surprising that, in the light of the exclusive behaviour of foster carers who previously refused any interference and behaved as if they owned the child, birth families responded by placing children in residential care. For the birth family, the issue of “ownership” (or parental rights) was critical and, to some extent, it is still prevalent. Improvements have been identified. Nowadays an increasing number of birth parents are expressing their interest in selecting foster care as their preferred placement for their children.

Concrete measures to the development of foster care

The turning point for the development of formal foster care was the collaboration between the statutory social welfare services and the Maltese Roman Catholic authorities. The introduction of legal frameworks also gave the required impetus to the development of foster care while other events, such as the Child in Care Benefit, contributed to the further growth.

The involvement of the Church in fostering

A concerted effort between different stakeholders was very significant in the concrete measures taken towards the development of foster care. Though the government was crucial in the growth of fostering, the Maltese Roman Catholic diocese also played a role. The latter’s role was critical in response to its residential services. Through the experience of residential care, the institutions run by religious orders, as well as the social workers within the Children’s Home Office run by the Church (currently known as Ufficju Ejjew Ghandi), saw the importance of stranger foster families to care for children who had been abandoned in their care. This echoes the situation of children in long-term care reported by Millham, Bullock, Hosie, and Haak.

Further to this, one of the problems in residential care was that social workers in the Children’s Home Office run by the Church were in the process of matching children with potential carers and consulting birth parents. Those running the homes felt that they had all the authority to place children with stranger carers as they saw fit without consultation. This increasingly became a concern to the Children’s Home Office which was developing a practice whereby birth parents were involved in the placement decision. Social workers, prior to placing children in the care of foster carers, would gain consent from the birth families, a practice not being carried out by the nuns. When social workers within the Children’s Home Office consulted parents and matched children with carers, the carers and the birth families kept in contact and the children were often free to visit their relatives.

I believe there was a lot of inclusion. Do not forget that at the time there were no care orders. To tell it, not everything was plain sailing but there was a lot of cooperation between them (foster carers and birth family).

35 Abela, Dimech, Farrugia, and Rolè.
36 Rolè.
37 Abela, Dimech, Farrugia, and Rolè, 5
38 Sources G and H.
39 Personal communication carried out by the author in 2009 with APPOGG Children Services Manager. APPOGG is the national organization which runs the statutory fostering services. The children service manager was then responsible for the management of the fostering services. See also note 22.
40 This office is under the auspices of the central management of the Maltese Roman Catholic diocese.
41 S. Millham, R. Bullock, K. Hosie, and M. Haak, Lost in Care: The Problems of Maintaining Links between Children in Care and their Families (Aldershot, 1986).
42 Sources C and E.
43 Source E.
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Perspectives of the birth family

Over the years, as a result of training, carers acquired a greater understanding about the role of fostering. On the other hand, birth parents still saw residential services as their preferred mode of placement. As Abela et al. reported:

Placing their children within an institution rather than within a foster family is far less threatening and this may be one of the reasons why so many children are placed in residential care. This way of thinking could be deeply rooted within Maltese culture.

It was not therefore surprising that, in the light of the exclusive behaviour of foster carers who previously refused any interference and behaved as if they owned the child, birth families responded by placing children in residential care. For the birth family, the issue of ‘ownership’ (or parental rights) was critical and, to some extent, it is still prevalent. Improvements have been identified. Nowadays an increasing number of birth parents are expressing their interest in selecting foster care as their preferred placement for their children.

Concrete measures to the development of foster care

The turning point for the development of formal foster care was the collaboration between the statutory social welfare services and the Maltese Roman Catholic authorities. The introduction of legal frameworks also gave the required impetus to the development of foster care while other events, such as the Child in Care Benefit, contributed to the further growth.

The involvement of the Church in fostering

A concerted effort between different stakeholders was very significant in the concrete measures taken towards the development of foster care. Though the government was crucial in the growth of fostering, the Maltese Roman Catholic diocese also played a role. The latter’s role was critical in response to its residential services. Through the experience of residential care, the institutions run by religious orders, as well as the social workers within the Children’s Home Office run by the Church (currently known as Ufficju Ejjew Ghandi), saw the importance of stranger foster families to care for children who had been abandoned in their care. This echoes the situation of children in long-term care reported by Millham, Bullock, Hosie, and Haak.

Further to this, one of the problems in residential care was that social workers in the Children’s Home Office run by the Church were in the process of matching children with potential carers and consulting birth parents. Those running the homes felt that they had all the authority to place children with stranger carers as they saw fit without consultation. This increasingly became a concern to the Children’s Home Office which was developing a practice whereby birth parents were involved in the placement decision. Social workers, prior to placing children in the care of foster carers, would gain consent from the birth families, a practice not being carried out by the nuns. When social workers within the Children’s Home Office consulted parents and matched children with carers, the carers and the birth families kept in contact and the children were often free to visit their relatives.

I believe there was a lot of inclusion. Do not forget that at the time there were no care orders. To tell it, not everything was plain sailing but there was a lot of cooperation between them (foster carers and birth family).

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35 Abela, Dimech, Farrugia, and Rolè.
36 Rolè.
37 Abela, Dimech, Farrugia, and Rolè, 5
38 Sources G and H.
39 Personal communication carried out by the author in 2009 with APPOGG Children Services Manager. APPOGG is the national organization which runs the statutory fostering services. The children service manager was then responsible for the management of the fostering services. See also note 22.
40 This office is under the auspices of the central management of the Maltese Roman Catholic diocese.
41 S. Millham, R. Bullock, K. Hosie, and M. Haak, Lost in Care: The Problems of Maintaining Links between Children in Care and their Families (Aldershot, 1986).
42 Source C and E.
43 Source E.
44 Source E.
The social worker of the Maltese Children’s Home Office initially undertook home visits in the carers’ homes and, later on, organized support groups, matched the children with the families, and conducted some training of carers. Yet again, these initiatives were rather tentative since the team was inexperienced. The developments which resulted were in response to external influences emerging in the national care services’ context. For example, in time residential homes started to channel carers to the Children’s Home Office workers and an assessment of carers was introduced.

Legal frameworks recognizing fostering

Children can also enter care through voluntary placements which are barely regulated. Custom and practice dictates that parents can place children in foster care and remove them at will. This is fraught with complexity. With the availability of limited placements, demand exceeds supply. There have been various attempts over the last ten years or more to introduce a Children Act similar to the Children Act 1989 in England and Wales, which would better regulate these voluntary arrangements.

The population of fostered children includes a group of children in need of protection. Malta introduced The Children and Young Persons (Care Orders) Act, first enacted during 1980, aimed to provide ‘care, protection, or control’ of children and young persons. This Act was amended in 1983, 2002, and, through a legal notice, in 2007. Current legislation aims to protect children who are at risk of harm and places them on a care order. A child can be placed under a care order because:

(a) he is beyond the control of his parents or guardian; or
(b) he is not receiving such care, protection, and guidance as a good parent may reasonably be expected to give and –

(i) the child or young person is falling into bad associations or is seriously exposed to moral danger; or
(ii) such lack of care, protection, or guidance is likely to cause the child or young person unnecessary suffering or seriously affect his health or proper development.

The Children and Young Persons (Care Orders) Act makes a direct reference to the mandate of the minister to care for any child or young person:

by boarding him out with a fit person, whether a relative or not, or with a private institution willing to undertake the care of him on such terms as to payment by the Minister and otherwise as the Minister may, subject to any regulations made under this Act, determine in Agreement with such person or the management of such institution.

The Act made explicit reference to fostering as a service delivered by both kinship and non-relative carers. The recognition of fostering by this Act was critical. Parliament acknowledged alternative forms of care other than institutional care, during a period when social-work practitioners made use of foster care on an ad hoc basis rather than as part of a care plan.

A further step in the improvement of foster care services was taken with the appointment of the Commissioner for Children in late 2003. As part of the duties, the commissioner cultivated the development of alternative care for children, particularly fostering. The fact that the Commissioner for Children, within the spirit of Malta’s ratification of the UN Convention on the Rights of the Child, aimed a) to promote the participation of children, b) to emphasize standards of social services, and c) to monitor policies and practices of social welfare services targeting children, inspired great confidence. Throughout the last ten years, the office of the commissioner has lobbied for looked-after-children’s rights. Furthermore, in 2008 the commissioner collaborated with various key players on a research study focusing on children living in out-of-home care. The aim of this study was to inform policy makers about the needs of looked-after children, including children in foster care.

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45 Ibid.
46 The only applicable piece of legislation is the Placing of Minors Regulations 1962 which does not tackle the complexity of the situation.
47 Children and Young Persons (Care Orders) Act 1980, Sect 7, 3.
48 Ibid.
49 Ibid., Sect 10, 4.
50 Malta ratified the UN Convention on the Rights of the Child in 1990.
51 The Office of the Commissioner for Children, Manifesto For Children. (Malta, 2008).
52 J. Dalli, Opening Speech delivered by the Minister for Social Policy during the Launch of National Standards for Out-of-Home Care (Malta, 2009).
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The foster care arrangement in terms of sub-article (1) shall be in the best interests of the child and shall provide for detailed information related to the rights and duties of the foster carer and it shall specifically include:

- the extent to which the foster carer may make decisions with regard to the child in his care;
- the frequency of contact of the child with the natural parent or parents;
- the child’s care plan;
- matters of education, health and maintenance of the child; and
- any other matter pertinent to the child in foster care.

According to Aldgate, Blewett, and Rose, the Foster Care Act 2007 ‘marked “a coming of age” for the service and it is central to future provision for looked after children’. Yet, as reported by Farrugia ‘considering that this piece of legislation is quite recent’ the legislation still falls short in addressing ‘child rights issues and does not (fully) reflect the concerns of children in foster care’. This Act fails to include ‘the choice of foster care’ as a children’s right.

Placing fostering and adoption together
In the early 1990s, the Ministry for Social Development identified the need to take stock of the care services and requested the submission of a report on social work services. In response to this report, generic

... until the early 90s we were generic which means that every social worker was allocated any type of cases. However during the 90s the department was split in units and the Adoption and Fostering was set up.

Specialized services were introduced and adoption and fostering social work services were grouped together within the same unit. This meant that the social worker who carried out adoption also carried out fostering services. This proved to be ineffective, since fostering was, yet again, seen as a means to adoption. Scant attention was given to the development of fostering as a genuine alternative for children in its own right. The panel licensing fostering, introduced early in the 1990s, was in fact the Adoption and Fostering Panel. A national policy was also formulated, early in 1996, bringing together adoption and fostering under one team and proposing the development of a National Commission on Adoption and Fostering. So fostering once again lost to its rival adoption.

Separation of fostering: The work of the inter-agency fostering team
Although the national policy combined fostering and adoption, at the same time a Fostering Systems-Building Committee, with representatives from both government and non-governmental agencies, submitted a document in 1996: ‘Design of Fostering System’. This document proposed a separation of adoption and fostering and recommended the development of a foster care service.

The recognition of fostering as a service in its own right began to happen with the establishment of the Interagency Fostering Team (IAFT), a team with Church and government agencies participating. Upon submission of the document Design of Fostering System in 1996, IAFT started offering training to foster carers. The Children’s Home Office social workers refrained from delivering training. They involved themselves in the initial assessment of potential carers, referred the carers for training to another partner of the IAFT, and then they again followed

60 Source A.
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up the carers, after the delivery of training. Participation within media programmes to create awareness about fostering and the recruitment of carers were critical tasks carried out by the IAFT.

In spite of these improvements, the support of approved carers and children was still carried out by the same social worker. This practice still presented the same problematic issues that the social workers faced when confronted with a difficult relationship between carers and children. It is only at a later stage when formal fostering was set up that this issue was taken seriously, although not, however, without limitations.

Formal fostering
The introduction of formal fostering came at a time when adequate financial commitment within the social welfare sphere was secured. The fostering service was expanded in 2000, though preparatory work had been underway since 1996. The service was set up under the auspices of the government agency APPOGG (then known as the Social Welfare Development Programme). The role of the fostering team members was to recruit, train, and assess prospective foster carers, and match children with prospective carers. Placement monitoring and supervision of foster carers was also included as part of their social work practice. An after-care service and a monthly support group were also introduced to provide continuous support to carers who were often faced with difficult situations and needed additional guidance.

Originally, the monitoring of children in foster care was conducted by the social workers who worked for the Department of Family Welfare. Eventually, in 2001, the Looked-After Children service was set up under the auspices of APPOGG to provide social-work support to look after children. The latter organization took on the service delivery role and subsequently the Department for Family Welfare (later called the Department for Social Welfare Standards), took on the regulatory function, as had been formerly proposed by Aldgate. The changes introduced positive practices, curbing the role conflicts faced by social workers. Unfortunately, these practices have been short-lived, as will be noted later on.

Currently, the Department for Social Welfare Standards, as identified by the Foster Care Act 2007, is the central authority, which accredits organizations to deliver foster care. It has both the legal and administrative responsibility to assess these organizations and revoke the accreditation, if necessary.

Furthermore, with the introduction of the Foster Care Act 2007, the anomaly of placing foster care with adoption was settled once and for all. The Act recognized a fostering board which no longer had anything to do with adoption but set up for the sole purpose of examining and reviewing reports and to determine the suitability of prospective and current foster carers, amongst others. The Foster Care Act 2007 sealed the formal recognition of foster care services in Malta.

The child in care benefit
Though not related to social work practice, the introduction of the Child in Care Benefit in 2001 had unpredictably influenced the course of fostering services. This benefit is similar in principle to the fostering allowance payable to foster carers and available in other countries such as the UK, although payments in Malta are considerably smaller than those in the UK. Prior to the introduction of this benefit, the fostering team within APPOGG was aware of a small number of kin carers. The benefit revealed informal fostering arrangements that were in existence but unknown to the authorities.

O’Brien suggests that kinship care operates in two spheres: the ‘private domain of the family’ and ‘the public domain of the state’. Kinship carers who were caring for related children approached the service to access this benefit. Knowledge about previously hidden kinship care was made available, revealing the private domain of kinship care which became part of the public domain through the Child in Care Benefit.

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61 Source E.
62 Role.
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These particular carers, namely grandparents and aunts/uncles, cared for their grandchildren, nephews, and nieces owing to their children or siblings’ substance addiction. This sort of arrangement was very similar to kin care in Scotland, where relative care also occurred as a result of parental substance addiction.

Within a short time-frame, the fostering team that trained and monitored placements had to deal with around 84 referrals of kinship carers who showed interest in attending training. Although some were mostly interested in the monetary benefit, all of them benefited from the training, which was specifically offered by the APPOGG fostering team to upgrade their skills and competences in dealing with the children in their care.

You had a good number who started off with the idea of money however once they got to know that we offered a social work service, that we undertook a support group and training, some of their mentality started changing.

In response to this group of carers, the fostering team delivered a specific training programme, aimed at tackling issues often present in kinship care. This is similar to the work of O’Brien who identifies one of the differences between kinship care and traditional foster carers as the ‘connection to the agency’. This connection to the agency was often the result of the assessment and training in preparation to the placement of the child.

In the latter part of 2009, in his budget speech the Minister of Finance, the Economy, and Investments Mr Tonio Fenech, announced that, as from 2010, the Child in Care Benefit was being increased.

As from the coming year, the Child in Care Benefit will increase from €40 per week to €70 per week, and the age for assistance will increase up to 21 years for those youths who are still studying or are following a training programme approved by the ETC (Employment and Training Corporation).

This increase acknowledged the expenses faced by carers when looking after children in out-of-home care.

**Kin carers**

In 2001, with the influx of new kin carers and the knowledge of other children living in this type of care, APPOGG strived to provide adequate social work intervention. The Looked After Children Service was not in a position to take on its caseload additional cases of children placed in foster care. As a result, the fostering service’s social workers reluctantly had to take on, as part of their work, the monitoring of children placed in kinship care. Yet again the role conflict issue, previously faced by social workers, dealing with both carers and children resurfaced.

In the latter part of 2003, the management of APPOGG introduced an intra-agency protocol between the Fostering Service and the Looked After Children Service (LAC). As part of this protocol, the role of both services was clarified though in reality, until this present date, the fostering team is still monitoring some of the children in kin care. This protocol also outlined the role of the fostering team in assessing potential carers who came to the attention of the Looked After Children workers during their course of duty.

The issue of role conflict has not been resolved and will not be resolved in the foreseeable future. It is to be noted that, due to limited resources, the management of APPOGG is not foreseeing any improvements in the practice of fostering social workers monitoring both children and foster carers. The management is currently exploring what other tasks the fostering social workers can take on in their social work interventions with children and kin foster carers. It seems that the issue of role conflict, rather than being resolved, is likely to remain an issue in social work practice.

**Social contacts**

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69 Source C.
71 Source C.
73 Budget Speech 2010 (Malta, 2009), 73.
74 Personal communication in 2009 with APPOGG Operations Director and Children Services Manager. The Operations Director of APPOGG is the person responsible for the management of all services of the organization. She is the senior of the children service manager.
75 Source C, E and F.
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years. Social welfare professionals perceived the social contact service as a respite service to the nuns caring for children in residential homes.76

... I say that they started as a respite service to the nuns. It is still the same nowadays that instead of staying at the residential home throughout the day and at night, they (the children) have someone who takes them, takes them out, and the nun is relieved.77

Children went to these family homes during weekends, holidays, and eventually for longer periods of time. This often occurred without the knowledge and consent of both the Children and Young Persons’ Advisory Board for children under a care order or the birth family for children voluntarily admitted to residential care.78 The fostering team had on different occasions put forward complaints to the management of APPOGG that social contacts took children to their family homes without any assessment previously being undertaken by the team.

In response to this situation, after all these years, APPOGG and Ufficju Ejew Ghandi developed the Policy Regarding Respite Foster Carers for Children in Residential Care and introduced it during 2003. The aim of this policy was to regulate the informal arrangements undertaken between nuns and social contacts. By regulating these arrangements prior to any arrangements being made, consent was acquired from the legal guardians of the children. This strengthened the safeguards and ensured the protection of both children and carers.

Both respite carers and children were prepared for this relationship, thereby avoiding unnecessary problems, as well as any trauma resulting from a mismatch between carers and children. In addition, this protocol was the basis for both the Looked After Children Services and the Fostering Service of APPOGG, together with ‘Ufficju Ejew Ghandi’ social workers, to work in tandem to ensure the service delivery, which children rightly so deserved.

A stepping stone to foster care

The children’s experience in Maltese foster care was often influenced by previous experience in residential care. While children eventually ended up in long-term foster care, residential care acted as a stepping-stone to foster care. The absence of short-term or respite foster care also made the use of residential care necessary within the care service delivery equation. Until recently, children faced a long-term experience in residential care prior to their being provided with a placement in foster care.

... They (the children) always spend some time. Not so long time ago, one (child) was here for three years and his mum had another baby. She (the newborn child) was coming here and I told them, ‘Why does the baby not go with her brother?’ I told them she (the newborn baby) goes with her brother and they do not stay here. Then they took them together. But the boy was three years. Meaning he stayed here three years.79

A move towards changing this situation occurred in 2003 when, for the first time, the fostering team fostered three babies, without their prior admission to institutional care.80 In 2010, the fostering team placed eight babies directly into foster care.81

Malta has lagged behind the UK in striving to place siblings together. Yet placing siblings within the same foster placement, wherever possible, has now become a fundamental principle of social work practice. Success stories are still infrequent. More fostering placements and attention to foster carers are required.82 However, the success stories that have occurred have been significant to the growth of foster care in Malta.

The way forward

A close look taken at fostering in the UK indicates the diverse fostering arrangements that exist. Fostering arrangements range from long-term care, to short-term, to specialized care, as well as intermediate care.83 The Maltese situation is rather different. There is long-term fostering that caters for most of the cases of children placed in foster care, particularly in circumstances where children and teenagers have little chance of either

76 Agenzia APPOGG and Ufficju Ejew Ghandi, Policy Regarding Respite Foster Carers for Children in Residential Care (Malta, 2003).
77 Source C.
78 Ibid.
79 Sources G and H.
80 D. Cristina, Closing Speech delivered by the Minister for Family and Social Solidarity during Training: Attachment, Trauma, and Resilience: Therapeutic Caring for Children (Malta, 2004).
81 Personal communication with the Service Area Leader, Fostering Services (2010).
82 Aldgate, Blewett, and Rose.
83 Triseliotis, Sellick, and Short.
years. Social welfare professionals perceived the social contact service as a respite service to the nuns caring for children in residential homes.76

I say that they started as a respite service to the nuns. It is still the same nowadays that instead of staying at the residential home throughout the day and at night, they (the children) have someone who takes them, takes them out, and the nun is relieved. 77

Children went to these family homes during weekends, holidays, and eventually for longer periods of time. This often occurred without the knowledge and consent of both the Children and Young Persons’ Advisory Board for children under a care order or the birth family for children voluntarily admitted to residential care.78 The fostering team had on different occasions put forward complaints to the management of APPOGG that social contacts took children to their family homes without any assessment previously being undertaken by the team.

In response to this situation, after all these years, APPOGG and Ufficju Ejjew Ghandi developed the Policy Regarding Respite Foster Carers for Children in Residential Care and introduced it during 2003. The aim of this policy was to regulate the informal arrangements undertaken between nuns and social contacts. By regulating these arrangements prior to any arrangements being made, consent was acquired from the legal guardians of the children. This strengthened the safeguards and ensured the protection of both children and carers.

Both respite carers and children were prepared for this relationship, thereby avoiding unnecessary problems, as well as any trauma resulting from a mismatch between carers and children. In addition, this protocol was the basis for both the Looked After Children Services and the Fostering Service of APPOGG, together with ‘Ufficju Ejjew Ghandi’ social workers, to work in tandem to ensure the service delivery, which children rightly so deserved.

A stepping stone to foster care

The children’s experience in Maltese foster care was often influenced by previous experience in residential care. While children eventually ended up in long-term foster care, residential care acted as a stepping-stone to foster care. The absence of short-term or respite foster care also made the use of residential care necessary within the care service delivery equation. Until recently, children faced a long-term experience in residential care prior to their being provided with a placement in foster care.

... They (the children) always spend some time. Not so long time ago, one (child) was here for three years and his mum had another baby. She (the newborn baby) was coming here and I told them, ‘Why does the baby not go with her brother?’ I told them she (the newborn baby) goes with her brother and they do not stay here. Then they took them together. But the boy was three years. Meaning he stayed here three years. 79

A move towards changing this situation occurred in 2003 when, for the first time, the fostering team fostered three babies, without their prior admission to institutional care.80 In 2010, the fostering team placed eight babies directly into foster care.81 Malta has lagged behind the UK in striving to place siblings together. Yet placing siblings within the same foster placement, wherever possible, has now become a fundamental principle of social work practice. Success stories are still infrequent. More fostering placements and attention to foster carers are required.82 However, the success stories that have occurred have been significant to the growth of foster care in Malta.

The way forward

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76 Agenzija APPOGG and Ufficju Ejjew Ghandi, Policy Regarding Respite Foster Carers for Children in Residential Care (Malta, 2003).
77 Source C.
78 Ibid.
returning home or of being adopted. Permanency planning as advocated by Thoburn\textsuperscript{84} is much in line with the Maltese rationale for long-term placements.

The development of Maltese foster care services has also been concerned with the further expansion of a service that caters for both short-term and respite needs. The major factor impinging on the growth of fostering is the dominance of local residential care services, which are already in decline. With further awareness of fostering and its results and the impact of the legislation, it is to be hoped that birth parents and the judiciary will accept fostering more. National service delivery policies have recently included the importance of developments within foster care.\textsuperscript{85} In addition, there is a move towards an individualized service to children.

Government policies are responding to two particular factors. The first is the decline of religious orders vocations and the ageing population of the members of these orders. The second relates to changes in family structure, whereby the extended family is shrinking and support that is currently delivered by the extended family eventually loses its force. Socio-demographic changes occurring in Maltese society, where the extended family is shrinking, are likely to influence its future involvement within child-care practices.

Institutional-type residential care should ultimately be phased out in favour of fostering by professionally trained and adequately paid foster carers. The provision of residential care should be limited to cases that would not benefit from fostering.\textsuperscript{86} Malta has also participated in the study and development of standards as part of the project ‘Quality4Children Standards for Out-of-Home Child-care in Europe’ published in 2007. The standards report is an important landmark and an essential document for social work practitioners, amongst others. This report outlines 18 standards that should be considered in the decision-making and admission processes of looked after children as well as their care-taking and leaving-care processes of fostered children.

In 2009 the Department for Social Welfare Standards also launched the National Standards for Out-of-Home Child-care.\textsuperscript{87} A children’s version of these standards was launched earlier in the year.\textsuperscript{88} The National Standards are structured into three standard areas: i) Decision-Making and Admission Process, ii) Care-Taking Process, and iii) Leaving-Care Process, outlining 17 different standards. These standards spell out the rights of children and responsibilities of professionals and carers intervening in children’s care. A revised version of Model Policies and Procedures for Out-of-Home Child-care was also produced during 2009.\textsuperscript{89} Finally a strategic plan was also prepared by a core group of experts. This plan ‘shall be the guiding force of the social policy and has identified where resources are needed’.\textsuperscript{90} This document identifies the lacunae and eight main items and related budgetary costs required for their implementation. All these documents are yet again another landmark, all having one aim: to improve children’s services and particularly services for looked after children in the islands.

Though attention to residential services has to some extent continued to prevail, all of the above indicates that further growth of foster care is to be expected. Another important landmark has been the establishment of a Foster Carers Association which aims to lobby for improvements and developments in Maltese fostering services. This association also organizes different activities for foster carers. For example, together with the fostering team and APPOGG management, this association organized the International Foster Care conference, held in Malta in November 2007. The organization of this conference was an important training opportunity for foster carers and practitioners. It also served to sensitize and create awareness about fostering in the islands.

Furthermore, in 2010, a two-day seminar was organized to train foster carers about the effects of traumas on children and the importance of couple work. It is believed that the future holds more of such opportunities to further enhance the professionalization of foster care services. Finally,
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\textsuperscript{85} Cristina.

\textsuperscript{86} The Office of the Commissioner for Children, Manifesto For Children (Malta, 2008), 7.

\textsuperscript{87} Department for Social Welfare Standards, National Standards for Out-of-Home Care (Malta, 2009).


\textsuperscript{89} Working Group on Residential and Foster Care, Model Policies and Procedures for Out-of-Home Child-care (Malta, 2009).

\textsuperscript{90} Dalli, 2.
in early 2012, the preparation and training of specialized foster carers, as part of the out-of-home care programme, was underway. The training and selection of specialized foster carers is a clear indication that the needs of children and young adolescents with challenging behaviour are being seriously targeted. Finally, at the latter part of 2013, the Minister for Family and Social Solidarity Marie-Louise Coleiro Preca set up a Task Force earmarking Foster Care. The aim of this Task Force is to put forward legislative and service development proposals amongst others, to ensure that foster care continues to address children’s needs and the needs of all parties involved in this type of care.

Conclusion

There are few reports documenting the development of foster care in Malta throughout the last century but the interviews with key stakeholders provided a rich source of information about the developments of this service. As identified, over the years the extended family has played a pivotal role in the care of children. Informal foster care also developed in response to other events, namely prostitutes farming out their children to non-related carers. Economic events strangely enough also contributed to such developments. Unemployment led to the emigration of parents and children were quite often left behind and informally fostered as a result.

Nonetheless, following the introduction of regulations and residential services, non-related foster care was curbed. Residential care became the major source of child-care services. The professionalization of social welfare services led to ad hoc arrangements with non-related carers. This also occurred in response to a decrease in adoptions which resulted from the introduction of monetary benefits to mothers to care for their children.

Yet a concerted effort between the Maltese Roman Catholic diocese and the statutory social welfare services re-routed the direction of foster care. Further investment in foster care, the introduction of the Child in Care Benefit, and the implementation of legislations such as the Foster Care Act 2007 were concrete efforts which led to the formal recognition of foster care.

Future prospects for the foster care service will depend on further investment in this service with the aim of developing other foster care arrangements. It is believed that the roles of the extended family and the residential services as they are today are not tenable in the long run. The introduction of a comprehensive Children Act, which is in the pipeline, to further support the professionalization of foster care services, has long been awaited by practitioners.
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