

Foundation for Social Welfare Services



Summary Report

March 2026



Report period: January to December 2025

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Foundation for Social Welfare Services, Malta
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Citation: Foundation for Social Welfare Services. (2026). Foundation for Social Welfare Services Summary Report: January to December 2025. Malta: Foundation for Social Welfare Services.

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Introduction

This report provides a summary of the yearly statistical information with an overview for the Foundation for Social Welfare Services (FSWS).

The data contained in this report is based on information submitted by the services to the FSWS Research Team in mid-January 2026. Where applicable, the report provides data on an individual service user level (i.e., number of individuals) as well as on multiple service users attending multiple times level (i.e., number of cases). The data includes, but is not limited to, the number of: cases worked with, individuals worked with, referrals, new and re-contact cases, and cases closed. Data regarding cases worked with and opened cases is also stratified by key socio-demographic variables.

All the information provided in this report gives an indication of service users attending the various services and some information about service performance. For this report, the term 'service users' refers to persons using the service from intake or referral until case closure. Data carried over from previous years were analysed based on the constitution of the agencies or directorates in December 2025 for the purpose of current comparability. Therefore, totals reported here may differ from those reported in past reports. Service descriptions along with definitions regarding key terms used within this report (e.g., cases worked with) can be found in the appendix. For further information regarding the aims and activities of the services, please refer to the website: fsws.gov.mt.

It is important to note that the same individuals may stop and start attending a given service multiple times in the reporting period and/or may be attending one or more services concurrently within the reporting period (i.e., have multiple cases recorded). To demonstrate the difference, consider Person A, who started and stopped attending a service twice in the same year, making it equivalent to 2 cases, but 1 individual worked with. Summing the number of individuals worked with across services will over-estimate the actual number of different persons since individuals can attend several units at the same time.

Over time, there can be changes in what, how and when data is collected (e.g., with the introduction of the new data collection system). Relevant information about aspects which may have impacted the data and influence trends can be found as footnotes throughout the report.

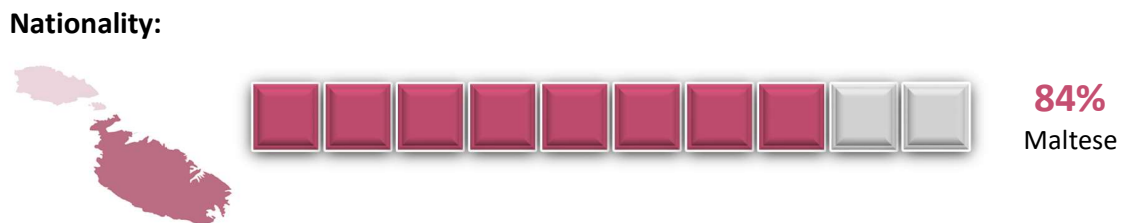
This report would not have been possible without the kind assistance of each worker who provided and keyed the data.

The data contained in this report is subject to revision and modification, as and when the relevant information becomes available.

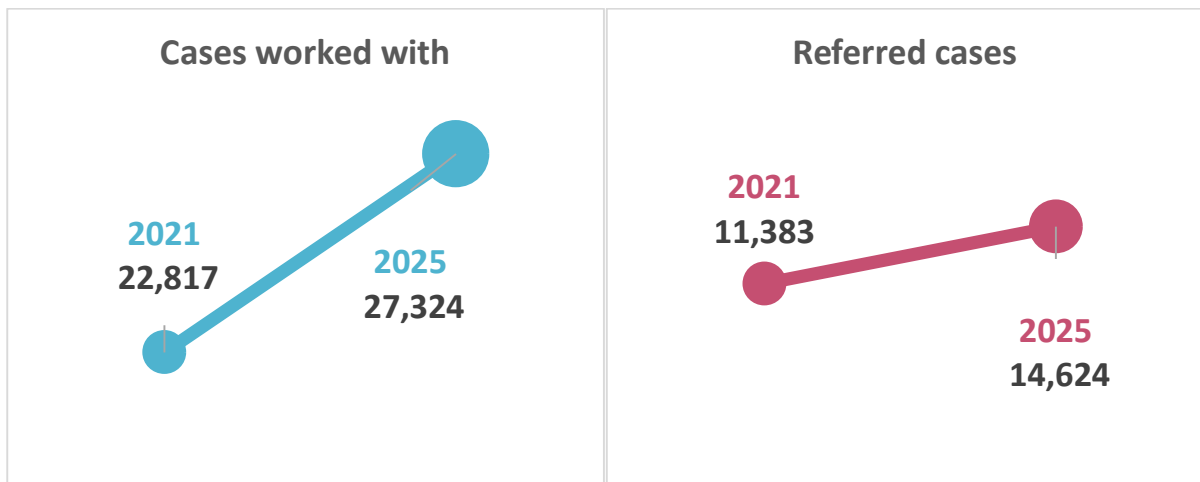
Executive summary

Cases worked with Jan-Dec 2025: **27,324**

Out of the 27,324 cases worked with between Jan-Dec 2025:

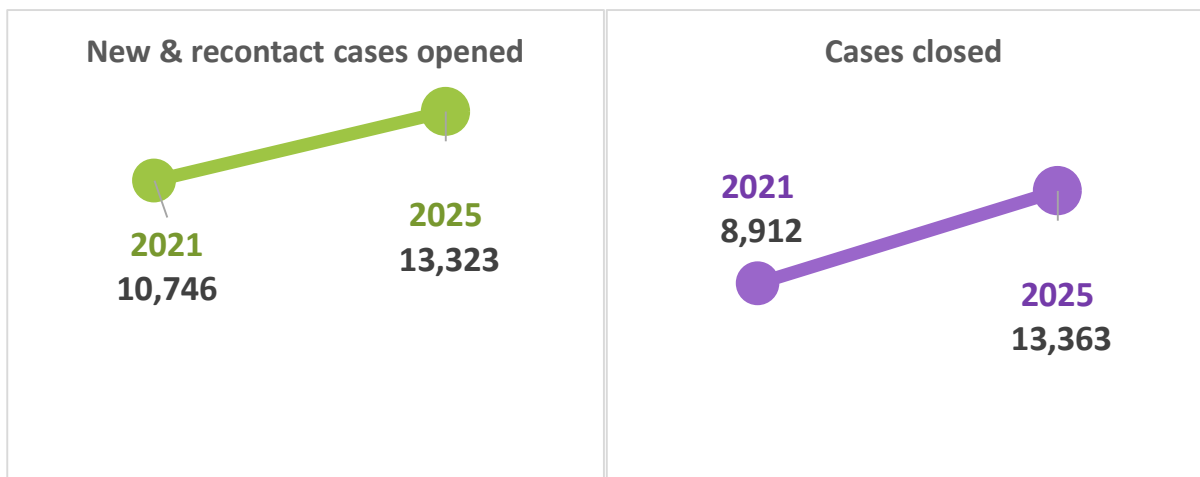


5-year comparison of case activity between 2021 and 2025:



20% increase

28% increase



24% increase

50% increase

Note: data on the number of cases in 2021 and 2025 is presented to display changes over a complete five-year period.

Main Highlights of Jan-Dec 2025

1

Caseload has grown substantially over five years

The Foundation for Social Welfare Services (FSWS) worked with 27,324 cases in 2025, a 20% increase from 22,817 in 2021. Over the same period, cases referred increased by 28%, new & recontact cases opened increased by 24% and cases closed increased by 50%.

2

Female and older service users predominate

In 2025, 52% of cases worked with were female service users and 27% involved those aged 60 or over. The proportion of new & recontact cases opened involving those aged 80 or over has grown, from 15% of cases in 2021 to 20% of cases in 2025. However, an older population is somewhat expected since the FSWS provides several services within the health/mental health sector (e.g. St. Vincent de Paul Social Work Services), where persons 60 or over often attend.

3

Loneliness is the top reason for calling Supportline 179

In 2025, 31% of all genuine calls to Supportline 179 cited loneliness as their primary issue – the top ranked concern for the fifth consecutive year. Mental health issues ranked second at 14%, while calls concerning homelessness increased to 8% (up from 4% in 2021).

4

Domestic violence referrals have risen sharply

The Domestic Violence Service had a 73% increase in referrals, increasing from 1,099 referrals in 2021 to 1,903 referrals in 2025. Emotional abuse was indicated in 94% and physical abuse in 57% of the 1,903 referrals received in 2025.

5

Financial difficulties are the leading reason for community-based services referrals

In 2025, 19% of all referrals to community-based services identified financial difficulties as the primary reason for seeking help – the top concern for the fifth consecutive year. Lack of support or guidance (12%) and housing problems (10%) were the next most common concerns.

6

Gozo has the highest per-capita rate of new cases of any district

In 2025, Gozo District recorded 31 new & recontact cases per 1,000 population – the highest rate of all districts. This is somewhat expected since there is the FSWS Gozo Branch, an entire Directorate within Gozo. The Southern Harbour District had the second-highest rate at 26 per 1,000 while the Western District had the lowest at 15 per 1,000.

7

Alcohol remains the primary substance reported in Addiction Community Services, but cannabis and gambling are rising

Alcohol was cited as the primary substance within 30% of new & recontact cases opened in the Addiction Community Services in 2025. However, cannabis increase from 5% in 2021 to 7% in 2025 and gambling nearly tripled from 2% in 2021 to 6% in 2025

Foundation for Social Welfare Services.

Case activity.

Total number of cases and individuals worked with at FSWS by year.

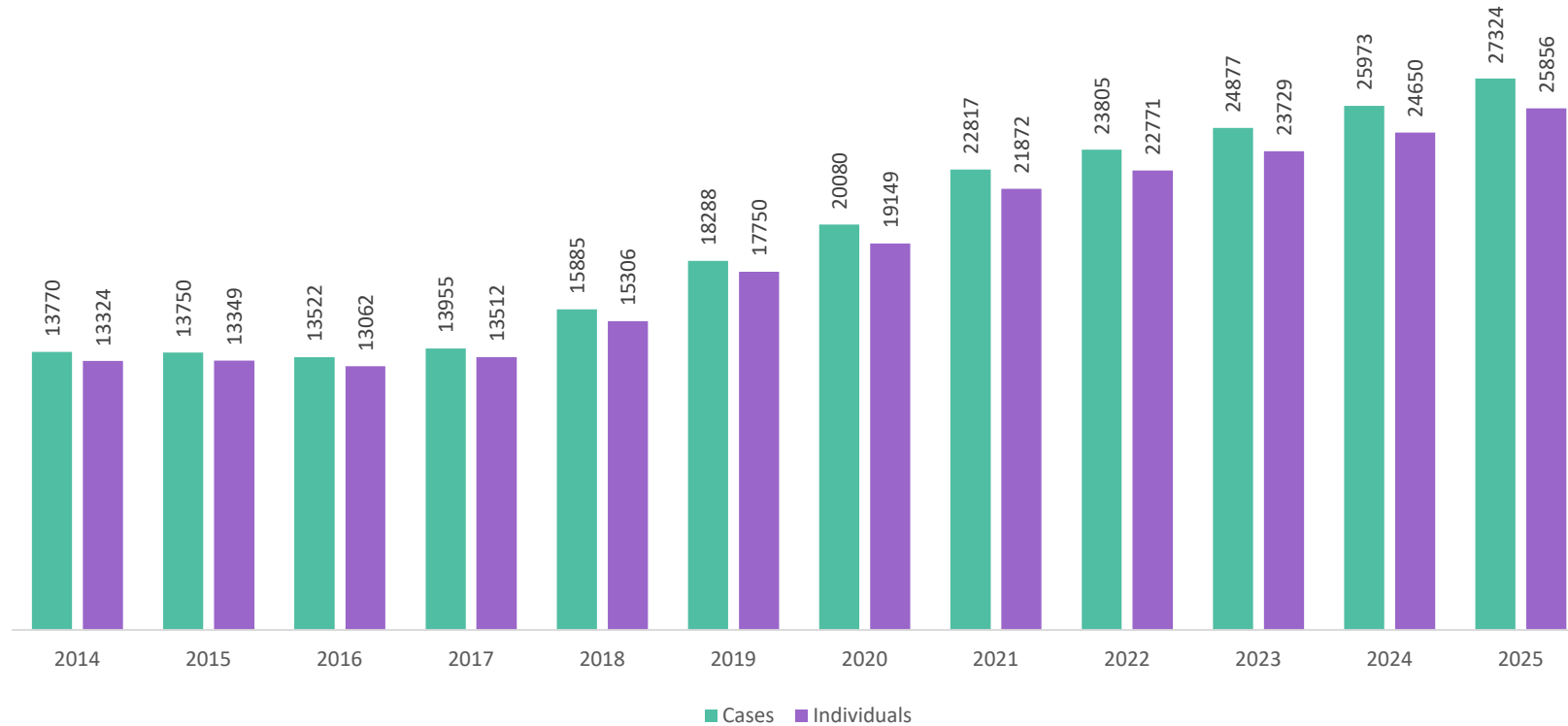
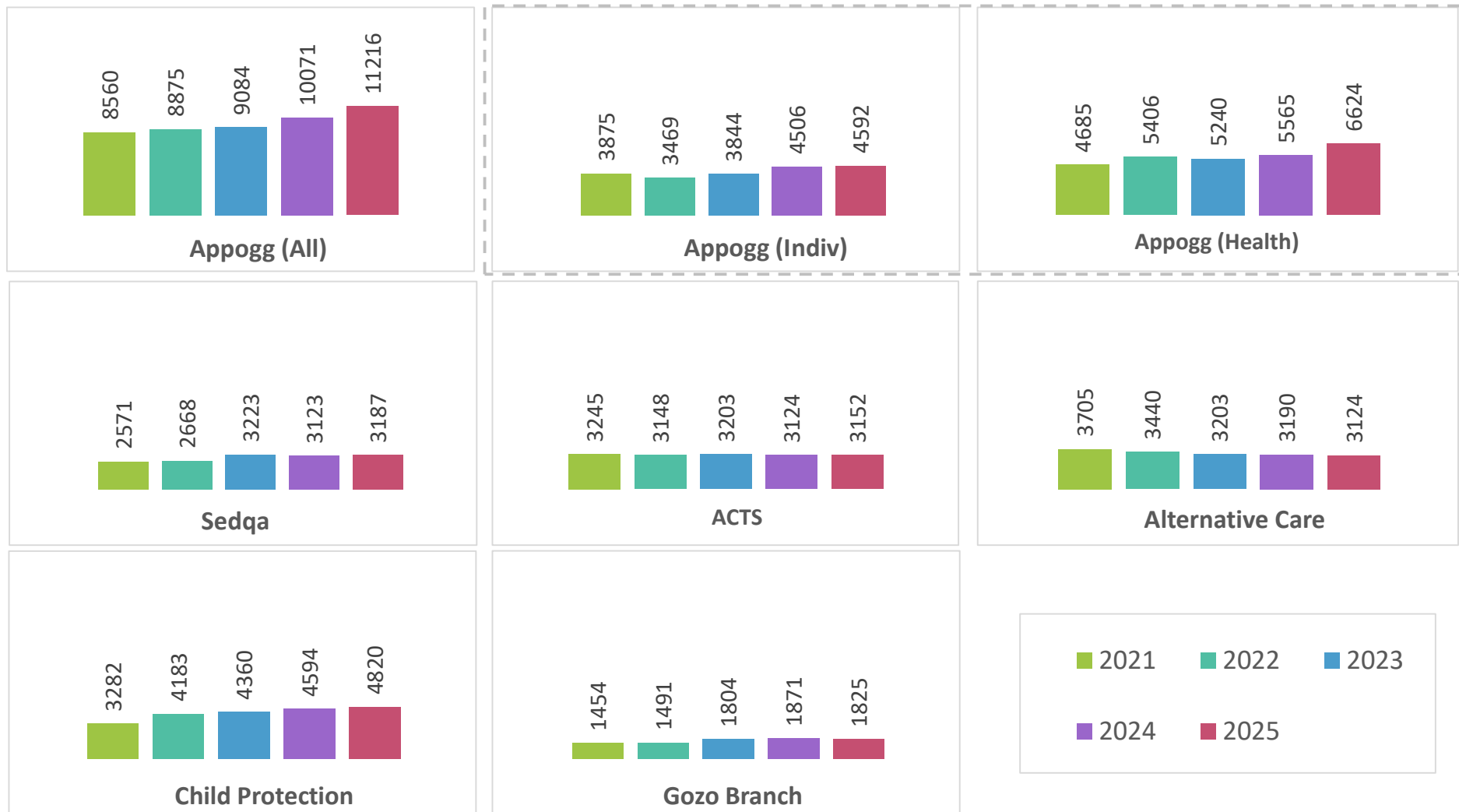


Figure 1: The figure above provides the number of cases worked with and the number of individuals worked with. To demonstrate the difference, consider Person A, who started and stopped attending a service twice in the same year, making it equivalent to 2 cases, but 1 individual worked with. Summing the number of individuals worked with across services will over-estimate the actual number of different persons since individuals can attend several units at the same time. Therefore, the number of individuals across multiple units can only provide an approximation of the number of individuals overall and the figures provided are therefore higher than the real figures. In 2025, 27,324 cases and 25,856 individuals were worked with compared to 25,973 cases and 24,650 respectively in 2024.

Number of cases worked with at FSWS by agency/directorate and year.



Graph Key: ACTS = Agency for Community & Therapeutic Services; DAC = Directorate for Alternative Care; Appogg (Indiv) = Individuals or family-related Appogg services; Appogg (Health) = Health-related Appogg services

Figure 2: The number of cases worked with between January 2020 and December 2025, broken down by agency/directorate and year, is shown in the figure above. The agency that handles the most cases annually is Appogg, with 11,216 (41%) cases worked with in 2025. Further information on activity within the agency/directorate and their respective services can be found in the agency/directorate level statistical reports (<https://fsws.gov.mt/en/Pages/Statistical-Reports.aspx>).

Details regarding cases worked with at FSWS.

A total of **27,324** cases were worked with between January and December 2025.

FSWS: Cases worked with between January and December 2025 by gender (no. & %).

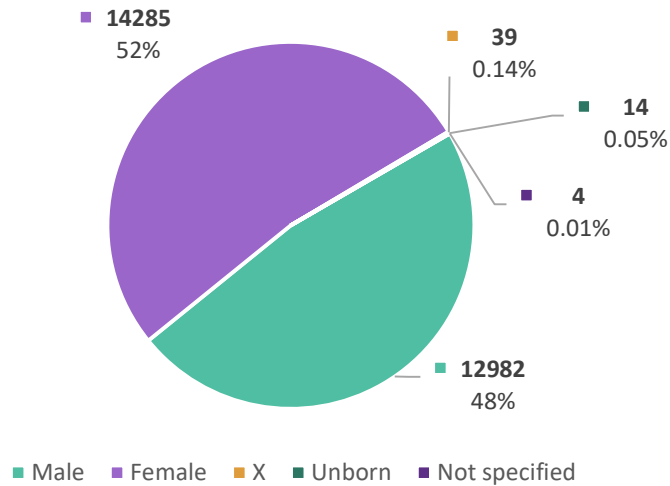


Figure 3: The figure above classifies the gender of the service user. Gender is collected at referral or first contact, but it can be updated throughout the lifetime of the case as required. The gender is collected either through formal documentation and/or the pronouns the person utilised when referring to themselves. In 2025, female service users (53%) made up the bulk of the cases worked with, followed by male service users (47%).

FSWS: Cases worked with between January and December 2025 by age category (no. & %).

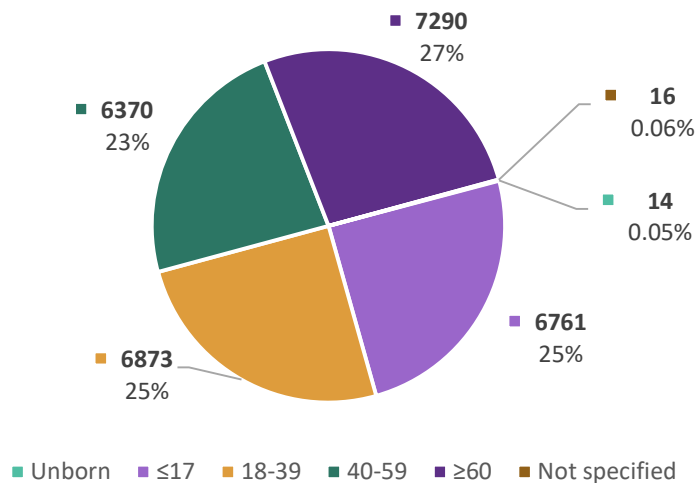


Figure 4: The figure above classifies the age of the service user in the reporting year based on the specified date of birth. In 2025, the highest percentage of cases worked with were ages 60 or over (27%).

FSWS: Cases worked with between January and December 2025 by nationality (no. & %).

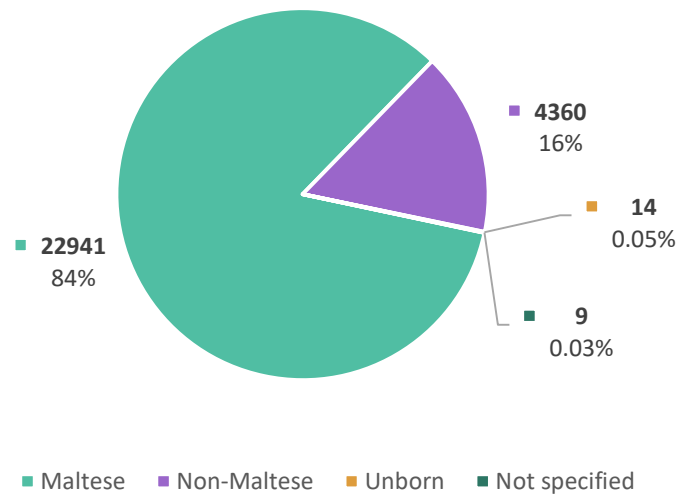
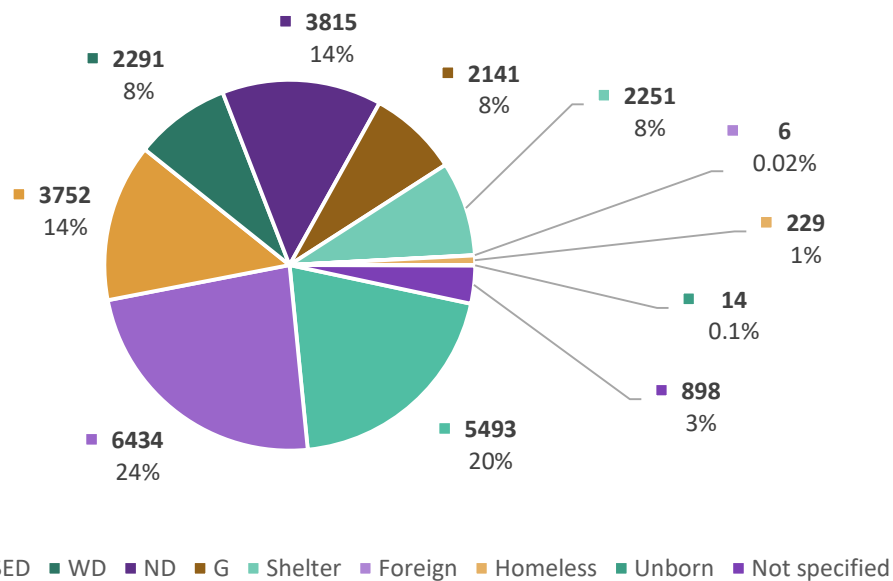


Figure 5: The figure above classifies the nationality as reported by the service user within the reporting year or based on an identity card/document. In 2025, 84% of the cases worked with were Maltese while non-Maltese made up 16% of cases.

FSWS: Cases worked with between January and December 2025 by district of residence (no. & %).



Graph Key: SHD = Southern Harbour District; NHD = Northern Harbour District; SED = Southeastern District; WD = Western District; ND = Northern District; G = Gozo District; Shelter = shelter/institution; Foreign = Foreign residence.

Figure 6: The figure above classifies the district of residence as reported by the service user within the reporting year. Some service users reside within “shelter/institution” (e.g., residential homes, centre of residential restorative services, or shelters). Some service users are in Malta temporarily and so normally have a foreign residence whilst others are homeless and do not have a fixed residence. Shelter/institution, foreign residence and homeless are reported as separate categories to avoid biasing the data on district. The Northern Harbour District (24%) had the highest percentage of cases worked with in 2025.

Number of new, re-contact, known and intake cases worked with at FSWS by year.

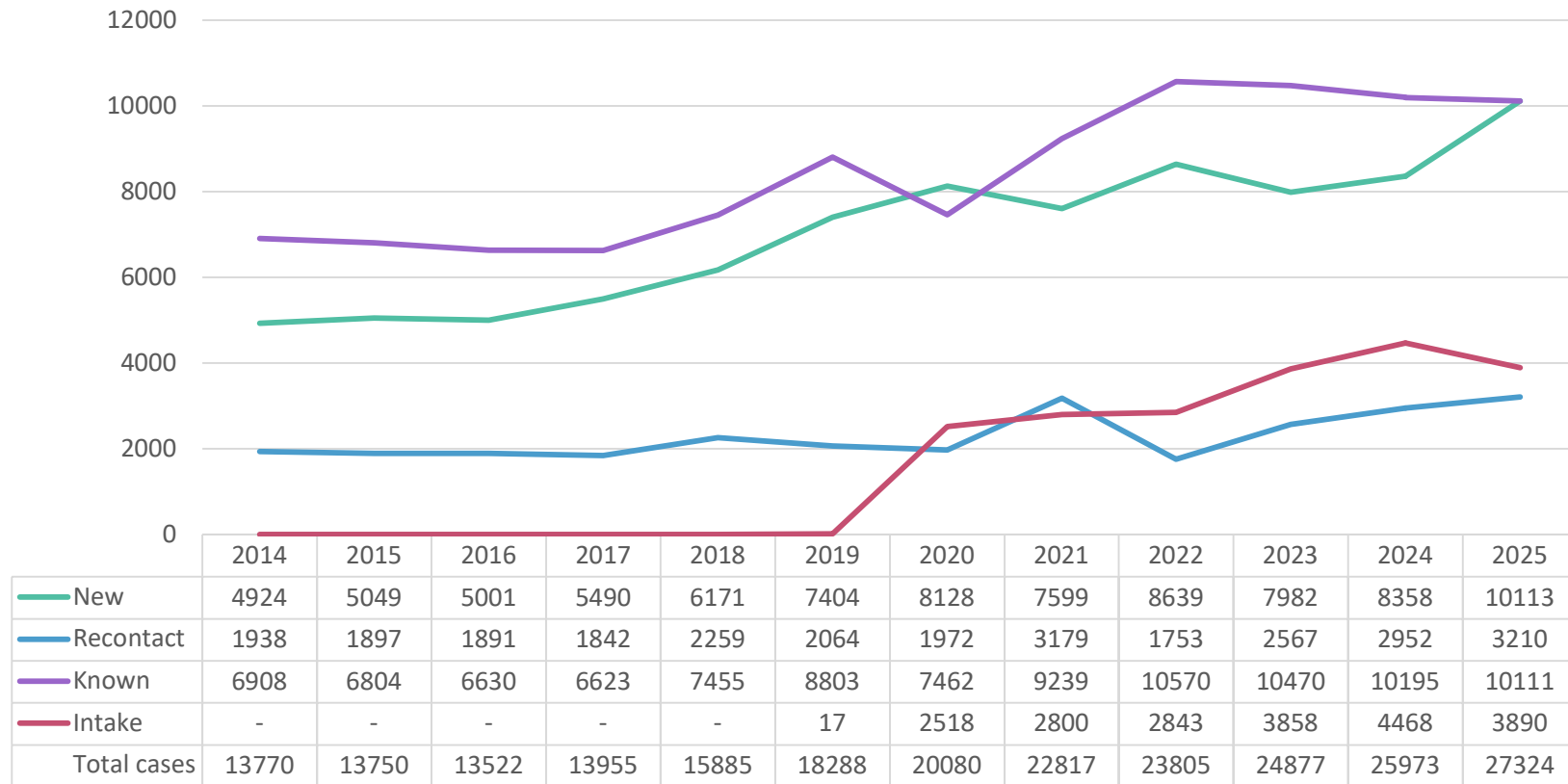


Figure 7: The cases worked with each year can be a new case, recontact case, known case and an intake case (a case starting and ending the year on intake). The number of new cases on an FSWS level is a sum of the new cases reported by each service. Further definitions can be found in the glossary. For the above graph, intake began to be reported again in 2019 due to the implementation of an online data collection system. In 2025 there were 10,113 new cases and 3,210 recontact cases opened, 10,111 known cases worked with and 3,890 cases still on intake at end of December 2025.

Number of cases worked with in Jan-Dec 2025 by FSWS agency/directorate and case state at the end of the reporting period.

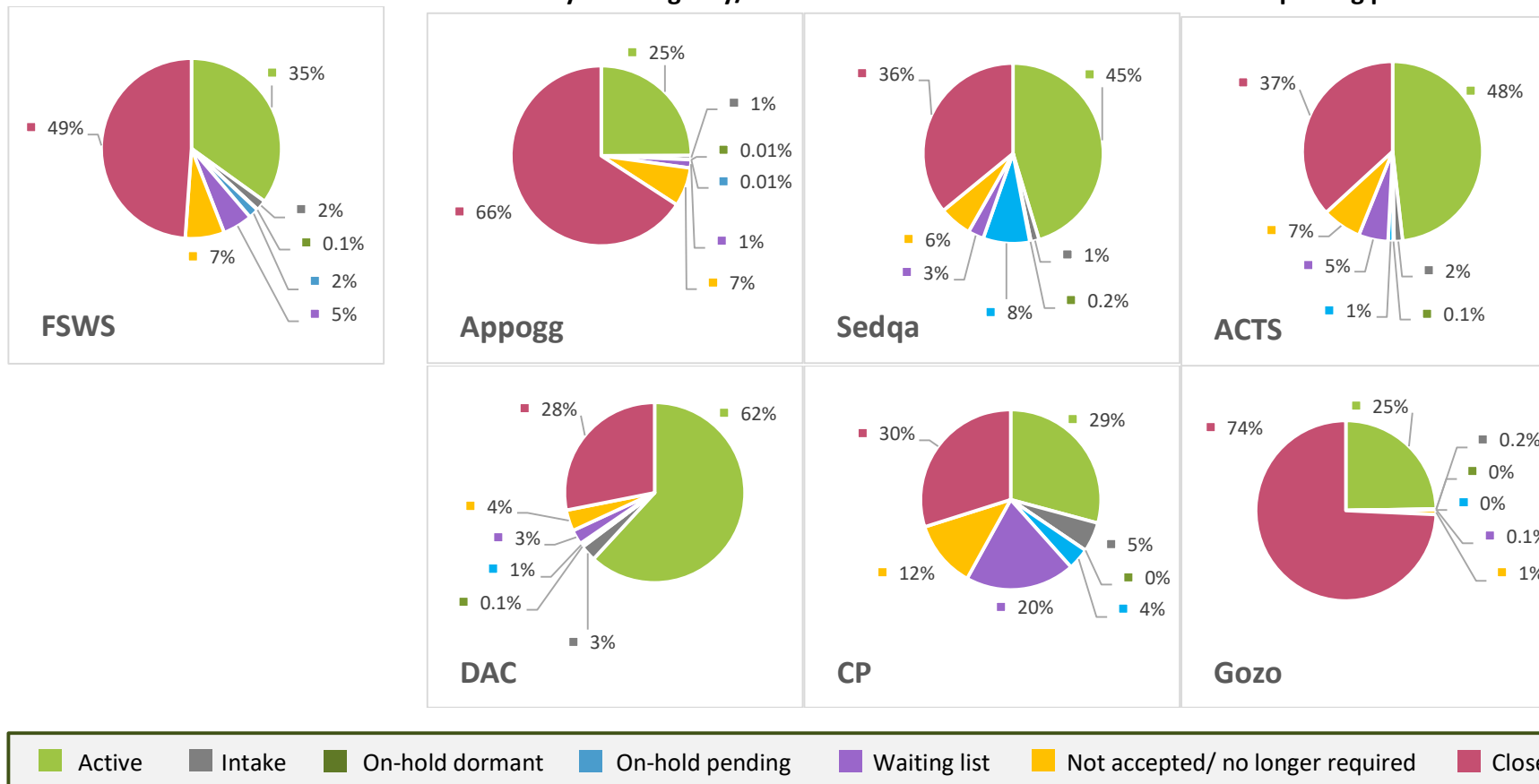


Figure Key: FSWS = Foundation for Social Welfare Services, ACTS= Agency for Community and Therapeutic Services; DAC = Directorate for Alternative Care; CP = Child Protection Directorate; Gozo = Gozo Branch Directorate.

Figure 8: Cases will be handled throughout the year by placing them on intake, adding them to the waiting list, opening them, or closing them (definitions can be found in the glossary). The case state at the end of the reporting year is shown in the figure above as a percentage of cases worked with in the year. On an FSWS level, 35% of the 27,324 cases worked with in 2025 were still active by the end of the year, while 49% had been closed and 7% no longer required service. A further 2% were at the intake stage and 5% on the waiting list at end of December 2025. The waiting list provides the number of service users who have been assessed and determined to be at low risk, do not have any immediate needs, and/or are awaiting the next available appointment/programme. Such cases are still monitored and provided services but at a lower intensity than an active case. Further information on activity within the agency/directorate and their respective services can be found in the agency/directorate level statistical reports (<https://fsws.gov.mt/en/Pages/Statistical-Reports.aspx>).

Number of referrals, new & recontact cases opened, and cases closed at FSWS by year.

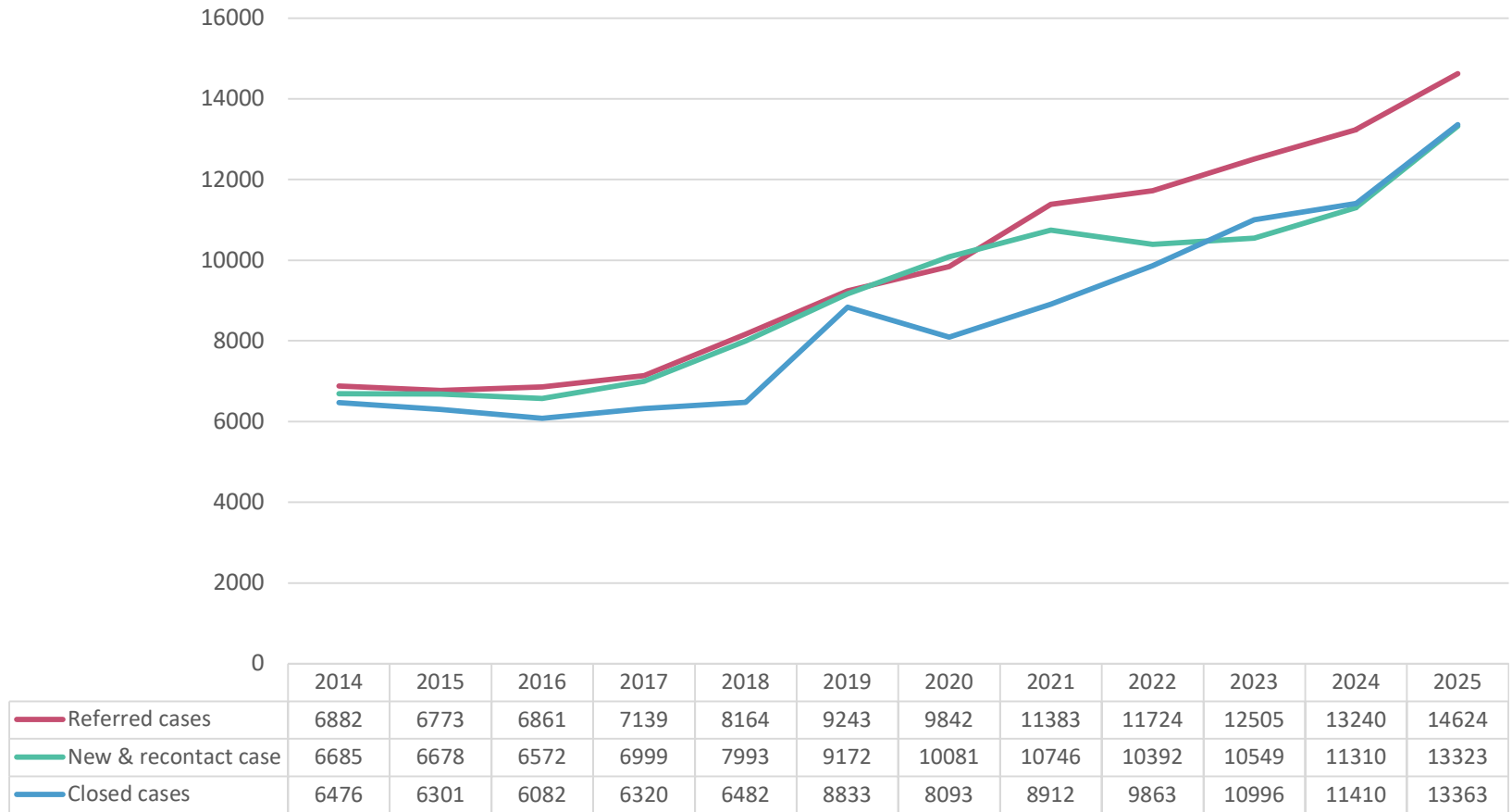


Figure 9: Cases may be referred, opened, or closed throughout the year (definitions can be found in the glossary). Opened cases include both new and recontact cases (see figure 7 for breakdown of new & recontact cases). In 2025, there were 14,624 cases referred, 13,323 new & recontact cases opened, and 13,363 cases closed.

Number of referrals, new and recontact cases opened, and cases closed at FSWS by agency/directorate and year.

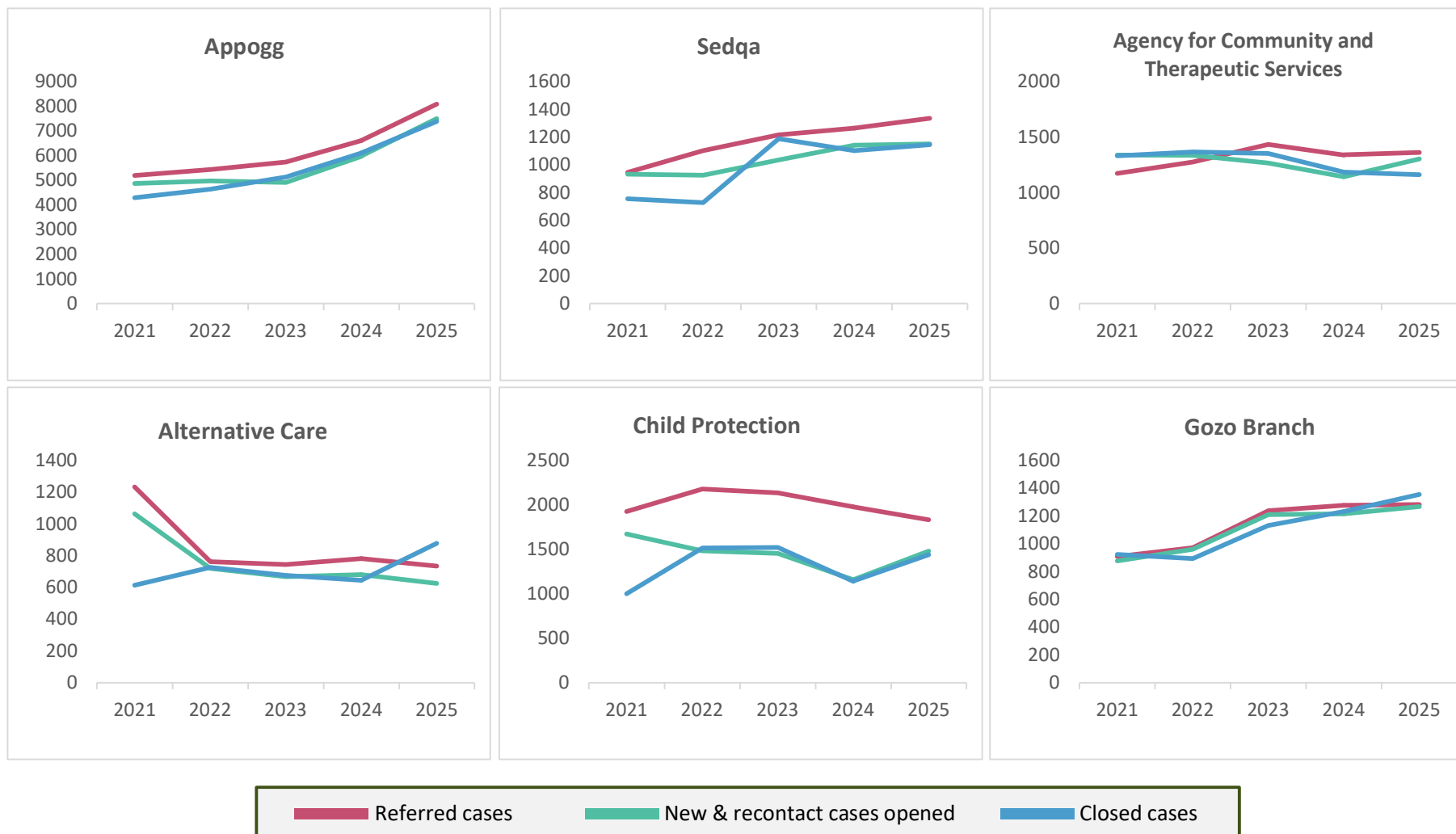


Figure 10: The number of cases referred, new and recontact cases opened, and cases closed broken down by agency/directorate are shown in the above figure (definitions can be found in the glossary). Further information on activity within the agency/directorate and their respective services can be found in the agency/directorate level statistical reports (<https://fsws.gov.mt/en/Pages/Statistical-Reports.aspx>). For example, in 2025, Appogg had 8,080 cases referred, 7,496 new & recontact cases opened, and 7,383 cases closed.

Number of referrals, new & recontact cases opened, and cases closed at FSWS by service and year.

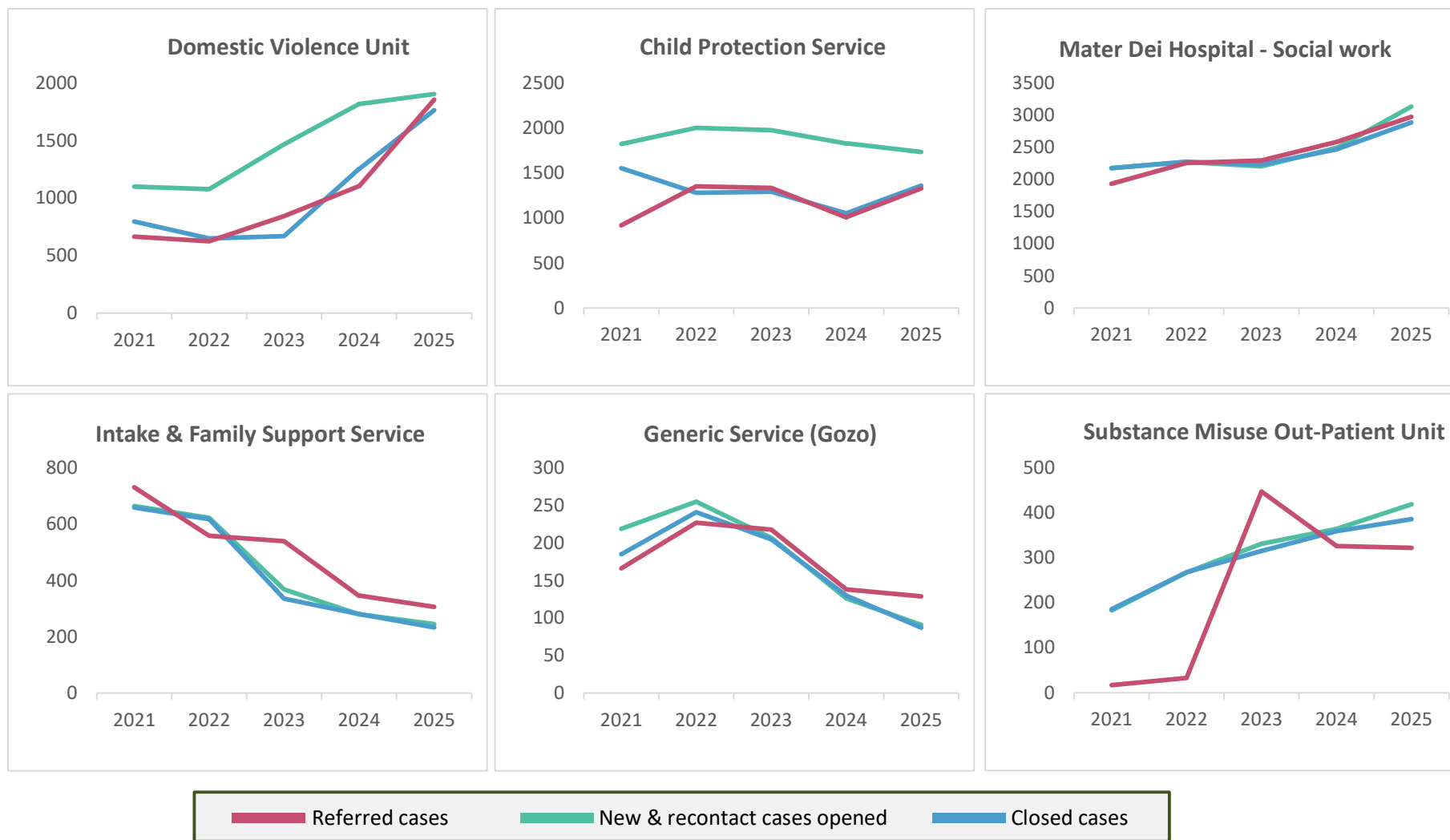


Figure 11: The number of cases referred, new & recontacts cases opened, and cases closed for some key FSWS services are shown in the figure above (definitions can be found in the glossary). Further information on activity within the agency/directorate and their respective services can be found in the agency/directorate level statistical reports (<https://fsws.gov.mt/en/Pages/Statistical-Reports.aspx>). For example, in 2025, Domestic Violence Unit received 1,903 cases referred, 1,763 new & recontact cases opened, and 1,855 cases closed.

FSWS: Percentage of cases worked with between January and December 2025 by top 10 primary problems indicated at referral.



Figure 12: Within some services, service users may mention one or more issues during a referral, and they will designate which one is of the highest importance (primary issue). A list of typical issues is available in the online data collection system for workers to record the issues raised during referral and they also rank the issues. Other specialised services would not designate a primary issue as the service itself caters for a specific issue e.g., Child Protection Service investigated issues of child abuse. Any issue that is not on the list is noted as ‘other’ and ‘none specified’ is reported if no issue is acknowledged or named. The first ten primary issues with the highest proportion of cases in 2025 are depicted in the figure above (ranked one through 10). The remaining proportion is made up of ‘other’ and ‘none specified’, as well as those primary issues that were ranked eleventh or higher (grouped together for the figure above). As of 2025, further services (e.g. health related services), began indicating primary problems.

The graph above reflects the four largest services within the FSWS, the health-related social work services, Child Protection Services, domestic violence, and Sedqa addiction related services, and health related services. In 2025, 17% of all cases worked with in this period reported child abuse issues as their primary problem.

FSWS: Percentage of cases worked with between January and December 2025 by top 5 primary problems indicated at referral by Agency/directorate.

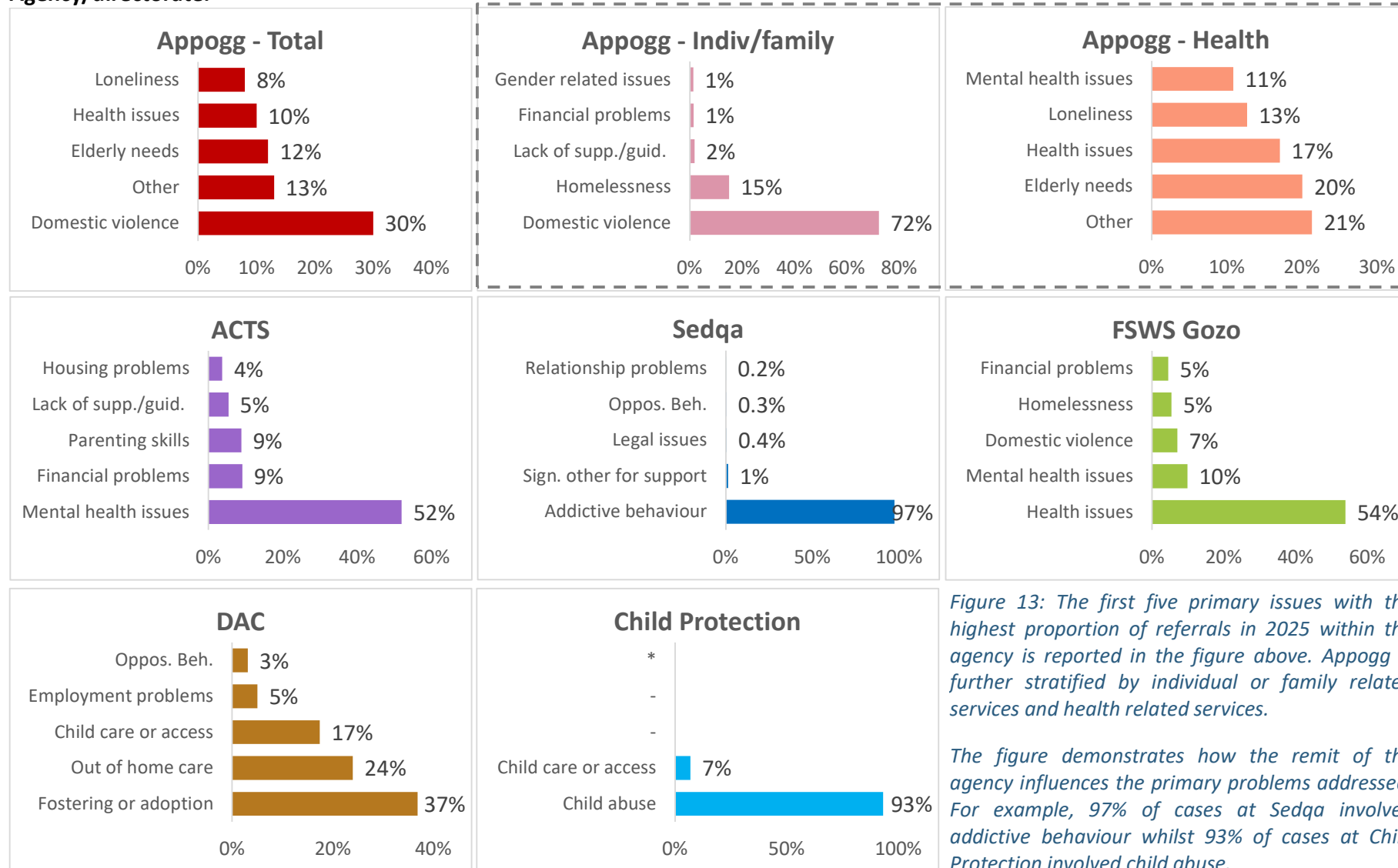


Figure 13: The first five primary issues with the highest proportion of referrals in 2025 within the agency is reported in the figure above. Appogg is further stratified by individual or family related services and health related services.

The figure demonstrates how the remit of the agency influences the primary problems addressed. For example, 97% of cases at Sedqa involved addictive behaviour whilst 93% of cases at Child Protection involved child abuse.

Graph Key: ACTS = Agency for Community & Therapeutic Services; DAC = Directorate for Alternative Care; Appogg (Indiv) = Individuals or family-related Appogg services; Appogg (Health) = Health-related Appogg services; Oppos. Beh. = Oppositional behaviour; Lack of supp./guid. = Lack of support or guidance; Sign. Other for support = Significant Other for support.

Details regarding new and recontact cases opened at FSWS.

For comparing yearly trends, instead of using cases worked with, which would include any cases carried over from one year to the next, we use the number of new & recontact cases opened because it excludes the carried over cases and gives us an indication of incidence data.

A total of **13,323** new & recontact cases were opened between January and December 2025.

FSWS: Percentage of new & re-contact cases opened by gender and year.

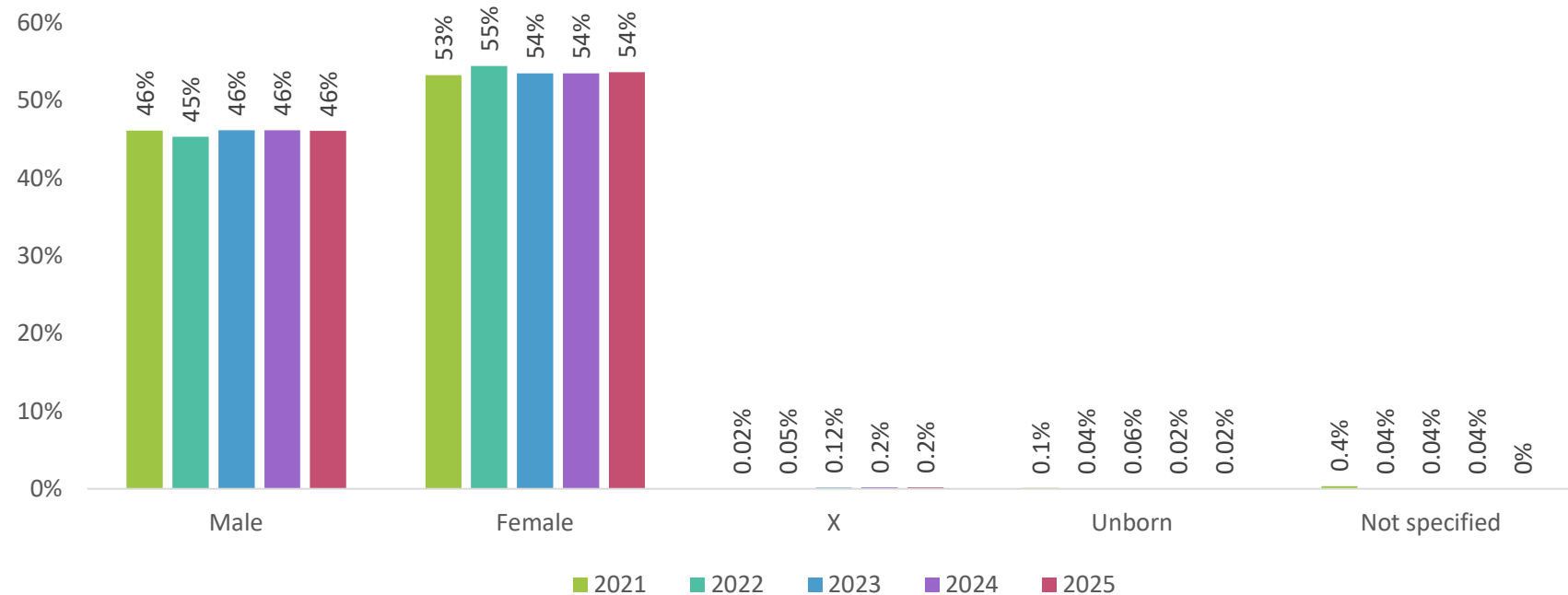
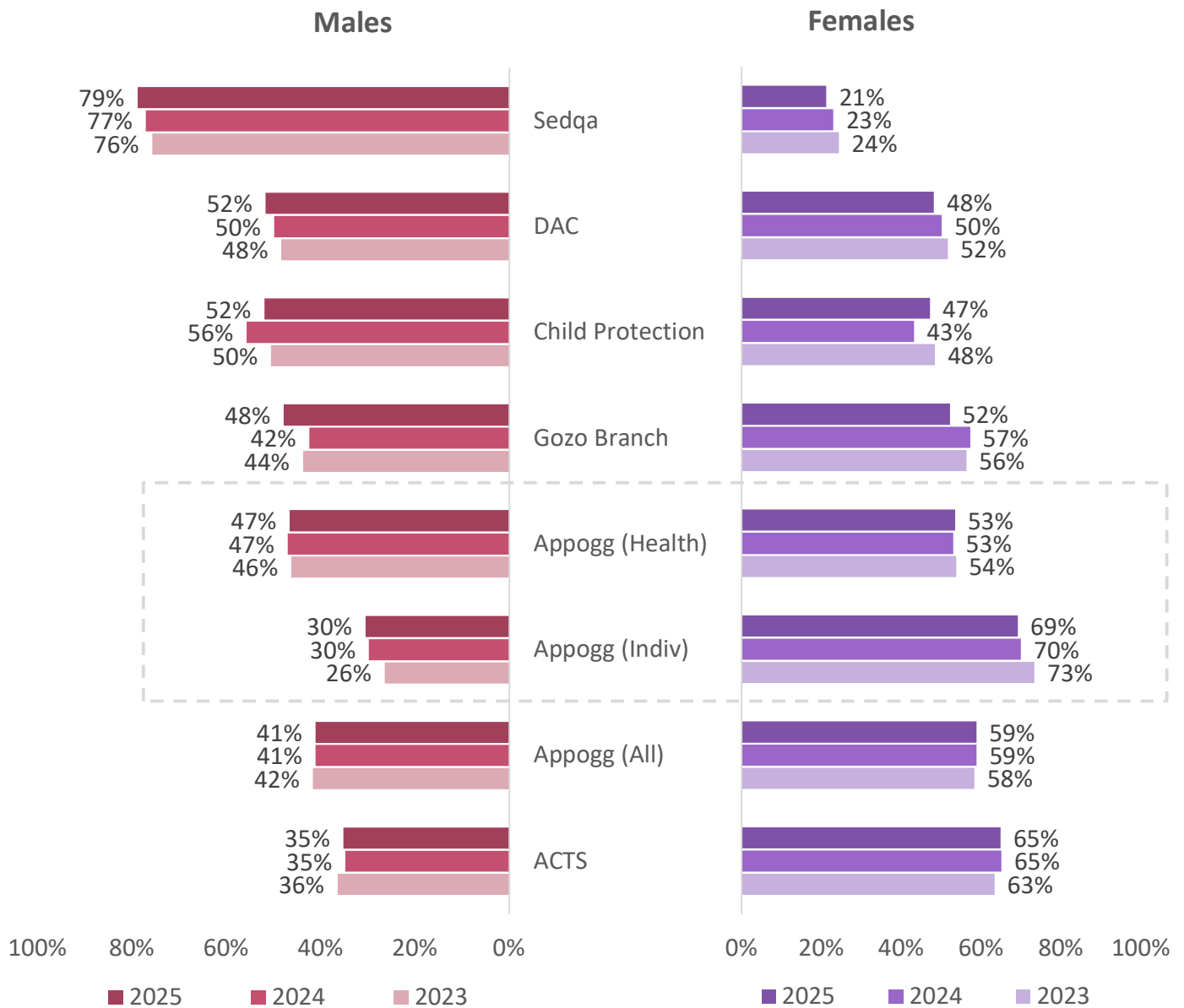


Figure 14: The figure above classifies the gender of the service user whose case was opened in the reported period. Gender is collected at referral or first contact, but it can be updated throughout the lifetime of the case as required. The gender is collected either through formal documentation and/or the pronouns the person utilised when referring to themselves. In 2025, the highest percentage of cases opened were female (54%).

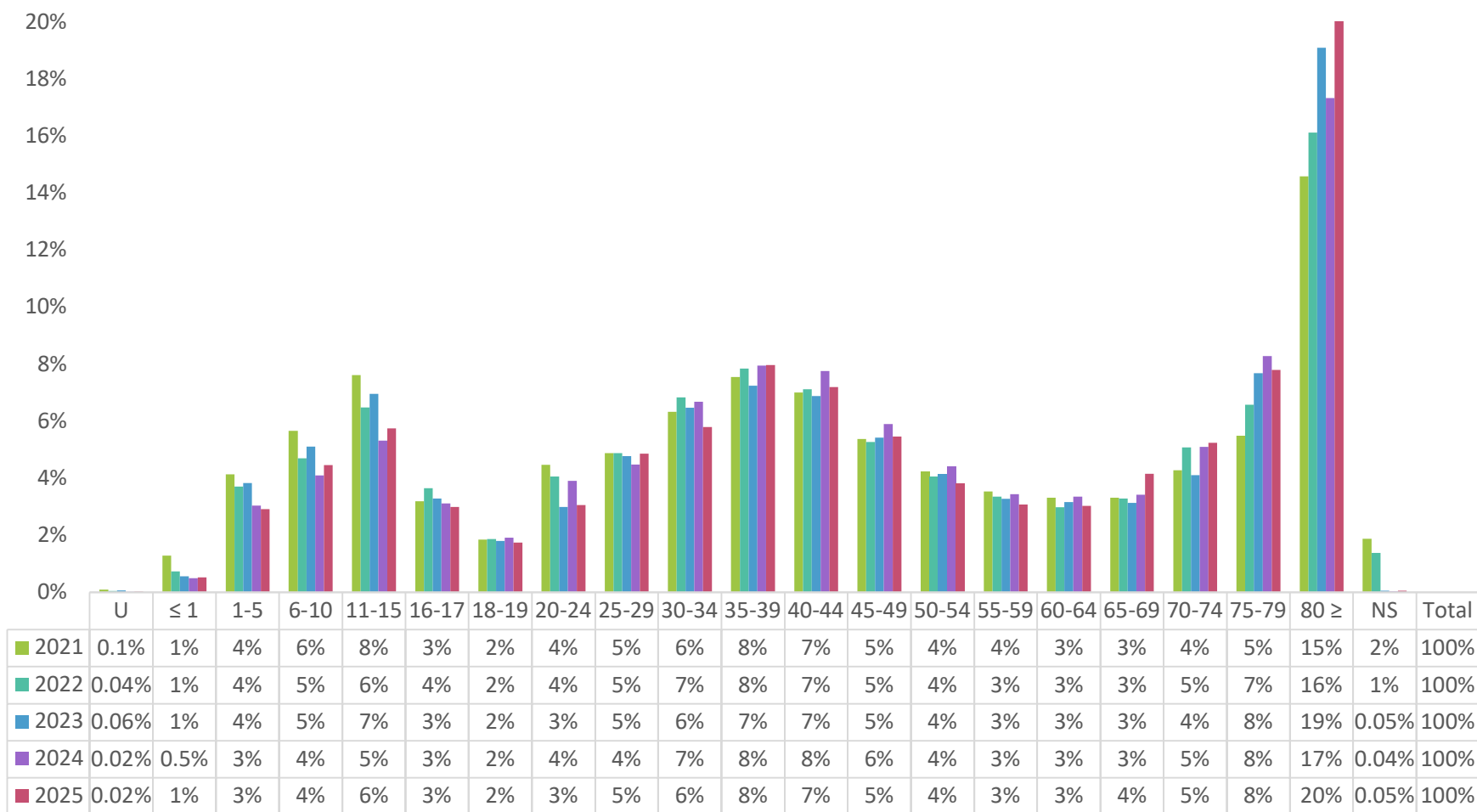
FSWS: Percentage of new & re-contact cases opened by gender, year, and agency/directorate.



Graph Key: ACTS = Agency for Community & Therapeutic Services; DAC = Directorate for Alternative Care; Appogg (Indiv) = Individuals or family-related Appogg services; Appogg (Health) = Health-related Appogg services.

Figure 15: The figure above stratifies the data by agency or directorate to highlight disparities between them. For some of the cases in the figure above, the total male + female may not tally 100% because the remaining percentage would be 'X', 'unborn' or 'not specified' cases not represented in the figure above. Most agencies or directorates in 2025 continued to have a higher percentage of females with the largest exception being Sedqa, where 79% of new & recontact cases opened in 2025 were male.

FSWS: Percentage of new & re-contact cases opened by age category and year.



Graph Key: U = Unborn; NS = Not Specified; T = Total.

Figure 16: The figure above classifies the age of the service user in the reporting year based on the specified date of birth. Only data for new & re-contact cases opened in the reported period are provided. Service users who are 80 years or older continue to be the largest age group, accounting for 20% of new & recontact cases opened in 2025. The large percentage of 80 years or older service users is possibly because the largest service within the FSWS is providing social work within the health sector.

FSWS: Percentage of new & re-contact cases opened by nationality and year.

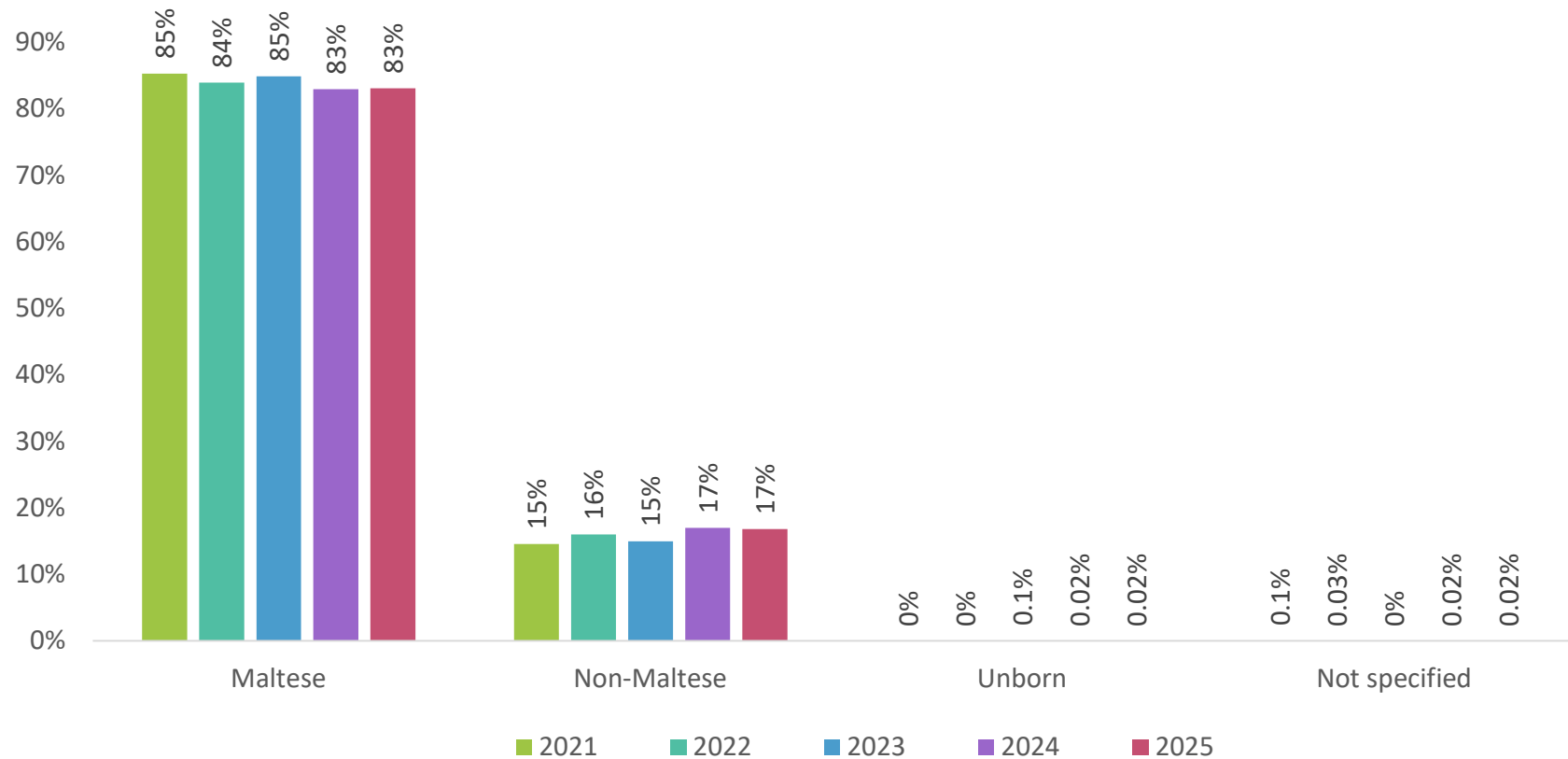
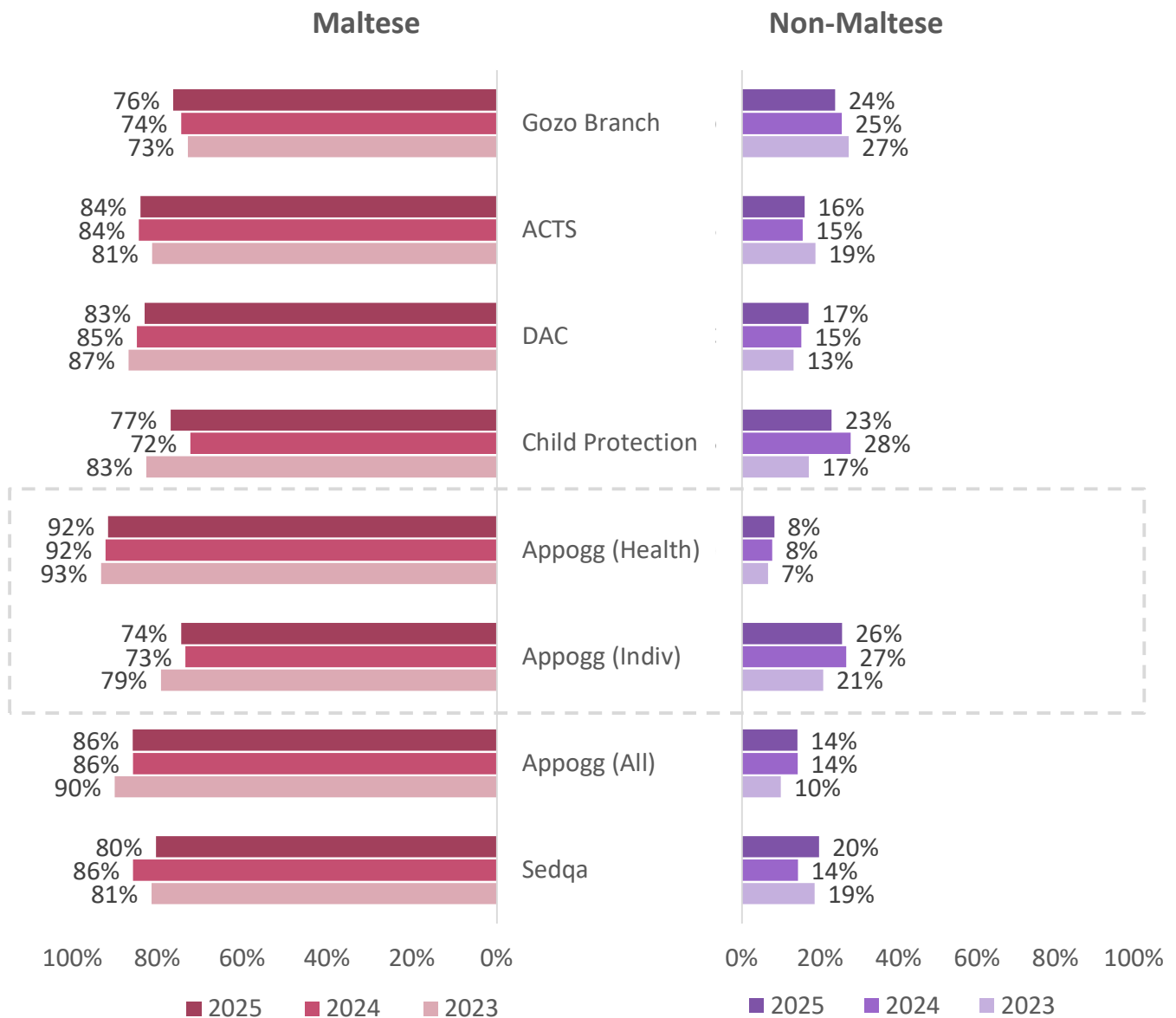


Figure 17: The figure above classifies the nationality as reported by the service user within the reporting year or based on an identity card/document. Only data for new & re-contact cases opened in the reported period are provided. In 2025, 83% of cases opened were Maltese while 17% of cases were non-Maltese.

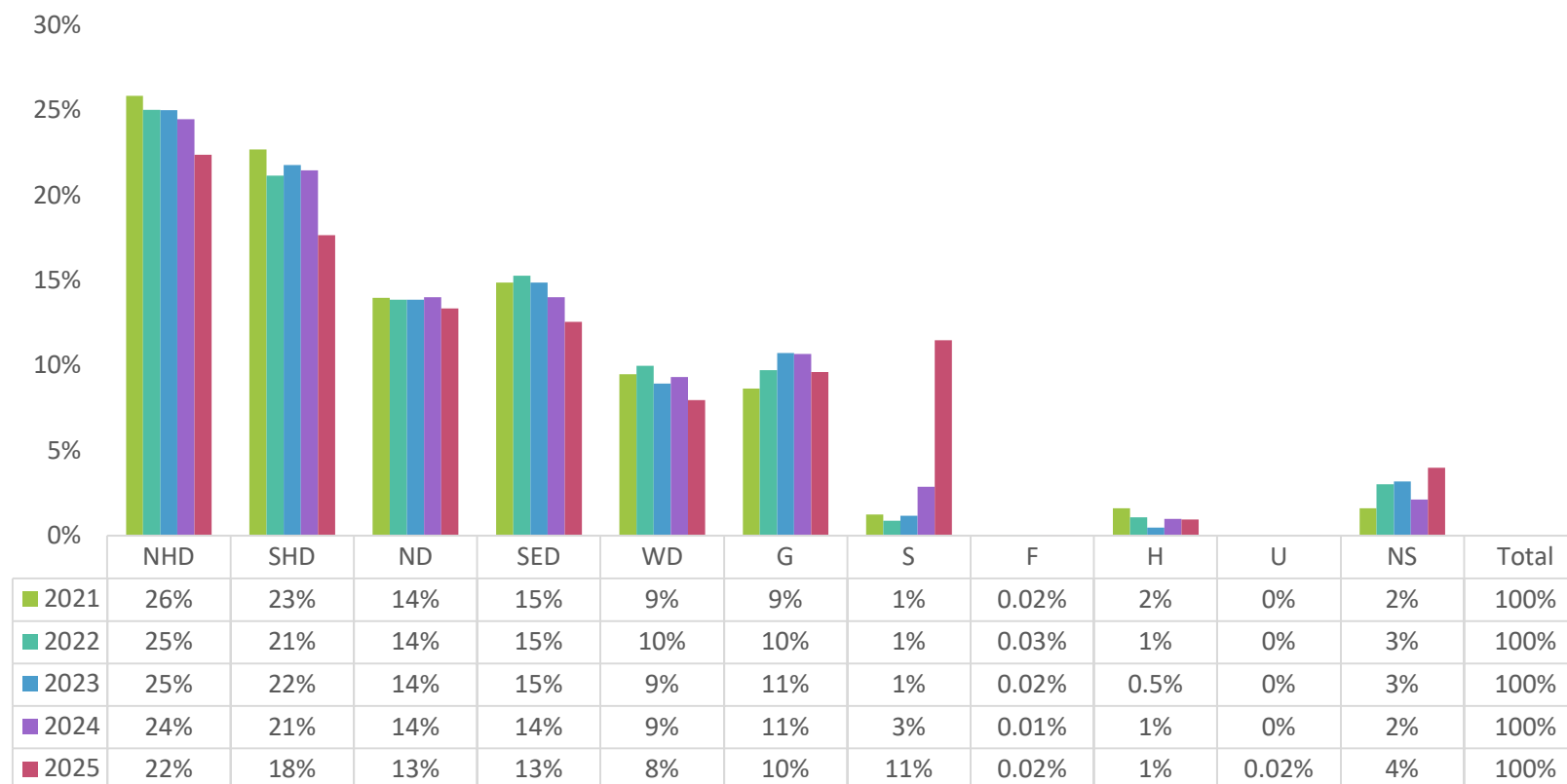
FSWS: Percentage of new & recontact cases opened by nationality, year, and agency/directorate.



Graph Key: ACTS = Agency for Community & Therapeutic Services; DAC = Directorate for Alternative Care. ; Appogg (Indiv) = Individuals or family-related Appogg services; Appogg (Health) = Health-related Appogg services.

Figure 18: The figure above stratifies the data by agency or directorate to highlight disparities between them. For some of the cases in the figure above, the total Maltese + non-Maltese may not tally 100% because the remaining percentage would be 'not specified' or unborn cases not represented in the figure above. All the agencies and directorates continued to have a higher percentage of new and recontact cases opened in 2025 being Maltese (ranging between 74% and 92%).

FSWS: Percentage of new & recontact cases opened by district of residence and year.



Graph Key: NHD = Northern Harbour District; SHD = Southern Harbour District; ND = Northern District; SED = Southern Eastern District; WD = Western District; G = Gozo; S = Shelter/Institution; H = Homeless; F = Foreign Residence; U = Unborn; NS = Not Specified; T = Total.

Figure 19: The figure above classifies the district of residence as reported by the service user within the reporting year. Some service users reside within “shelter/institution” (e.g., residential homes, centre of residential restorative services, or shelters). Some service users are in Malta temporarily and so normally have a foreign residence whilst others are homeless and do not have a fixed residence. Shelter/institution, foreign residence and homeless are reported as separate categories to avoid biasing the data on district. Only data for new & re-contact cases opened in the reported period are provided. The highest percentage of new & recontact cases opened in 2025 continued to be within the Northern Harbour (22%) and Southern Harbour District (18%). There was a sharp increase in cases living in shelter/institution in 2025 because cases worked with within St. Vincent de Paul were now registered as living within the shelter/residence rather than providing their previous home locality prior to entering the residence.

FSWS: Rate of new & recontact cases opened Jan-Dec 2025 per 1,000 population by district of residence.

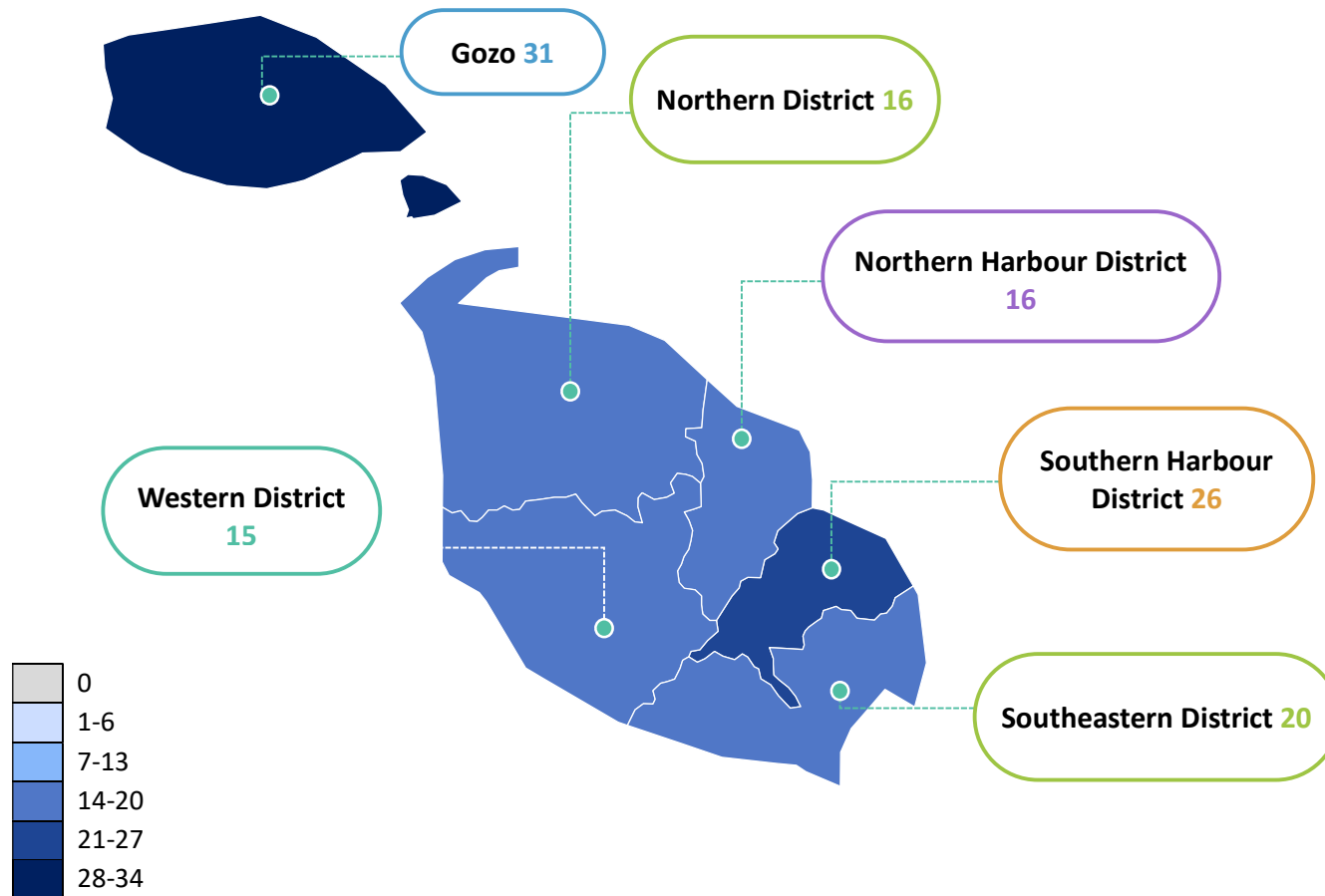


Figure 20: The figure above is a choropleth map with the rate of cases per 1,000 persons for new and recontact opened in 2025 by district of residence. The ‘shelter/institution’, foreign residences, homeless people, and cases not otherwise indicated (not specified) are not shown in the figure. The rate is calculated using the population per district reported in the NSO StatDB (2024) and the rate is calculated as follows: the number of cases/NSO population*1,000. In 2025, the highest rate of new and recontact cases opened were from Gozo District with 31 cases per 1,000 population.

Info: NSO StatDB 2024 = <https://statdb.nso.gov.mt/>

Key primary issues.

Supportline 179 (SPL 179).

Supportline 179	2021	2022	2023	2024	2025
No. of Genuine Calls	13565	12515	11508	11068	10311

SPL 179: Percentage of genuine calls received in the year by top 6 primary issues reported in Jan-Dec 2025

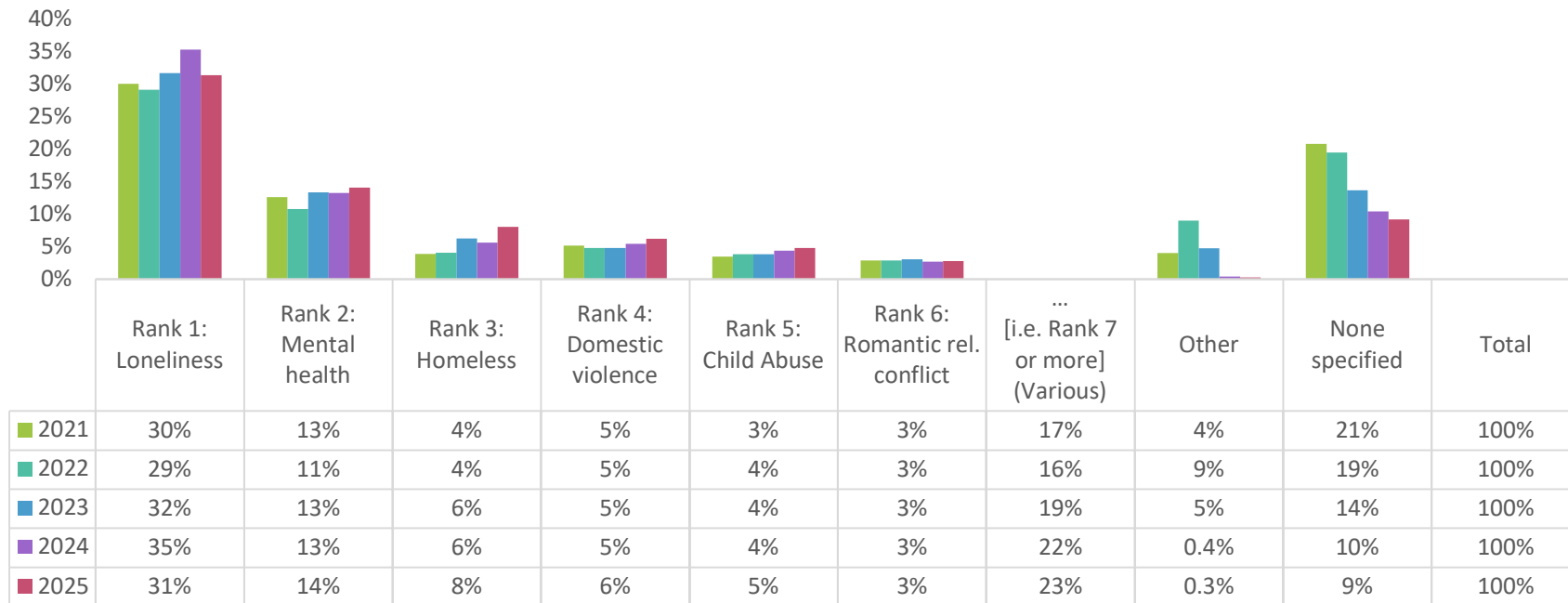


Figure 21: Callers may mention one or more issues during a call, and they will designate which one is of the highest importance (primary issue). A list of typical issues is available in the online data collection system for workers to record the issues raised during the call and they also rank the issues. Any issue that the caller reported but that is not on the list is noted as ‘other’ and ‘none specified’ is reported if no issue is acknowledged or named. The first six primary issues with the highest percentage of genuine calls in Jan-Dec 2025 are depicted in the figure above (ranked one through six). The remaining percentage is made up of ‘other’ and ‘none specified’, as well as those primary issues that were ranked seventh or higher (grouped together for the figure above). In 2025, 31% of all genuine calls cited loneliness as their primary problem.

Child Protection Service

Child Protection Service	2021	2022	2023	2024	2025
No. of referrals	1822	2000	1974	1828	1732

Child Protection Service: percentage of referrals by type of alleged abuse and year of referral

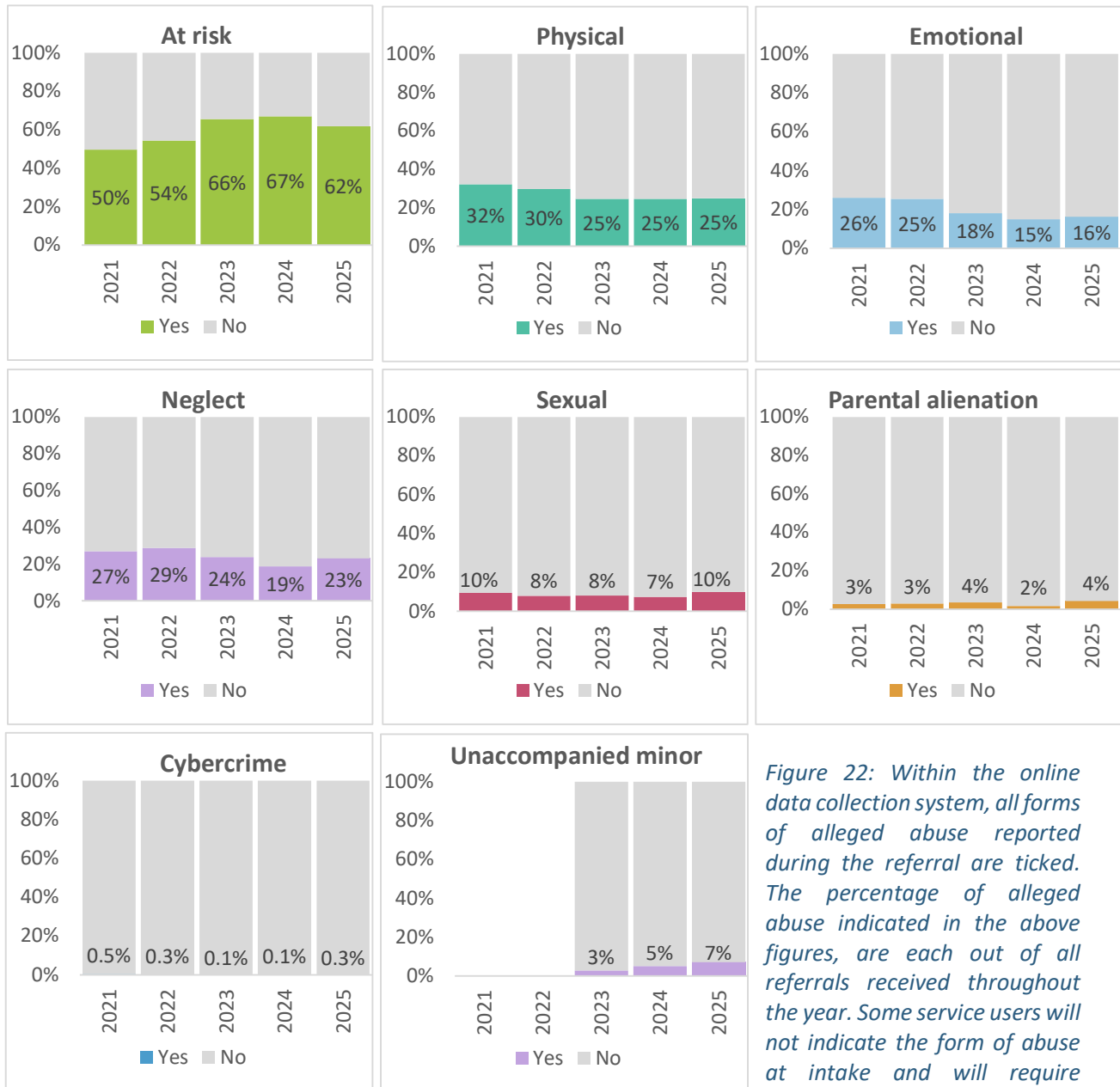


Figure 22: Within the online data collection system, all forms of alleged abuse reported during the referral are ticked. The percentage of alleged abuse indicated in the above figures, are each out of all referrals received throughout the year. Some service users will not indicate the form of abuse at intake and will require further assessment in order to

determine the nature of abuse, if present. The data cannot be summed across the various forms of abuse because service users may report more than one type during referral. For example, out of 1732 referrals in 2025, 62% reported being at risk and out of 1732 referrals in 2025, 25% reported physical abuse.

Domestic Violence Service.

Domestic Violence Service	2021	2022	2023	2024	2025
No. of referrals	1099	1077	1468	1816	1903

Domestic Violence Service: percentage of referrals by type of alleged abuse and year of referral

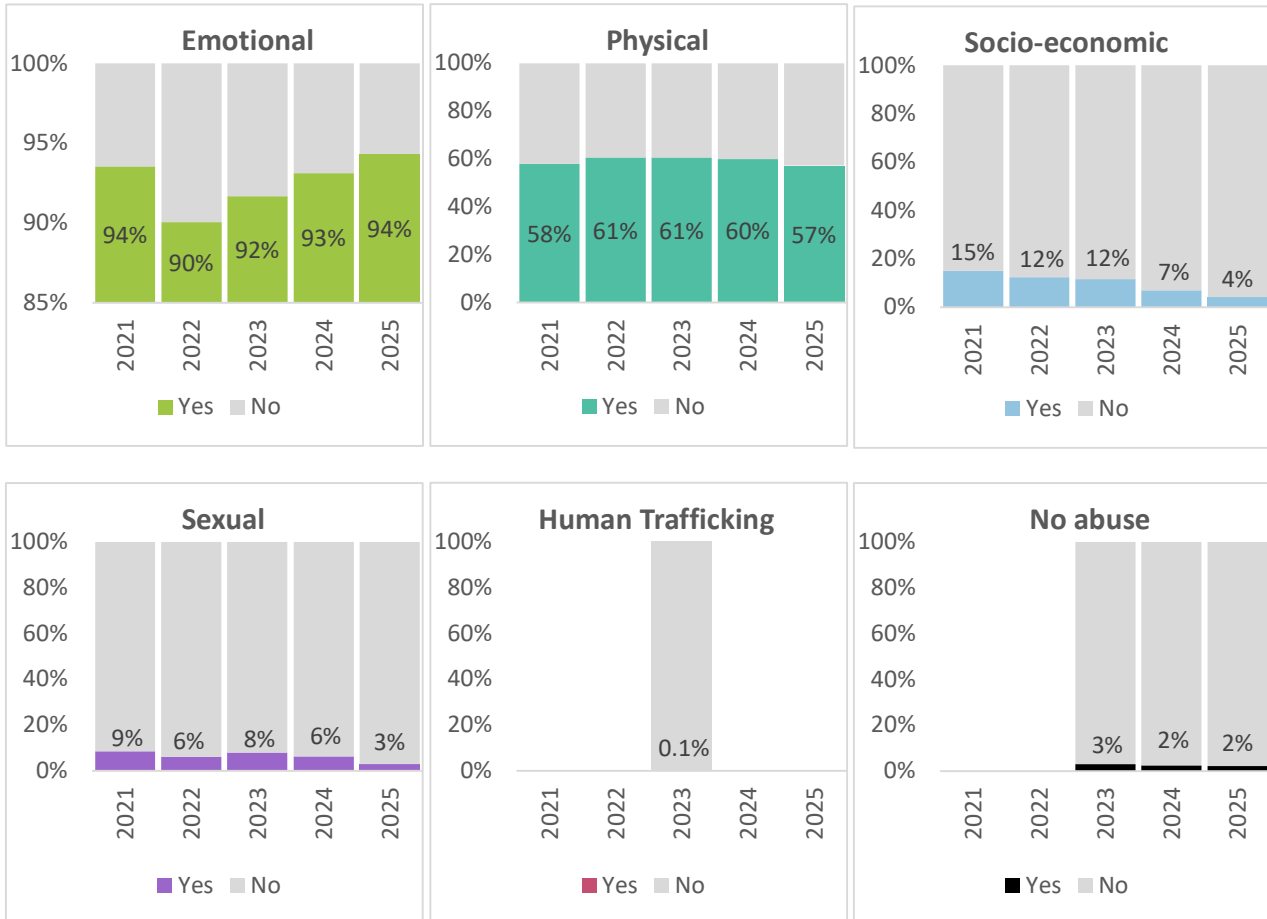
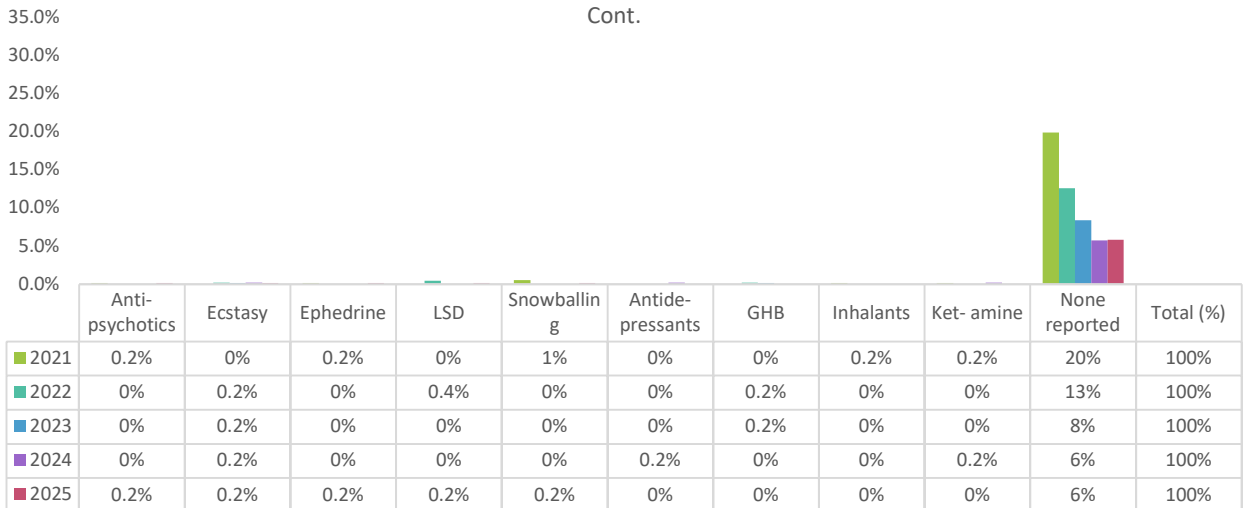
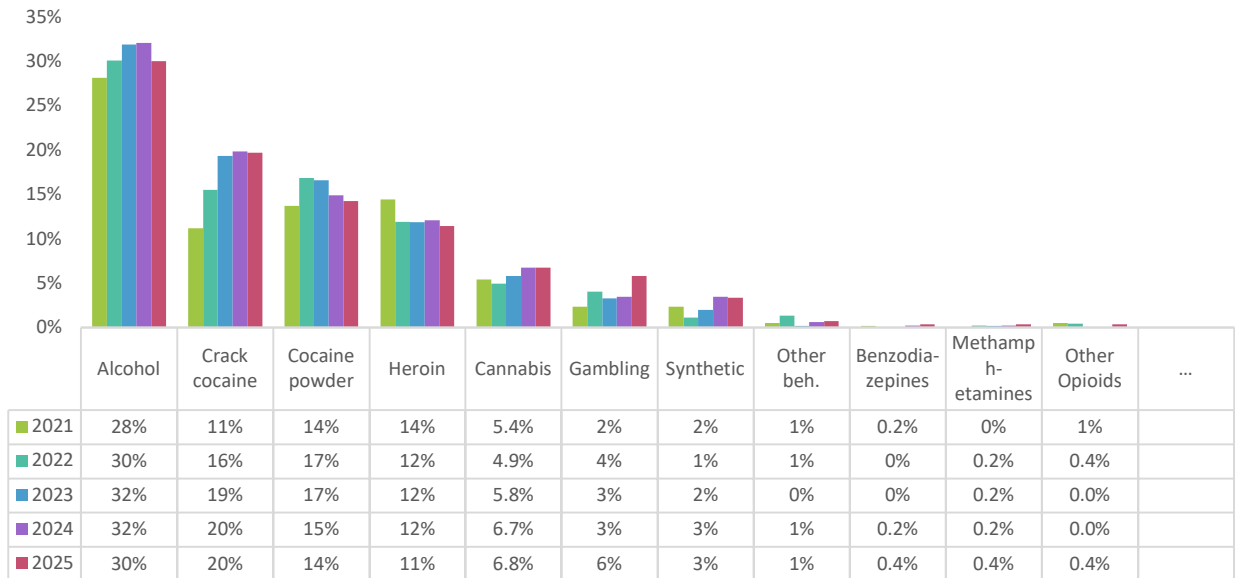


Figure 23: Within the online data collection system, all forms of alleged abuse reported during the referral are ticked. The percentage of alleged abuse indicated in the above figures, are each out of all referrals received throughout the year. Some service users will not indicate the form of abuse at intake and will require further assessment in order to determine the nature of abuse, if present. The data cannot be summed across the various forms of abuse because service users may report more than one type during referral. For example, out of 1903 referrals in 2025, emotional abuse was indicated in 94% of referrals and out of 1903 referrals in 2025, physical abuse was indicated in 57% of referrals.

Addictions Community Service.

Addictions Community Service	2021	2022	2023	2024	2025
No. of new & recontact cases	554	445	548	489	533

Addictions Community Service: Percentage of new & recontact cases opened by primary substance or addiction reported.



Note: The second graph titled "Cont." is a continuation of the first graph in this figure. The data does not all fit on one graph and so two graphs were created.

Figure 24: The primary substance/addiction stated by service users when the first contact sheet was filled out is recorded in the online data collection system, and it is the primary substance/addiction utilised in the previous 12 months. The term 'none reported' describes service users who did not report using a substance/addiction in the previous 12 months, such as those who have been in a 12-month rehabilitation programme, those who previously participated in a Centre of Residential Restorative Services (CoRRS) programme, or significant others who come to the service for support but do not have a primary substance themselves to report. The highest proportion of new and recontact cases opened in 2025 remained those that indicated alcohol as their primary issue (30%).

Services provided in the community.

Community	2021	2022	2023	2024	2025
No. of referrals	1628	1674	1464	1131	1031

Community = Intake and Family Support Services, Youth in Focus, ACTS Community Services, Generic Service (Gozo), Marsalforn Community Service, Victoria Community Services & Gozo Prison Project.

Community: Percentage of referrals received in the year by top 6 primary issues reported in Jan-Dec 2025

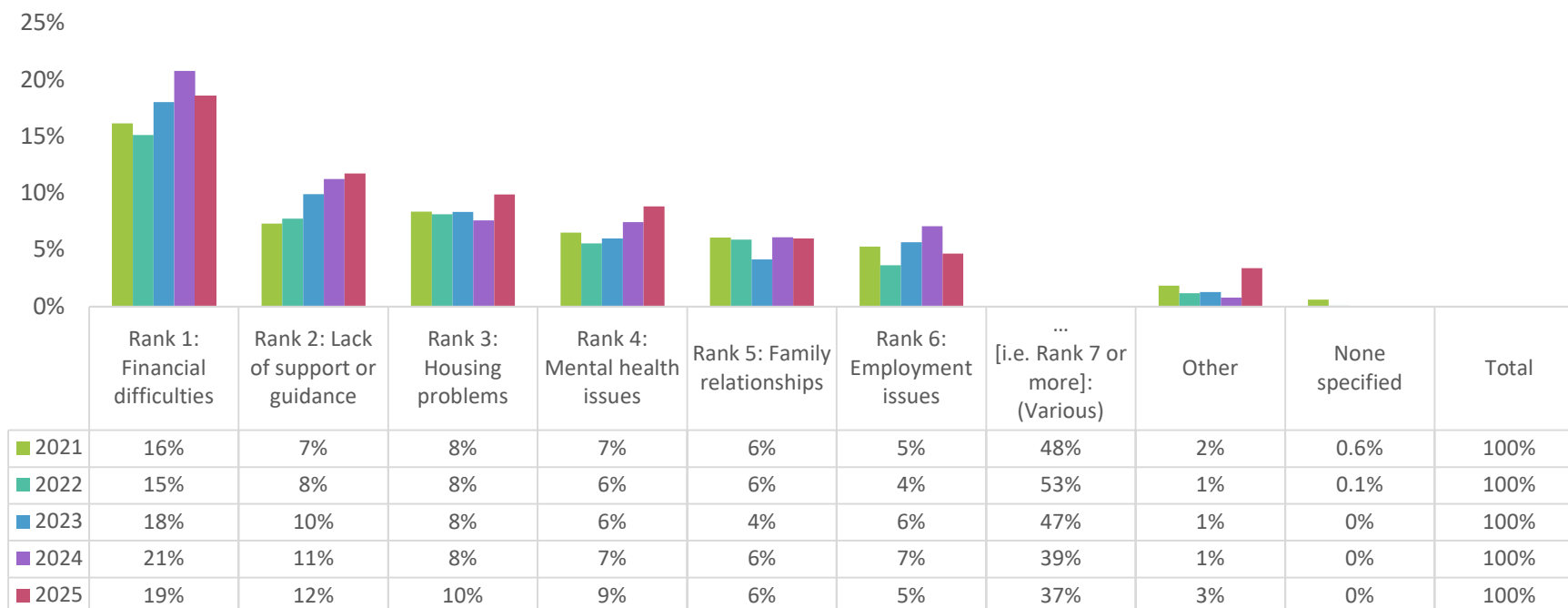


Figure 25: Service users may mention one or more issues during a referral, and they will designate which one is of the highest importance (primary issue). A list of typical issues is available in the online data collection system for workers to record the issues raised during referral and they also rank the issues. Any issue that is not on the list is noted as 'other' and 'none specified' is reported if no issue is acknowledged or named. The first six primary issues with the highest proportion of referrals in 2025 are depicted in the figure above (ranked one through six). The remaining percentage is made up of 'other' and 'none specified', as well as those primary issues that were ranked seventh or higher (grouped together for the figure above). In 2025, 19% of all referrals identified financial difficulties as their primary problem.

Appendix

Service descriptions.

Service	Description
Foundation for Social Welfare Services (FSWS)	<p>The Foundation is composed of 3 agencies and 3 Directorates which provide social welfare services:</p> <ul style="list-style-type: none"> - Agency for Community and Therapeutic Services (ACTS) - Appogg Agency (Appogg) <ul style="list-style-type: none"> o Appogg (Indiv): Individual or Family related services o Appogg (Health): Health-related services - Sedqa Agency (Sedqa) - Child Protection Directorate (CP) - Directorate for Alternative Care [Children and Youth] (DAC) - FSWS Gozo Branch Directorate (Gozo Branch) <p>Further information about the agencies/directorates and their services can be found on www.fsws.gov.mt</p>

Glossary of terms

Variable	Definition
Cases worked with	The total number of service user cases that were new, re-contact or known in the reporting year and intake cases still on intake at the end of the reporting period. This does not indicate the number of individuals as some individuals could have multiple cases in the same reporting year. For example, 1 individual may have re-contacted the service 3 times in the same year and would account for 3 cases worked with in the same year.
Individuals worked with	The total number of unique individual service users who had at least one case worked with in the reporting period. This excludes cases re-opened or re-referred in the same year for the same person.
New case	A case that was opened or activated for the first time ever within the reporting year and that was never previously worked with.
Re-contact case	A case that was worked with and closed in the past and has been re-activated or re-opened within the current reporting year. A case is also considered a re-contact if it is re-opened after a new case was closed in the current reporting year.
Known case	Cases that were activated or opened in the previous reporting years and that are still active in the current reporting year. This may also be referred to as cases carried over from previous years.
Intake case	When a case is referred to the service it is placed on intake (intake is the initial state for every case). At this stage information is gathered to address any immediate needs and to determine whether a case will be assigned to a professional, placed on the waiting list, opened, or closed from intake. If a case is not a known case or opened case within the reporting period, it remains an intake case.
Waiting list	Intake cases are placed on the waiting list when it is determined that the person would benefit from accessing the service, but the service cannot be provided immediately. This can be due to various factors such as, but not limited to, space limitations, further assessments required or further feedback from the service user is required.
Referred case	A referral is when an individual's details were given to the service by another person or the service users themselves to request assistance. A case may be

	referred more than once in a year. Some cases may be referred and placed on a waiting list or not taken up because the service was not appropriate for the person's needs.
New & re-contact case	When a case was opened or allocated. This includes new cases (first ever contact with the service) and re-opened cases (cases worked with in the past) An individual may be seen more than once in a year and may be a new case and later a re-contact case in the same reporting year.
Closed case	When a case was closed or terminated. The same case may be closed more than once in a year if the case was re-opened in the same year.
Case state	The state of the case at the end of the reporting period. Cases can be active, closed, intake, on-hold, waiting list or not accepted/no longer required. For example, a case may start the reporting period as a known active case but by the end of the reporting period, the case is closed so the case state is now reported as closed.
Active state	A case state where the case was opened in the year and still open by the end of the reporting period.
Closed state	A case state where the case was opened in the year but closed by the end of the reporting period.
Intake state	A case state where the case was on intake in the year and still on intake by the end of the reporting period.
On-hold state	A case state where the case was opened in the year but put on hold by the end of the reporting period. The reason it is placed on hold can be: <ul style="list-style-type: none"> - Pending: cases where all activity stops pending the action of another service. E.g., the case is pending outcomes from the child protection investigations. - Dormant: cases which must remain active but very little to no work is required. This generally occurs when a case is awaiting uptake by another service.
Waiting list state	A case state where the case was on the waiting list in the year and still on the waiting list by the end of the reporting period.
Not accepted/no longer required state	A case state where the case was on intake or the waiting list in the year but closed by the end of the reporting period. Such cases are usually closed because an assessment during intake resulted in the service not being appropriate, the alleged issues were not confirmed, the service user no longer requests the service, or the service user refused to attend.
Global/family cases	Service users' cases may be grouped under a global/family case, particularly when the service works with families. A global/family case may consist of: <ul style="list-style-type: none"> - 1 service user case: One individual who attends in the year on their own without any other family member, or - 2 or more service users' cases: Several individuals identified as part of the same family attending in the year.
Ghost cases	These are cases where although the case may be registered as active or on intake, the case is actually inactive since the person may not have had contact with the service for a set period of time (no longer actually being worked with). As a result, the case may remain open for some time without any intervention or activities and will skew the actual number of service users worked with. As a result, administrators of the data will conduct exercises to identify these cases and close them administratively as per individuals service policy.
Gender	Gender is reported as male, female, X, unborn or not specified. "X" means a gender that is not exclusively male nor female. Unborn refers to service users still existing in the mother's womb.
Primary problem	Service users often present a complexity of issues. The primary issue is the only, main, or first issue recorded as identified by the service user or the professional.
Not specified	A variable that cannot be specified since the information is not available or the service user was unwilling to provide the information.
Other	Treatment, issue or location not elsewhere specified.

Primary problems

Variable	Definition
Addictive behaviour problems	Behaviours which involve compulsive seeking and taking of a substance or performing of an activity despite negative or harmful consequences. The most common forms of addictive behaviours are drug or alcohol use, gambling, and technology use.
Assault/rape/harassment/sexual abuse	Forms of abuse suffered by an adult which consists of assault, rape and/or sexual abuse as well as forms of harassment (which is unwelcome conduct that is based on race, colour, religion, sex, national origin, age, disability, or genetic information).
Behaviour problems	Symptomatic expression of emotional or interpersonal maladjustment especially in children which often manifests in non-person directed behaviours (e.g. damage to property, hyperactivity, stealing, inappropriate sexualised behaviour, destruction of clothing, incontinence, lack of awareness of danger, and withdrawal), aggressive or violent behaviours (e.g. biting and scratching, hitting, pinching, grabbing, hair pulling, throwing objects, verbal abuse, screaming, spitting) and stereotyped behaviours (e.g. repetitive movements, rocking, repetitive speech and repetitive manipulation of objects.)
Bereavement	Bereavement is the period of grief and mourning after a death. Persons may experience grief as a mental, physical, social or emotional reaction.
Child abuse	Child abuse is emotional and/or psychological maltreatment, physical, sexual, or neglect of a child, especially by a parent or a caregiver. This also includes cases where there was abuse in the past and there is a risk of abuse re-occurring.
Child care or access	Involves issues with the current care of a child (e.g. due to admission to hospital, need for care during working hours etc) and also restricted access to a child (e.g. SAV, separation cases, children in state care). Issues can also relate to care during placements or even potential placement breakdown including the need for placement/admission or the quality of the placement provided.
Delinquency	Delinquency is a minor crime, especially one committed by a youth
Disability related issues	A person with a disability is someone who has a physical, visual, intellectual, hearing or psychological impairment that substantially impacts one or more major life activity.
Domestic violence	Domestic abuse violence (also referred to as "intimate partner violence"), can be defined as a pattern of behaviour in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse is physical, sexual, financial, neglect of needs, emotional or psychological actions (e.g. threats, humiliations and blaming). This also includes cases where there was abuse in the past and there is a risk of abuse re-occurring. The abuse also includes gender based violence and honour based violence.
Eating disorder	Abnormal or disturbed eating habits such as anorexia nervosa and bulimia, to the extent that it is causing impairment to one's own or significant other's life.
Elderly needs	Needs of an elderly person such as care and equipment.
Employment issues	Issues concerning employment (including unemployment) such as harassment, working on black market, discrimination, wage abuse, safety issues etc.
Family relations/relationships	Problems are situations and difficulties that have a negative effect on the short and long term success of a relationships and the family relationships include nuclear, extended and reconstituted (also known as a blended family) families.
Financial difficulties	Issues concerning finances, either lack of (e.g. debt, or insufficient funds) or risk of losing financial security (e.g. lack of social security benefits or risk of losing such benefits).
Fostering or adoption	Fostering is the time when a child is placed under the care of a foster parent. Adoption is a process whereby a person assumes rights and responsibilities of another through legal means. Issues may arise relating to queries about the processes (e.g. how to become a foster parent), or issues regarding the process of becoming an adoptive parent/foster carer or even breakdowns during the fostering or adoption placements.

Health related issues	Issues which arise as a result of having health related concerns (e.g. long-term illness) but it excludes disability and mental health issues. These could be access to medication/medical equipment, access to appropriate carers, hygiene related issues etc.
Homeless	Homelessness is the condition of people without a regular dwelling. The Homeless Service primarily works with individuals experiencing one of the following forms of homelessness: <ul style="list-style-type: none"> • Rooflessness (people living rough - in the streets, abandoned buildings etc); • Houselessness (people in accommodation for the homeless, in accommodation for migrants, people due to be released from institutions and people receiving long-term support due to homelessness); • Couch surfing: (people living temporarily with friends, sharing accommodation with others which is not secure); and • At risk of homelessness/Inadequate housing (people living in insecure tenancies, under threat of eviction or violence, living in unfit housing, non-conventional dwellings or in situations of extreme overcrowding.
Housing problems	Concerns regarding safety issues in the home or else difficulty finding alternative appropriate dwellings.
Human trafficking	The unlawful act of transporting or coercing people in order to benefit from their work or service, typically in the form of forced labour or sexual exploitation.
Identity related issues	Queries or concerns about sexual feelings or attractions and even gender dysphoria (i.e. experiencing of discomfort or distress because there is a mismatch between one's biological sex and one's gender identity).
Lack of support or guidance	Persons who express a general lack of support or guidance with non-specific needs (e.g. lack of significant others to emotionally support the person in day to day stressors)
Legal issues	Issues concerning legal aspects such as finding legal advice, pending court cases, legal fees etc.
Loneliness	Loneliness is the state of distress or discomfort that results when one perceives a gap between one's desires for social connection and actual experiences of it.
Marital problems	Marital problems such as poor communication, lack of intimacy, lack of trust, infidelity issues and growing apart.
Mental health issues	Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning. Issues may arise when these mental health conditions (both diagnosed and undiagnosed) may substantially impact one or more major life activity.
Migrant related issues	Challenges migrants may face such as language/cultural barriers, discrimination, access to services, documentation issues etc.
Oppositional defiant behaviours	Consists of severe disobedient behaviours. They are behaviour problems consisting of severe tantrums, argumentativeness, easily angered, severely critical, impulsiveness, severe disobedience, and hostile behaviour towards authority figures.
Parenting skills/child-parent relationship	Issues or concerns about one's parenting style, parenting techniques, attachment/ bonding and fears or concerns regarding current parent skills, disciplinary methods and the need to improve current skills.
Personality related issues	People with personality related issues often have a hard time understanding emotions and tolerating distress or act impulsively and this makes it hard for them to relate to others, causing serious issues, and affecting their family life, social activities, work and school performance, and overall quality of life.
Pregnancy related issues	Difficulties accessing appropriate care, teenage pregnancy, fears relating to the pregnancy, and lack of preparation for the future child.
Relationship problems	Issues within the romantic relationship such as poor communication, lack of intimacy, lack of trust, or infidelity issues. It may also include conflict and issues between friends.

School related problems	Issues such as poor academic performance, lack of motivation for school, boredom with school work, school absenteeism, loss of interest in school work, or poor relationships with peers or teachers.
Self-harm or suicide	Self-injury behaviours such as cutting, head-banging, scratching, pulling, eye poking, picking, grinding teeth, eating things that aren't food and suicide or attempted suicide
Separation related issues	Separation occurs when couples or married partners stop living together and either put their marriage or relationship on hold or it is a stepping stone for marriage dissolution. A separation can be initiated informally, or there can be a legal separation with a formal separation agreement. Issues (e.g. animosity, conflict, anger, communication issues etc) concerning separation may be at initiation, during and even after the process.
Sex work related issues	Issues raised in relation to the sex work such as safety issues, health concerns, and longevity of career.

Types of abuse

At Risk	Situations where there is risk of any form of abuse. This is most commonly found in re-contact situations where the family is monitored so that abuse does not re-occur. It can be found in combination with another form of abuse e.g. "At risk & Emotional" which means that there is the indicated abuse, in this case emotional abuse, and risk of another form of abuse.
Emotional Abuse	This is also referred to as psychological abuse/ violence and involves insults, put-downs, injuring or harming the victim's pets, harming the victim's objects, ignoring the victim, refraining from communicating with the victim, verbal threats, humiliation, etc.
Physical Abuse	Any unwanted physical abuse e.g. pushing, punching, burns and bruises, fractures, throwing of objects, stabbing, use of weapons, etc.
Neglect	Refers to neglecting basic needs of the victim e.g. financial neglect, neglecting to feed the person, neglecting basic hygiene requirements etc.
Sexual abuse	Refers to unwanted sexual activity ranging from forcing the individual to watch pornography to rape. Example, forcing the victim to participate in sexual activities against their will, forcing them to watch the perpetrator engage in sexual activity with another person, etc.
Cybercrime	Cybercrime is defined as criminal activities carried out by means of computers or the Internet.
Parental alienation	Parental alienation occurs when a child refuses to have a relationship with a parent (or a parent's extended family) or grandparent due to manipulation, such as the conveying of exaggerated or false information, by the other parent. The situation most often arises during a divorce or custody battles, but it can happen in intact families as well.
Unaccompanied minor	This is a child traveling (often migrating illegally) without the presence of a legal guardian.

Maltese districts

District	Towns
Northern Harbour District	Birkirkara, Gzira, Hamrun, Msida, Pembroke, Pieta, Qormi, San Giljan, San Gwann, Santa Venera, Sliema, Swieqi, Ta Xbiex.
Southern Harbour District	Birgu, Bormla, Fgura, Floriana, Isla, Kalkara, Luqa, Marsa, Paola, Santa Lucija, Tarxien, Valletta, Xghajra, Zabbar.
Southeastern District	Birzebbugia, Ghaxaq, Gudja, Kirkop, Marsaskala, Marsaxlokk, Mqabba, Qrendi, Safi, Zejtun, Zurrieq.
Western District	Attard, Balzan, Dingli, Iklin, Lija, Mdina, Mtarfa, Rabat, Siggiewi, Zebbug.
Northern District	Gharghur, Mellieha, Mgarr, Mosta, Naxxar, San Pawl il Bahar.
Gozo and Comino	Rabat, Fontana, Ghajnsielem, Gharb, Ghasri, Kercem, Munxar, Nadur, Qala, San Lawrenz, Sannat, Xaghra, Xewkija, Zebbug, Comino.
Homeless	Not residing within any residence.
Shelter/institution	Resides in a residential home (e.g., elderly home), shelter (e.g., Ghabex or YMCA), centre of residential restorative services (CoRRS) or medical facility (e.g., Mount Carmel Hospital).
Foreign residence	Resides in a foreign country and is in Malta for a short stay.



FSWS Research Team

Vision Statement

Research that educates, inspires, and informs quality responses to improve the wellbeing of children, families, and communities.

Mission Statement

To contribute to a knowledge base that informs responses to social needs through high quality research.



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