NATIONAL STRATEGY 2025-2035
for Poverty Reduction and Social Inclusion.

Early Childhood Education and Care and Potential Impacts on Future Behaviour

Working Paper to the National Strategy for Poverty Reduction and Social Inclusion: 2025-2035

Appendix 05

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ADH	Adverse Childhood Experience
AROPE	At Risk of Poverty and Social Exclusion
DQSE	Department for Quality and Standards in Education
ECEC	Early Childhood Education and Care
EYFSP	Early Years Foundation Stage Profile
FSWS	Foundation for Social Welfare Services
HBSC	Health Behaviour in School-aged Children
HBTS	Home-Based Therapeutic Services
HLE	Home Learning Environment
MQF	Malta Qualification Framework
p.p.	Percentage Points

01. Introduction

The National Policy Framework for Early Childhood Education and Care (0-7 years) for Malta and Gozo states that one of the most critical periods in children's learning and development is from birth to seven years. The Policy adds that this short period in one's life lays the foundation and impacts the overall trajectory of children's lives in a variety of ways and that the experiences throughout the first seven years of life mould the architecture of the developing brain and the core capabilities a child needs to achieve better outcomes and to function well in society later on in life.[1]

Improving life chances in early childhood, therefore, is likely to increase a child's well-being as they progress during their life cycle. Conversely, poor early childhood education and care (ECEC), whether provided by the parent or a formal ECEC centre, will impede or render the attainment of the competencies and skills needed for good life chances and in navigating increasingly more complex socio-economic global and national challenges.

Research, as is discussed in this Working Paper, shows that mental health conditions in the under 5s can manifest themselves as behavioural difficulties such as tantrums, relationship difficulties, developmental delay, social withdrawal or eating/sleeping difficulties. Without appropriate support, and this includes that provided through high-quality ECEC, social-emotional development problems at such a young age can become more entrenched, such that a young child may eventually meet the criteria for a mental health condition.[2]

Children do more or less well in physical, psychological and social development depending partly on their biological endowments and partly on developmental contexts. Children from poorer backgrounds will likely grow up in less nurturing environments, with more limited opportunities, leading to poorer outcomes and reduced life chances. Findings from neuroscience, developmental psychology, education, and economics indicate that the earliest years of life are the most effective times to improve the lives of disadvantaged children. As inequality rises, parents' capacity to invest in their children becomes more unequal.[3]

Countries vary enormously in providing ECEC. Almost every developed country has set up some form of formal ECEC for children below the age of compulsory schooling. ECEC includes settings in which children are cared for and taught by people other than their parents or primary caregivers with whom they live. These include centre-based care arrangements (for example, childcare centres, pre-schools, and pre-kindergartens for children who are two years and younger, and kindergarten for children who are three years and older but who are yet to enter the primary cycle of education) and nonparental home-based arrangements, in which care is provided in the child's or caregiver's home (for example, care by nannies, relatives, or babysitters and in family childcare homes, which are regulated settings in which a caregiver cares for multiple unrelated children in her own home).

In pre-drafting consultation sessions on a new poverty and social inclusion strategy held with different authorities as well as other stakeholders, two concerns were raised relating to young children that warrant discussion concerning their impact on a child's future development and, hence a higher incidence of being at risk of poverty and social exclusion (AROPE) as they proceed through their life journey.

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[1] Pg 4, National Policy Framework for Early Childhood Education and Care (0-7 years) for Malta and Gozo, Ministry for Education, 2021.
[2] Pg 17, Infant and early childhood mental health: the case for action, Royal College of Psychiatrists, CR 238, October 2023.
[3] Pg 34, Melhuish, E., The impact of early childhood education and care on improved wellbeing, University of Oxford, 2014.

The **first** relates to the observation that children today spend too much of their early lives in formal ECEC, in arrangements that vary widely in type, setting, and quality (during the primary and secondary education cycles in pre- and after-school clubs). This results from the fact that, concerning most families, both parents work and that increasingly, children are being placed in creches or child centres at the earliest possible so that the mother returns to full-time employment as early as possible. Concerns were raised about the effects of these various childcare arrangements on the relationship and bond-building between the parent and child regarding the transference of values and socio-emotional abilities and competencies and the development of the child's mental and socio-emotional behaviour.

The **second** relates to the observation of educators, health professionals, and other carers that, in their view, there has been a significant increase in mental health and challenging behaviour issues concerning young children and adolescents, as well as increased violence by young children towards their parents.

This Working Paper discusses these concerns within the context of what the research says concerning the placement of young children in ECEC, the state of play in Malta, strategic actions introduced to date and potential further action that may be adopted within the context of the new poverty strategy. Research shows that policies relevant to social exclusion, educational reform, and public health need to be integrated in addressing these issues.[4]

02. Early Care Education and a Child's Mental and Socio-emotional Development and Well-being

02.1 Research on the Impacts of Early Childhood Education and Care on Children under Five years of age

(a) Quality of Formal Early Childhood Education and Care as the Principal Determinant of Positive Impacts on Children under Five Years of Age

Research findings from the past decade unequivocally agree that the first years of life are a critical period of intense learning for children; these years provide the foundation for later academic and social success. It is clear that, although early experiences do not determine children's ongoing development, the patterns laid down early tend to be persistent, and some experiences have lifelong consequences. The value of investing to ensure that all children get the best start in life is becoming increasingly evident to governments.[5]

The key rationales for government assistance to ECEC rely on the existence of community-wide benefits. Various studies suggest these benefits stem from the following:[6]

- The contribution to enhanced, healthy child development.
- Increased workforce participation of parents, with the potential to boost economic output and tax revenue, reduce long-term unemployment and reliance on welfare support, and promote social engagement.
- Equity of access to developmental opportunities during early childhood helps overcome disadvantage and its longer-term social consequences.
- Better transitioning of children into the formal education system.
- Reduced risk of harm to vulnerable children in the community.

Studies emphasise that the impact of ECEC education's inextricable link to a child's development outcomes is the **quality** of the ECEC programme. The Australian Institute of Health and Welfare, in a study carried out in 2015 titled '*Literature review of the impact of early childhood education and care on learning and development*', states that the quality of the programme can predict children's performance in cognitive and social assessments; indeed, quality has universal consequences for the child's development.

[4] Pg 34, Melhuish, E., The impact of early childhood education and care on improved wellbeing, University of Oxford, 2014.
[5] Pg 1, Literature review of the impact of early childhood education and care on learning and development: Working Paper. Cat. no. CWS 53., Australian Institute of Health and Welfare, 2015.

Quality in ECEC is more significant than the expected influence on developmental outcomes of the amount of ECEC that a child experiences, stability of the arrangements (including staffing, hours and providers), and the types of care in which a child is enrolled).[7] It concludes that at:[8]

01. 0–3 years: within a childcare setting:

    - Attendance at childcare in the first three years of life has no strong effects on cognitive and language development for children who are not disadvantaged at home, provided childcare is of a high quality.

    - Quality is key: poor child care produces deficits in language and cognitive function for young children.

    - Other reported benefits of attendance at high-quality childcare include less impulsivity, more advanced expressive vocabulary, and greater reported social competence.

    - Stand-alone pre-schools and daycare with pre-school programmes were reported to promote cognitive and social development benefits, with evidence of improved performance in standardised tests in the early years of primary school.

02. 3–5 years: within a pre-school setting:

    - Several months of attendance at pre-school are related to better intellectual development and improved independence, concentration and sociability.

    - Full-time attendance at pre-school led to no more significant gains than part-time attendance.

A Post-note by the UK Parliament in 2021 titled '*Early Childhood Education and Care*' states that analysis indicates that attending **high-quality ECEC** is associated with positive cognitive outcomes (the acquisition of spoken and written language, numeracy and problem-solving skills) at age 5, particularly for disadvantaged children and children with less stimulating learning environments at home. The Post-note adds that children who attended ECEC had better cognitive skills, including language, early number concepts and pre-reading, than children who did not attend ECEC.[9]

The Post-note underlines that evidence indicates that high-quality ECEC can lead to long-lasting effects, affecting later educational and employment outcomes, especially if it is **high-quality**. The Post-note adds that "robust evidence indicates that improvements in children's outcomes, in both the short and long-term, are strongly associated with the quality - which includes:

- Structural quality. This refers to measurable features of the setting, which are often the focus of government policy, such as staff qualifications and group sizes. Evidence indicates that positive development outcomes are associated with higher staff qualifications, training opportunities, higher staff-to-child ratios and smaller group sizes.

- Process quality. This refers to features of the care provided, such as the quality of interactions between children and staff and learning approaches. Evidence indicates that positive developmental outcomes are associated with stable relationships with staff, high-quality staff-child interactions that promote language development, a focus on play-based activities and routines where children can take the lead and opportunities to be physically active."

[7] Pg 8, Ibid.
[8] Pg vi, Ibid.
[9] Pg 2, Early Childhood Education and Care, Post Note, Number 649, UK Parliament, 2021. Accessed at: https://researchbriefings.files.parliament.uk/documents/POST-PN-0649/POST-PN-0649.pdf

The Nordic countries have the best systems that combine all these features.[10] Research suggests that the key to the success of Nordic countries in breaking the social inheritance effects (that is, children or parents with fewer/less developed social and economic resources run the risk of remaining in similar positions to their parents) may be the provision of **universal and high-quality ECEC**.[11]

(b) Longer Term Beneficial Effects of Formal Early Childhood Education and Care for Children under Five years of age

Studies from the USA, England, Northern Ireland and Denmark indicate that the **quality** of pre-school is critical for **longer-term beneficial effects**.[12] The Post-note referenced above, for example, states that evidence in the UK indicates that high-quality ECEC can lead to long-lasting effects, affecting later educational and employment outcomes, especially if it is high-quality, with positive associations between attending pre-school and academic attainment being stronger in primary school but continuing into adolescence.[13]

(c) Socio-Emotional Development of Children under Five Years through Formal Early Childhood Education and Care

In terms of socio-emotional development (that is, children learning to understand and manage emotions, form relationships and empathise, and concentration and behavioural development refers to monitoring and self-regulating behaviour and attention), the referenced Post-note states that analysis suggests that some level of **high-quality ECEC** is beneficial for socio-emotional and behavioural development measured at age five – and that children who did not attend ECEC were rated more poorly on independence, concentration, co-operation and peer sociability than children who did.[14]

The afore-referenced Post-note states that research suggests that high use of ECECs can negatively affect children's socio-emotional and behavioural development.[15] A study on early education and development by the University of Oxford on behalf of the Department for Education in the UK which referenced the Post-note states that research suggests that high use of ECECs can negatively affect children's socio-emotion and behavioural development.[16] The same study by the University of Oxford on ECEC found that:[17]

- Using a more formal group ECEC between age two and the start of school was associated with several poorer outcomes: more externalising behaviour, more internalising behaviour, less prosocial behaviour, less behavioural self-regulation and less emotional self-regulation during school year one, at age five to six.

- Poorer outcomes related to internalizing behaviour were associated particularly with high formal group ECEC use, greater than 35 hours per week; this was an effect of medium size. For other outcomes (externalising behaviour and emotional self-regulation), poorer outcomes were found for children using a mean of more than 15 hours per week between age two and the start of school (a small effect) and for children using more than 20 hours per week (a medium effect).

These unfavourable associations between formal ECEC use and children's socio-emotional outcomes contrast with the largely positive associations between formal ECEC use and children's socio-emotional outcomes found in the University of Oxford study when children were age three and age four, except more than 35 hours per week which was associated with higher levels of conduct problems at ages three and four.

[10] Pg 35, Melhuish, E., The impact of early childhood education and care on improved wellbeing, University of Oxford, 2014.
[11] Pg 36, Ibid.

[13] Pg2, Early Childhood Education and Care, Post Note, Number 649, UK Parliament, 2021.

[15] Pg 2, Ibid.
[16] Pg 2, Ibid.
[17] Pg 19, Melhuish, E., and Gardiner, J, Study of Early Education and Development (SEED): Impact Study on Early Education Use and Child Outcomes up to age five years, Study for Early Education & Development and Social Science in Government, Department for Education, 2020.

For children's socio-emotional outcomes during school year one, the negative associations with higher levels of formal ECEC use between age two and the start of school were more wide-ranging. This study found that 12.5% of the children had socio-emotional problems. Having socio-emotional problems was associated with poorer children's cognitive and early years foundation stage profile (EYFSP) outcomes, with medium to large effects for EYFSP.[18]

This study also identified the following concerning home learning environment (HLE) and children in their early years:[19]

- Higher levels of warmth in the parent / child relationship were associated with better outcomes on all EYFSP measures and better verbal ability. Higher levels of warmth were also associated with better outcomes on all socio-emotional measures.

- Higher levels of invasiveness (the measure of conflict in the parent/child relationship; for example, regarding a child as demanding attention and feeling annoyed toward a child in the parent / child relationship) were associated with poorer outcomes for EYFSP communication and language.

(d) Socio-Emotional Development of Children under 5 Years through Formal Early Childhood Education and Care

Research shows that ECEC can narrow the disadvantage gap, including inequalities in cognitive and socio-emotional development and the gap in educational attainment between disadvantaged pupils and their peers. High-quality ECEC is associated with improved language, cognitive and socio-emotional outcomes in children from disadvantaged backgrounds. Disadvantaged children benefit particularly from accessing high-quality ECEC in socially mixed groups[20].

The afore-referenced 2015 study by the Australian Institute of Health and Welfare concerning children aged zero to three years from disadvantaged backgrounds shows the greatest gains from attending high-quality childcare. Furthermore, it asserts that concerning children aged three to five years in a pre-school setting, longitudinal studies have demonstrated the effectiveness of high-quality, focused pre-school programmes in reducing the effects of social disadvantage, developing children's social competency and emotional health, and preparing children for a successful transition to school. Benefits were optimised when children from different social backgrounds attended the same pre-school programme.[21]

The afore-referenced 2020 University of Oxford research suggests that for the cohort of the 40% most disadvantaged children:[22]

- Compared with children with a later start and lower use of formal ECEC, an early start and a mean of over 20 hours per week of formal ECEC between two and the start of school had benefits for EYFSP outcomes (except physical development) and small benefits on verbal ability.

- However, early start and high use were associated with poorer outcomes than the reference group for externalising behaviour and emotional self-regulation (small to medium-sized effects).

- Children in the intermediate start/high use group showed small benefits on verbal ability but medium-sized negative effects on their externalising behaviour and emotional self-regulation.

[18] Pg 27, Ibid.
[19] Ibid.
[20] Pg 2, Ibid.
[21] Pg iv, Literature review of the impact of early childhood education and care on learning and development: Working Paper. Cat. no. CWS 53., Australian Institute of Health and Welfare, 2015.
[22] Pg 23, Infant and early childhood mental health: the case for action, Royal College of Psychiatrists, CR 238, October 2023.
[22] Melhuish, E., and Gardiner, J, Study of Early Education and Development (SEED): Impact Study on Early Education Use and Child Outcomes up to age five years, Study for Early Education & Development and Social Science in Government, Department for Education, 2020.

On the other hand, this research concerning the 60% least disadvantaged children cohort showed that:[23]

- The greatest benefits were associated with an early start in formal ECEC combined with a low to medium use (up to 20 hours per week) of formal ECEC between age two and the start of school. These children had better EYFSP numeracy (a medium-sized effect) and better sociability and prosocial behaviour than the late start/low-use reference group.

- Children in the intermediate start/high use group had poorer outcomes for externalising behaviour than children in the reference group; this was a medium-sized effect.

(e) The Importance of Home Learning Education

In addition to ECEC, the home learning environment is important in helping children develop. When children are provided with a range of learning opportunities in the home, their cognition, language and social development are improved. The home learning environment can have up to twice the size of the effect of ECEC.[24]

02.2 Children in Formal and Home Care and Education Aged Five Years and Younger (Before the Start of the Primary Cycle of Education)

Table 01 presents the percentage of children in formal childcare or education who are (a) aged less than three years and (b) from three years to the start of primary education undergoing childcare.

Regarding children who attend at least one hour of formal care and education in both age categories, Malta is below the EU average. In both age categories, in 2022, the percentage of children attending formal care and education had yet to reach the levels of 2019, the COVID-19 pandemic: lower by 1.9 p.p. concerning children under the age of three, and lower by 5.5 percentage points (p.p.) concerning children aged three years to minimum compulsory education age. In both categories, pre the 2019 pandemic, the percentage share was increasing: concerning children under three by 1 p.p. between 2017 and 2019, and for children aged three years to minimum compulsory education age by 5 p.p. during the same period.

Concerning children in formal childcare or education for 1 to 29 hours, children who are less than three years old attending formal care or education stood at 19.5% compared to the EU average of 15.7% - higher by 3.8 p.p. Concerning children from three years to minimum compulsory age of primary education, children in Malta in formal childcare or education were significantly lower than the EU average – 23.7% compared to 34.3%, lower by 10.6 p.p.

On the other hand, children who attended formal childcare or education for 30 hours in Malta in 2022 compared as follows to the EU average – concerning children:

- Less than three years old, Malta had a minimally higher share of 1.2 p.p., 23.7% compared to the 22.4% EU average.

- Three years and older up to the primary education cycle, Malta had a significantly higher share of 13.4 p.p., 70.4% compared to 57.0 EU average.

The data suggests that in Malta, families are more likely to leave their children who are five years of age in formal childcare or education for 30 hours or more than the average EU family.

[23] Pg 23, Ibid.
[24] Ibid.

Table 01: Children in formal childcare or education by age group and duration - % over the population of each age group - EU-SILC survey[25]

	2017	2018	2019	2020	2022
EU Average (from 2020)					
Less than three years					
Zero hours	61.4	65.3	65.0	69.9	64.2
At least one hour[26]	29.3	29.3	30.3	29.9	30.0
From 1 to 29 Hours	17.2	16.9	16.1	14.2	15.7
30 hours and over	21.4	22.2	24.1	18.2	22.4
EU Average (from 2020)					
From three years to minimum compulsory age (Kindergarten)					
Zero hours	7.9	7.2	6.4	13.6	8.6
At least one hour	30.6	31.0	31.6	31.3	31.3
From 1 to 29 Hours	36.2	34.4	30.9	31.4	34.3
30 hours and over	56.0	58.5	62.7	55.0	57.0
Malta					
Less than three years					
Zero hours	63.3	67.9	61.7	70.3	56.9
At least one hour	25.6	24.0	28.4	23.8	26.5
From 1 to 29 Hours	21.8	18.9	13.6	18.2	19.5
30 hours and over	14.8	13.2	24.7	11.5	23.6
From three years to minimum compulsory age (Kindergarten)					
Zero hours	0.3	11.2	11.7	13.0	5.9
At least one hour	28.1	28.8	33.1	28.8	27.6
From 1 to 29 Hours	31.9	27.1	15.4	24.6	23.7
30 hours and over	63.5	61.7	72.9	62.4	70.4

[25] Access on 1st December 2023: https://ec.europa.eu/eurostat/databrowser/view/ilc_caindformal__custom_8802785/default/table?lang=en.
[26] Accessed on 7th December 2023: https://ec.europa.eu/eurostat/databrowser/view/ilc_camnforg0__custom_8885395/default/table?lang=en.

Table 02 presents the number of children cared for by their parents from early years to the start of the minimum compulsory school age.

The number of children under three years of age being cared for by their parents fell considerably from 57.0% in 2014 to 32.6% 22 in 2022, a decrease of 24.4 p.p. This reflects the increase in children under three years undergoing formal childcare, as presented in **Table 02**.

Malta also experienced an increase in the number of children in kindergarten, aged three years but not in the primary education cycle – from 5.0% to 13.1% compared to 2020.

Table 02: Children cared for only by their parents by age group - % over the population of each age group[27]

	2013	2014	2015	2018	2019	2020	2022
EU Average (from 2020)							
Less than three years	-	48.2	48.3	46.2	45.0	52.5	47.6
From three years to minimum compulsory age	-	6.8	7.8	6.1	5.2	15.1	8.9
Malta							
Less than three years	57.0	60.6	58.0	43.6	45.7	47.7	32.6
From three years to minimum compulsory age	5.0	0.6	8.5	9.5	12.8	13.1	6.7[28]

02.3 Issues Concerning Early Child Care and Education in Malta

Consultation feedback from professionals and NGOs involved in ECEC underlines that Malta's childcare framework was not established as an integrated part of the educational journey but rather as a family-friendly measure that provides "babysitting" to parents.

The objective of childcare centres was to "encourage mothers (and fathers) to work or study. Therefore, the free childcare services will be addressed to working mothers and mothers who are still students but not stay-at-home mothers. Mothers already employed will be eligible for free childcare for their children." The Minister for Employment, who at the time was also the minister for education, on the launch of free childcare in 2014 stated that Malta had, at the time, the lowest number of children in childcare centres, at 19% (2,200) and that it was hoped that this number would double. At the same launch, the Minister of Finance added that women's participation in the labour force was up 4% in the previous year, and it was hoped that the free childcare service would see a further boost.[29]

Entrepreneurs identified the provision of childcare support as a new market opportunity. Today, there are 195 childcare centres in operation, with new requests for registration ongoing. In 2023, 18 new childcare centres were licensed, and 5 new centres were under consideration.

In 2016, responsibility for ECEC was transferred to the Ministry for Education to be regulated by the Department for Quality and Standards in Education (DQSE). At the time of the transfer of responsibility to DQSE, 98 centres were in operation.

[27] Access on 1st December 2023: https://ec.europa.eu/eurostat/databrowser/view/ilc_caparents__custom_8802508/default/table?lang=en.
[28] This together the EU average seems to be a carry forward from the COVID-19 period. In Malta there was no major policy changed that explains why in 2022 the number of children in kindergarten is so lower than that in 2020.
[29] Government unveils free childcare centres plans, Times of Malta, 19th February 2014. Accessed on 7th December 2023: https://timesofmalta.com/articles/view/government-to-unveil-free-childcare-benefits-today.507360.

According to consultation feedback and a presentation by the Director of the DQSE on 8th November 2023 to the Family Affairs Committee of the House of Representatives[30], an audit of those centres in operations showed that many of these merely provided low-quality care, rather than pedagogical education for children in their early years. Amongst the issues identified were children being placed in kinder chairs during their time at the centre, carers with basic education, and a high turnover of carers.

The DQSE, on assuming responsibility for ECEC, initiated a process of integrating it into the educational cycle of a child. This process consisted of the design of a minimum-quality education process and structure standards. An operator involved in childcare provision was mandated to adhere to qualify for a licence from DQSE as an education provider, which was previously not required. Reforms directed towards incorporating ECEC in the educational cycle included establishing standards relating to (a) the quality of learning and care and (b) the learning environment. Furthermore, these were supported by standards which operators had to adhere to in order to obtain a license, which included:

- The appointment of a manager at Malta Qualification Framework (MQF) Level 5 holding an Advanced Diploma in children's care, learning and development.
- Carer had to hold an MQF Level 4 Diploma in early years education.
- Managers and carers had to be bi-lingual in both Maltese and English.
- Responsibilities, accountability and eligibility criteria for persons appointed as managers and carers.
- The ratio of carers to children by age (0 to 12 months; 13 to 34 months; 25-36 months) and disability.

In 2021, the DQSE issued updated standards for ECEC for children between 0 to 3 years designed to comply with the European Commission's proposal for a 'Council Recommendation on high-quality ECEC systems, which aimed to support Member States in their efforts to improve access to and quality of their ECEC systems' which was adopted by education ministers in 2019. This required the establishment or upgrading, as the case may be, of the quality framework concerning:[31]

- Access to early childhood education and care.
- Training and working conditions of early childhood education and care staff.
- Definition of appropriate curricula.
- Governance and funding.
- Monitoring and evaluation of systems.

Also, in 2021, the Ministry for Education issued a national policy framework for Malta and Gozo on ECEC for children aged 0 to 7. This policy framework was drafted with the notion that inclusion is a journey that brings about positive but challenging decisions concerning equity and acceptance. The Policy established the following goals:

- Accessibility in ECEC refers to service provision which is affordable and available for all children and their families. It requires universally designed settings that accept and adapt to all children's and other stakeholders' various needs.[32]
- The workforce refers to all educators who work directly with children and their families in ECEC, offering a holistic provision that equally care and education equally.[33]

[30] Accessed on 7th December 3: https://c.connectedviews.com/01/SitePlayer/parliamentmalta?session=121094.
[31] Pg 8, National standards for early childhood and care services: 0 to 3 years, Ministry for Education, 2021.
[32] Pg 11, Early Childhood and Education and Care: 0-7 years: National policy framework for Malta and Gozo, Ministry for Education, 2021.
[33] Pg 13, Ibid.

- An ECEC curriculum, grounded in an integrated national framework, refers to the planned and spontaneous experiences emerging from children's play and interactions, enabling children to achieve the desired learning outcomes. This curriculum is integral to well-designed universal learning environments, resources, educators' guidance, observations, and authentic assessment.[34]

- Monitoring and evaluation refers to the regular and continuous process of quality assuring the service provision of ECEC settings at all levels and involves the ongoing and systematic collection and analysis of the generated data involving all key stakeholders, thus striving to increase transparency and accountability to the key stakeholders in the best interest of every child.[35]

- ECEC governance refers to the country's organisational structure and its placement of authority and accountability for policy formulation, strategic planning, regulation, resourcing, financing, implementation and evaluation of publicly funded ECEC service provision.[36]

Despite the action taken to integrate ECEC in a person's educational cycle and standards to improve the quality of care process and structure, the Director for DQSE, in the afore-referenced presentation to the Committee of the House, stated:[37]

- A major difficulty is the acceptance by the operator that the provision of ECEC is "not purely a business" given that the provision of formal ECEC concerns the well-being and safety of children, which is not a babysitting service but an educational institution.

- There is a gap in the supply of educated and qualified managers and carers to meet the demand, with operators resorting to recruiting from overseas.

- Non-education related spaces such as shafts and offices were being included as an education designated area per the standards, which stipulate 5m^2 per child, to optimise the maximum footprint and incorporate the highest possible ratio to children to maximise revenue.

- The centres were consistently in breach of certain parameters, primarily the ratio between carers and children. In quality reviews carried out by DQSE, they come across many instances where there is one carer for 10 children. This breach of ratios was identified in 70% of the quality inspections carried out in 2023.

As at the time of the drafting of this Working Paper, no data was sourced concerning the poor quality of ECEC provision in Malta on the mental and socio-emotional development of children in formal care or education.

03. Early Childhood Development Impacts on Mental and Challenging Behaviour

03.1 Early Childhood Development and Mental and Challenging Behaviour

Mental health conditions in the under 5s can manifest themselves as behavioural difficulties such as tantrums, relationship difficulties, developmental delay, social withdrawal or eating/sleeping difficulties. Without appropriate support during EYFSP or home learning, these problems can become more entrenched, such that a child who is under five years old may eventually meet the criteria for a mental health condition, the exact nature of which will be influenced by various factors such as genetics and family functioning.[38] A meta-analysis of international studies found that the prevalence of any mental health condition in children aged between one and seven years was 20.1%, including: [39]

[34] Pg 15, Ibid.
[35] Pg 17, Ibid.
[36] Pg 19, Ibid.
[37] Accessed on 7th December 3: https://c.connectedviews.com/01/SitePlayer/parliamentmalta?session=121094.
[38] Pg 17, Infant and early childhood mental health: the case for action, Royal College of Psychiatrists, CR 238, October 2023.
[39] Ibid.

- Anxiety disorder (8.5%).
- Depressive disorder (1.1%).
- Oppositional defiant disorder (4.9%).
- Attention-deficit hyperactivity disorder (4.3%).

A recent study by the Royal College of Psychiatrists in the UK (2023) states that difficulties in the parent–infant relationship, of which attachment is one aspect, can disrupt the baby's developing emotional regulation systems, increasing the risks of various mental health conditions. It adds that attachment develops from interactions between infants and parents due to care-seeking and caregiving behaviours. An infant's instinct to selectively seek comfort and protection from a recognised caregiver is vital for healthy social and emotional development.[40] Given the time that children under five years of age spend in ECEC, attachment difficulties can result from the following:[41]

- Low staff-to-child ratios result in staff giving insufficient attention to different developmental domains and creating less caring and meaningful interactions with children. As the number of children per staff member increases, staff spend more time in restrictive and routine communication with children and less in positive verbal interactions.
- Children become less cooperative in activities and interactions with lower staff-child ratios. They also tend to perform worse in cognitive and linguistic assessments when staff-child ratios are lower.
- Staff turnover rates influence children's language, socio-emotional development, and relationships with practitioners.

The afore-referenced 2023 study by the Royal College of Psychiatrists in the UK states that:

(a) Socio-economic deprivation is associated with increased risk of child mental health conditions. Amongst the literature, the citations to support this position are the following:[42]

- Children of mothers with no qualifications are almost four times as likely to have socio-emotional or behavioural problems as those of mothers with degree-plus-level qualifications (Straatmann et al., 2019).
- Transition into poverty during early childhood was associated with an increased risk of child and maternal mental health problems (Wickham et al., 2017).
- A systematic review found that socio-economically disadvantaged 4- to 18-year-olds were two to three times more likely to develop mental health conditions (Reiss, 2013)
- In England, 2- to 4-year-olds living in the third of households with the lowest household income were twice as likely to have any mental health condition (8.9%) as 2- to 4-year-olds living in households with middle/highest income (4.0%) (NHSD, 2018).
- In England, the rate of any mental health condition was almost four times higher in 2- to 4-year-olds who lived with a parent in receipt of benefits related to low income and disability (10.4%) compared to parents not receiving benefits (2.8%) (NHSD, 2018).

[40] Pg 18, Ibid.
[41] Pp 2-3, Encouraging quality in early childhood education and care, Research Brief, Working conditions matters, Organisation for Economic Co-operation and Development, 2010.
[42] Pg 23, Ibid, Infant and early childhood mental health: the case for action, Royal College of Psychiatrists, CR 238, October 2023.

(b) Adverse childhood experience (ACE), which is defined to include (domestic violence, parental abandonment through separation or divorce, a parent with a mental health condition, being the victim of abuse (physical, sexual and/or emotional), etc.), is common, with more than half of all children aged 2–17 years (1 billion children globally) having experienced emotional, physical, or sexual violence in the previous year. It adds that 23.5% of European individuals have experienced one ACE, and 18.7% (14.7–23.2) have two or more ACEs. In England, 47% of individuals experienced at least one of nine ACEs, with the prevalence of childhood sexual, physical, and verbal abuse was 6.3%, 14.8%, and 18.2% respectively.

03.2 Mental and Challenging Behaviour of Children and Adolescents

The foundation for good mental health is laid in the early years, and society benefits from investing in children and families. Children's early years play a crucial role in their development and well-being. Babies and young children's mental health and well-being are fundamental to their healthy development and ability to grow and thrive. From conception to age five, children's early years shape their physiological and mental well-being and lay the foundation for their mental health later in life.

Healthy transitions – from childhood to adolescence and adolescence to adulthood – are critical for protecting and promoting all young people's mental health and well-being. This is not only because these are the stages of life in which young people develop autonomy, self-control, social interaction and learning but also because the capabilities formed during this period directly influence their mental health and well-being for the rest of their lives and also influence the lives of those who care for and depend on them.[43] Suppose infants and young children feel safe to learn, play and explore to develop responsive relationships with adults and peers. In that case, they are more likely to develop abilities to regulate emotions, learn healthy behaviours and build healthy relationships, and learn and participate in early education and school.

Conversely, ACEs, as discussed earlier, including neglect, trauma, violence, and chronic stress, have a profound impact on children's lives and their future as adults. Inadequate and inequitable educational opportunities and poor educational attainment are both risk factors for the development of psychological disorders and the outcome of serious mental and behavioural health problems in childhood and adolescence.[44] Most common mental disorders, including those with the greatest morbidity, have an onset in childhood or adolescence, with the peak incidence for common disorders occurring during adolescence. While some disorders (e.g., depression) typically develop during adolescence, others (e.g., attention deficit disorder) may have an earlier onset but remain undiagnosed due to developmental context or limitations in screening and assessment. Childhood and adolescence provide critical periods for prevention, early detection, and intervention to promote a child's mental and behavioural health.[45]

Furthermore, the socio-economic conditions in which children and adolescents grow up before entering young adulthood affect their choices and opportunities. When these conditions are poor, the risk that adolescents and young people will enter into a negatively reinforcing cycle of increased vulnerability and poor mental health and well-being increases. For example, adolescents and young people with deprived living conditions or living in unsafe neighbourhoods may have reduced exposure to positive social interactions and increased exposure to crime, substance abuse, disease and injury. In turn, adolescents and young people engaged in substance abuse or criminal behaviour are increasingly likely to face risk factors for poor mental health, such as unemployment, debt and social exclusion.[46]

[43] Pg 6, Shriwise, A., et al., Mental health, social inclusion and young people aged 18–29 in the WHO European Region, Draft for consultation, World Health Organisation, 2023.
[44] Pg 2, A fair start for every child in Europe, Response to the European Commission's Comprehensive Approach to Mental Health, 2023. Accessed on 6th December 2023: file:///C:/Users/Admin/Downloads/First-Years-First-Priority-response-to-EC-Mental-Health-Communication.pdf.
[45] Child and Adolescent Mental and Behavioural Health, American Psychological Association, 2019. Accessed on 6th December 2023: https://www.apa.org/about/policy/child-adolescent-mental-behavioral-health.
[46] Pg 7, Shriwise, A., et al., Mental health, social inclusion and young people aged 18–29 in the WHO European Region, Draft for consultation, World Health Organisation, 2023.

Many young people also transition into parenthood and caregiving roles. As a result, their mental health and socio-economic conditions affect not only their own choices and opportunities but also those of their children, future generations and others who depend on them. For example, when poor mental health leads to poor socio-economic conditions for young people who are parents, children are at greater risk of ACE.[47]

Research shows that, on average, one in every five children and adolescents suffer from developmental, emotional or behavioural problems, and approximately 1one-eooghthave a clinically diagnosed mental disorder.[48] Research on health behaviour in school-aged children in the European region carried out by the World Health Organisation in 2021/2022 resulted in the following key findings:[49]

- Girls reported worse outcomes for mental health and well-being than boys across all outcomes included in the 2021/2022 Health Behaviour in School-aged Children (HBSC) survey.
- An increasing gender difference with age was observed for all the indicators examined.
- More boys than girls reported excellent health at ages 13 and 15 in nearly all countries and regions.
- Life satisfaction and mental well-being were higher among boys than girls across all three age groups in most countries and regions.
- Adolescents from more affluent families reported higher life satisfaction and mental well-being levels across almost all countries and regions.
- Life satisfaction and self-rated health declined between the HBSC surveys in 2017/2018 and 2021/2022. This trend was more pronounced among girls.
- Girls consistently reported higher levels of loneliness than boys, except at age 11, where gender differences were found in six countries.
- Almost twice as many 15-year-olds (13% for boys and 28% for girls) than 11-year-olds (8% for boys and 14% for girls) reported feeling lonely in the last year.
- Girls reported more frequent health complaints than boys across all age groups.
- The prevalence of multiple health complaints increased with age, particularly among girls.
- At age 15, two-thirds of girls reported experiencing multiple health complaints compared with just over a third of boys. This gender gap is the largest since 2013/2014.
- One-third of adolescents (33%) experienced feeling nervous or irritable more than once a week in the last six months. One in four reported sleep difficulties (29%) and/or feeling low (25%). One in five (20%) reported having headaches more than once a week.
- The prevalence of 13- and 15-year-olds feeling low, having headaches and experiencing dizziness was twice as high for girls than for boys in most countries and regions.

03.3 Children and Adolescents in Malta Suffering from Mental Health and Challenging Behaviour

Table 03 presents the number of minors for cases referred to the Foundation for Social Welfare Services (FSWS) where mental health was reported as the primary problem for the case. This Table covers the period January to June 2023. The issues are listed irrelevant of their ranking during referral (because issues can be ranked between 1st and up to 10th issue), or it was identified during the lifetime of the case.

[47] Ibid.
[48] Pg 7, Braddick, F., Carral, V., Jenkins, R., & Jané-Llopis, E., Child and Adolescent Mental Health in Europe: Infrastructures, Policy and Programmes. Luxembourg: European Communities, 2009.
[49] Cosma, A., et al., A focus on adolescent mental health and well-being in Europe, Central Asia and Canada Health Behaviour in School-aged Children international report from the 2021/2022 survey, Volume 1, European Region, World Health Organisation, 2023.

Table 03: Minors Aged 10 and Younger with mental health conditions: January to July 2023[50]

	By Service	Male	Female	Total
Aggressive or violent behaviour	Child Protection Investigation	2	1	3
	Total	**2**	**1**	**3**
Behaviour issues	Home-start Ghawdex	1	1	2
	Home-start Malta	2	0	2
	Total	**3**	**1**	**4**
Behavioural issues & mental health related issues	Bkara Community	1	0	1
	Total	**1**	**0**	**1**
Mental health related issues	Child Protection Investigation	1	2	3
	Home Based Therapeutic Services (HBTS)	8	2	10
	Msida Community	1	0	1
	Psychological Services	0	1	1
	Total	**10**	**5**	**15**
School absenteeism	Child Protection Investigation	1	0	1
	Total	**1**	**0**	**1**
Self-injury behaviours	Child Protection Investigation	1	1	2
	Total	**1**	**1**	**2**
Total		**18**	**8**	**26**

The number of acute admissions for children with mental health conditions aged 11 and under was low. 12 male and 5 female adolescents aged between 12 and 17 years, constituting 0.674 of the share of the Maltese population (total population by age at the end of 2018 as denominators), underwent involuntary observation for acute mental health conditions in 2021..

Table 04: Children and Adolescents till the Age of 17 Requiring Involuntary Observation for Acute Admission Concerns[51]

Age	Total	%	Male	%	Female	%	M : F
0-11 years	2	0.4%	1	0.3%	1	0.7%	
12-17 years	17	3.6%	12	3.7%	5	3.3%	
	Total / 1000		**Males / 1000**		**Females / 1000**		
	0.674 (17/25210)		0.924 (12/12984)		0.409 (5/12226)		2.3 : 1

The **Table** below presents the mental health behaviour of school-aged children as identified in the health behaviour in school-aged children (HBSC) survey carried out in 2021/2022.[52] On all indicators, Malta is consistent with international trends, where girls fare worse than boy. Additionally, concerning both girls and boys, the indicators show that the prevalence of the condition or experience accentuates as

[50] Ad hoc report generated by the Foundation for Social Welfare Services, 27th December 2023.
[51] Pg 45, Mental health wellbeing – challenges and opportunities, Office of the Commissioner for Mental Health, March 2022.
[52] The World Health Organisation data published in the Health Behaviour in School-aged Children report in November 2023 is referenced as against the EHIS 2019/2020: Health Status Report of the Malta Directorate for Health and Information Research. This is because whilst the former presents data specifically related to teenagers on determinants that may reflect mental health, the latter provides data for such determinants for a broader age cohort: 15 to 24 years.

they journey from Level 7 to Level 9 of the secondary cycle of education. For example, concerning girls, mental well-being falls from 61.9 to 43.9 over this age journey – a significant decrease of 18 p.p. The decrease in well-being for boys also falls sharply but not to the extent experienced by girls – 12.6 p.p.

Table 05: Indicators of Mental Health Issues for Children between the Age of 11 and 15[53]

	Girls - %			Boys - %		
	11 years old	**13 years old**	**15 years old**	**11 years old**	**13 years old**	**15 years old**
Prevalence of feeling lonely most of the time or always in the past year by country, age and gender	16	27	30	11	13	19
Mean Life satisfaction	7.6	6.4	6.1	8.0	7.6	7.0
Mental well-being score	61.9	51.9	43.9	70.6	64.8	58.0
Feeling low more than once a week	28	46	53	15	18	27
Feeling nervous more than once a week	43	55	61	26	26	32
Experiencing difficulties getting to sleep more than once a week	32	38	40	20	21	24
Irritable more than once a week	29	44	53	18	23	30

Similarly concerning feeling low more than once a week, this feeling increases in girls by 25 p.p. between the age of 11 and 15; whilst concerning boys, this feeling also increases, though again, not so sharply – by 12 p.p.

03.4 Mental Health Strategy for Malta

In 2019 the Ministry for Health published the '**Mental Health Strategy 2020-2030: Building Resilience Transforming Services**'. The Strategy states that research shows that social determinants are the major factors leading to mental disorders. The most important among these include upbringing in dysfunctional and abusive families, overall income inequality, living in poverty, living in a society with generally higher inequality, and poor education.[54] Additionally, the Strategy underlines that relationships with teachers, peers, parents and friends, academic engagement, positive beliefs and expectations, healthy family dynamics and effective parenting are particularly influential in developing prosocial behaviour.

Furthermore, the school environment contributes to the mental well-being of the child. Poor relationships between teachers and pupils are one of the predictors of childhood psychiatric disorders and low academic achievement. Schools, however, play an important role in identifying and supporting children who are going through a difficult time, particularly children who may be supporting adult relatives with mental illness.[55]

[53] Cosma, A., et al., A focus on adolescent mental health and well-being in Europe, central Asia and Canada Health Behaviour in School-aged Children international report from the 2021/2022 survey, Volume 1, European Region, World Health Organisation, 2023.
[54] Pg 28, Mental Health Strategy 2020-2030: Building Resilience Transforming Services, Ministry for Health, 2019.
[55] Pg 30, Ibid.

The Strategy underlines that half of all mental disorders start before the age of 14 years. The data presented in this Strategy relates to teenagers, from 11 to 15 years old, and not the population age group under discussion.[56]

The Strategy presents the following actions:[57]

- Providing age-appropriate information about mental health and improving access to sources of support for children and adolescents.

- Promoting discussion of mental health and well-being issues during Personal Social, Career, and Development (PSCD) classes in primary and secondary schools to highlight mental health awareness and reduce associated stigma.

- Expanding training and skills for educators and other professionals supporting children within schools who are well positioned to recognise behavioural changes and refer children for further support.

- Offering universal and targeted mental health promotion programmes in schools to students and their parents, including early identification of emotional problems and addictions, including substance use, digital screen use and gaming, as well as identification and action on bullying, including cyber-bullying and recognition and referral of intentional self-harm.

- Developing a robust system of follow-up for children identified as potentially at risk for mental health problems, for example., ADHD, social communication difficulties and conduct disorders such that these children do not slip out of the system during adolescence.

- Encouraging more use of non-formal education activities with the involvement of mental health professionals and counsellors.

- Reviewing services for children and adolescents to reduce fragmentation and duplication.

- Designing and providing a new community medium-term residential facility for children and adolescents with challenging behaviour.

- Introducing measurement of performance indicators relating to mental health for children.

04. Related Measures presented in the Children's Policy Framework: 2024-2030

The Ministry for Social Policy and Children's Rights recently issued the '**Children's Policy Framework: 2024-2030 – Investing in Our Children for a Better Tomorrow**'. The Framework establishes a priority axis: (a) improving child wellbeing, (b) supporting families with children, (c) providing a better environment for children, and (d) strengthening child participation.

The Framework underlines that the inadequate socio-economic background of a family strongly influences a child's outcomes, significantly increasing the risk of poverty and social exclusion in adulthood and for future generations – discussed further below.[58] The Framework also emphasises that childhood and adolescence constitute critical years for mental health and mental development since, during this time, children acquire cognitive and socio-emotional skills that shape their future mental health.[59]
The Framework presents several measures concerning child development in their early years in terms of preparing them and equipping them with the necessary skills, knowledge, competencies, and abilities needed to carry out practical tasks that help them cope better as they grow up and move into adulthood with life challenges and situations. These include:

[56] Ibid.
[57] Ibid.
[58] Pg 27, Children's Policy Framework: 2024-2030 – Investing in Our Children for a Better Tomorrow, Ministry for Social Policy and Children's Rights, 2023.
[59] Pg 28, Ibid.

- Measure 1.1.1: Initiate a study to identify the key life skills critical for children's well-being and development. The study should propose ways in which children can acquire these skills and how these can be incorporated into the education system.

- Measure 1.1.2: Continue to develop and implement curricula in the education system (and to support initiatives in out-of-school settings) to teach children knowledge and skills relating to effective communication, collaborative working independent/critical thinking, creativity, problem-solving and analytical skills, as well as sexual education.

- Measure 1.2.20: Organise awareness-raising campaigns on children's mental health.

- Measure 1.2.21: Strengthen the home therapy service offered to children and young people while relocating the Psychiatric Care Unit for children and adolescents from St Luke's Hospital to a more suitable location.

- Measure 1.2.22: Strengthen the presence of psychologists and youth workers in schools to help and support those children who are going through a period of anxiety, stress, excessive anger or mental health challenges.

- Measure 1.2.23: Design programmes together with schools and a team of multidisciplinary professionals aimed at addressing the challenges faced by children. The schools receiving the largest number of students from a difficult environment will receive larger funds and the necessary resources to carry out this program.

- Measure 1.2.24: Strengthen further the community's resource-free child mental health services.