

DIFFICULTIES IN IDENTIFICATION OF PSYCHOSOCIAL PROBLEMS OF SCHOOLCHILDREN

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Annotation. The study presents the analysis of the identification of deficits and the evidence of effectiveness for refining the provision of psychosocial services for children in the educational system of Georgia. The study identified discrepancies in problem identification at the referral stage. It proposes an explanation of the reasons for erroneous referrals and assesses the potential for reducing them. The results suggest that teachers more than others are able to identify children's mental, emotional and/or behavioural problems if they are well aware about child development and protection and their responsibilities in enforcing referral procedures. The study used an exploratory sequential mixed-methods design.

Keywords: *psychosocial problems, schoolchildren, referrals.*

INTRODUCTION

In order to improve the quality of psychosocial services for children aged 6–18 years, there is a need to identify gaps in service provision and provide evidence of service effectiveness. Therefore, the article presents research that aims to uncover the reasons for the misperception of children's problems at the stage of referral to the psychosocial

service centre and assess the potential for their reduction by examining the reasons for this.

Research Question: is it feasible to reduce the misperception of real reasons at the referral stage?

Currently in Georgia, the Psychosocial Service Centre of the Office of Resource Officers of Educational Institutions (OROEI) of the Ministry of Education, Science and Youth (MoESY) is one of the robust services that serves nearly 4,000 students with psychosocial needs. There are ten service centres across the country comprising psychologists, psychiatrists and social workers. Psychologists and social workers are present in thirteen cities across the country. The service is available free of charge to all children with active student status. Schools are under the auspices of the same ministry – the Ministry of Education, Science and Youth.

Timely identification of the problem and timely provision of services to children is the most effective way to address the challenges and problems they face. For some, it is the obvious way to avoid appearing in the state child welfare or justice system. On the one hand, this will be beneficial to society and the country, and on the other, it will ensure the cost-effectiveness of the state's resource drain. In the Office of Resource Officers of Educational Institutions Centre of Psychosocial Services, the majority (80%) of children are referred by schools, and a minority are self-referred (20%). Since 2019, the number of self-referrals has been increasing, which is due to the introduction of social work in some of Georgia's schools. The officers work in schools at three levels: preventive, proactive and reactive.

The service provision starts with the admission of the case in accordance with the rule adopted by the centre for the provision of psychosocial services. The case is weighted according to the severity of the problem, which is an important predictor of the start of service provision. Work on the most severe, crisis cases is started immediately, as this is an important indicator that the child is in urgent need of care. Delay is not acceptable. In the milder cases, due to the overburdened system (especially in some centres in large cities), the child may be delayed in receiving help, and appear on the waiting list. As soon as the child is referred to the responsible specialist, the admission phase is followed

by the assessment phase. During the assessment phase, the discrepancy between the purpose of the referral and the actual problems of the referred children often becomes apparent. Frequently, the actual problem is recognised only partially or not at all. Delayed identification of the problem prevents the timely provision of services, and/or prolongs the period of referral to the appropriate services, placing the child in an unfavourable position. If the mitigation of the problem delays the provision of services to one child, and the exaggeration of the problem benefits the other child whose condition may tolerate placement on the waiting list, the lost time puts the former child who needs immediate provision of services in a disadvantageous position.

Often, the recipients of psychosocial services have problems that go beyond the competence of the centre. This requires a timely referral to the appropriate services. If the main problem is misidentified, referral does not get to a targeted agency and service receipt is delayed, which will not have a positive impact on the child's condition. The desired scenario of referring the child with the identified problem to the centre – that is, avoiding misidentification as much as possible at the referral stage – promises better outcomes in shorter time. The earlier prevention or response to risky behaviours or psychosocial problems begins, the easier it is to achieve positive change. Avoiding, preventing and/or responding to risky behaviours and severe psycho-emotional problems is easier in childhood.

Currently, despite the increase in self-referrals, most referrals are made by the school through resource officers. The resource officer is a person who is responsible for safety in the school. According to the Regulation on the Rules and Conditions for Ensuring Safety and Public Order¹ in Educational Institutions, resource officers have the following duties: inspecting school grounds, eliminating and prosecuting violations of the law, ensuring discipline on school grounds, communicating with students with social behaviour problems, informing parents and school representatives about such behaviour, promoting

1 The Regulation on the Rules and Conditions for Ensuring Safety and Public Order N06/n, adopted by the Minister of the Education, Science and Youth.

healthy lifestyles, conducting violence prevention campaigns. Identifying psycho-emotional or behavioural problems in children that are not explicitly expressed is beyond their expertise due to their limited knowledge of child development and child protection issues. This is natural, as they are not representatives of a supportive profession. Enormous resources have been put into training resource officers in recent years, but it is not rational to take on tasks beyond their competence.

Resource officers do not have the opportunity to observe children during the educational process. Teachers are in class with the children and each class has a head teacher whose job is to look after the children and process information about them (NTP, 2018). The Prime Minister's Decree N437 stipulates that the school is responsible for referring cases of violence. In 2019, the tool for measuring vulnerability within the mental health service was developed. The tool was recently adopted.² It helps schools to identify risks to which children are exposed in order to prevent and/or respond to them. Although the tool includes all the key indicators of adverse childhood experiences, the forms often do not reflect these. Children are referred to a psychosocial centre, where problems are in some cases identified at an early stage. Had the problems been recorded in the vulnerability assessment tool, the extent of the risks would have been identified and an appropriate services would have been provided. The fact that referrals are made from the school by resource officers suggests that teachers are either unaware of their duties or unaware of the importance of the information they provide, or that they lack the knowledge to identify children's psychosocial and behavioural problems. Yet they are the most important witnesses in authority to recognise the children's problems.

For the identification of the need for services and the realisation of effectiveness, the supporting factor is a healthy relationship and empathic environment with other people, especially with the service recipients. In terms of intensive relationship and commitments, teachers, especially

2 Vulnerability Measurement Indicators, order N148, adopted by the Head of the OROEI, in 2019.

mentors, are the best people to fulfil this task. It is important to identify hindering factors for the fulfilment of this role. Therefore, the following research topics were identified:

- Finding out the nature of misconceptions while referring children with problems;
- Assessing the knowledge and skills of resource officers and teachers (on topics such as: child development, suicide prevention, victimisation, identification of psycho-emotional and social needs) compared to reality;
- Realisation of self-knowledge and need for enhancement by teachers and counsellors;
- Teachers' and resource officers' vision of the relationship between the child's psychosocial needs and security;
- The degree of realisation of the link between the problems identified at referral as derminant factor for service receipt;
- Level of realisation of the need for communication among teachers, resource officers, and psychosocial service centre professionals and the desire to improve it;
- Resource officers' self-identification;
- Finding out how teachers and resource officers view responsibility for referring (in particular, the reasons why referrals are mainly made by resource officers);
- Teachers' views on whether meeting children's psycho-emotional and social needs affects academic achievement.

EARLY INTERVENTION AS THE FIELD OF SOCIAL POLICY, WELFARE, EDUCATION AND OTHER SOCIAL DOMAINS

The importance of early intervention is emphasised by theorists and researchers in the fields of social policy, welfare, education and other social areas (Esping-Andersen 2002, 2007; Newman-Williams & Sabatini, 2000; Giele & Holst, 2004; Gitterman & Schulman, 2005; UNICEF, 2013). Emotional problems, lack of enthusiasm or self-confidence, social

or cultural exclusion, lack of social and cultural skills etc., usually start in the early years of life (Aspalter, 2014). Several local and international reports state that timely identification of problems in children, especially violence and risky behaviour (substance abuse, suicide, self-harm, etc.), will prevent depression, addiction, suicide and health problems in adolescence and adulthood (Bucchi et al., 2016).

There is a high correlation between adverse childhood experiences (ACEs) and health-related problems (Bucchi et al., 2016). Adults with more than four ACEs have a 4–12 times higher risk of depression, addiction and suicide attempts, a 2–4 times higher risk of tobacco use, changing sexual partners etc., (Jansson, 2016). The use of appropriate disciplinary measures and appropriate responses to violence actually contribute to improved academic performance; isolation and social exclusion have a negative impact on acquisition and academic indicators. Furthermore, experiences of violence in and around school are a hindering factor for employability. It is therefore very important to recognise and strengthen defensive factors. To this end, it is crucial to recognise the complex relationship between risk and protective factors in order to prevent mental, emotional and behavioural problems and disorders in children (Ostaszewski et al., 2018). A meta-analysis has shown that improving these skills in teachers is the most effective measure to prevent such problems, and that it can be achieved in the short term (Majopney, 2018).

Among the four levels of protective factors to prevent and reduce risk behaviours that support children and adolescents in positive adjustment, the most important is the relationship with significant others, including teachers and supportive professionals as their emotional and moral supporters (Ostaszewski, 2013). The studies emphasise the ineffectiveness of disciplinary measures as a response to children's psycho-emotional and/or behavioural problems. Such an approach provokes exclusion and delinquent behaviour. In the short term, this leads to a deterioration in school performance and an increase in school dropouts. In the long term, it leads to unemployment and a deterioration in social behaviour.

Mental health problems are on the rise among children around the world. According to the UK's National Health Service, a 2017 survey found that one in eight children in England and Wales have at least one mental health disorder (Coburn, 2019). Early and timely intervention guarantees better outcomes. In Finland, for example, there is a time limit of 7 days from problem identification to service provision, which is reduced to one day in crisis cases (Coburn, 2019). This is hardly possible without interdisciplinary collaboration. Collaboration between teachers, psychologists and social workers is a promising composition for the formation of such a team. Interdisciplinary collaboration requires thorough knowledge of each other's roles (Gherardi, Whittlesey-Jerome, 2017).

THE ROLE OF EDUCATORS IN RECOGNISING AND REPORTING ABOUT NEGATIVE CHILDHOOD EXPERIENCES

Teachers, in particular, may have information about such important and hidden factors in children's development and well-being as violence, domestic violence, harmful acts to self and others. On the basis of direct observations, they have the opportunity to recognise negative childhood experiences and react to them in time. Nevertheless, few referrals are made by teachers at the Psychosocial Service Centre of the Office of Resource Officers of Educational Institutions, though the schools and the centre are under the auspices of the same system – the Ministry of Education, Science and Youth of Georgia (MoESY).

The Psychosocial Service Centre of the Office of Resource Officers of MoESY is one of the robust free services that caters to nearly 4,000 students with psychosocial needs. Among the problems children are referred to service centre, emotional problems, destructive behaviour, communication problems and violence prevail.³ There are significantly more referrals from some schools than others, but since 2019 there has

3 Statistical information about cases is processed in accordance with the classification applied at intake stage.

been an upward trend, particularly from schools where social workers are employed. This demonstrates not only the ability of supportive professionals to recognise a problem, but also to positively influence the formation of positive preconceptions about mental health services. There is a stigma attached to psychosocial and mental health services. Parents often hide the fact that their children see psychologists, social workers or mental health professionals.

Although the Coordinated Reporting System for the Protection of Children from all Forms of Violence was introduced in 2010 by an order of the MoESY, a new procedure was introduced in 2016 by a decree of the Prime Minister, which expanded the circle of persons and institutions that are obliged to report; as a result the number of reports has increased, while the proportion of teachers is not as high as expected. Unfortunately, there are schools that have not reported suspected child abuse, though the decree obliges teachers and other professionals dealing with children to report.

According to studies (UN Women, 2019), the hindering factor for avoiding the responsibility to report child abuse is in cases with many bystanders. The more bystanders the case has, the less chance there is to act (Darley, Latané, 1968). The researchers hypothesise that they may be under the influence of the *bystander effect*, which prevents the chance of reporting. The researchers present a three-part model of bystander reporting embeddedness: awareness of domestic violence (DV) policies, knowledge of the signs of DV, and social norms and attitudes related to DV and DV reporting. Among the conditions for overcoming barriers to reporting, behavioural scientists highlight positive beliefs about the behaviour, the formation of socially acceptable norms in society, and self-efficacy (Almeida et al., 2016). It is also worth noting that factors unrelated to behaviour, such as skills, knowledge and environmental conditions, influence whether reporting behaviour is in line with one's intentions.

The Teacher Reporting Violence Against Children And Women study conducted by UN Women (2019) highlights the importance of the role of teachers as public sector actors in recognising children's problems

and addressing them in a timely manner. As people who are in close contact with children in schools, they are categorised in the study as bystanders – people who witness events or otherwise receive information about the problems and difficulties of children in severe and/or crisis situations.

Factors hindering the reporting of violence include a negative attitude towards reporting if the act is not culturally accepted. When society views violence against children as a family matter, reporters avoid a negative attitude towards them, or think that it is not their responsibility but that of others; or potential reporters do not have information about their responsibilities or the referral mechanisms in the country, or they do not have sufficient knowledge for case assessment (Almeida et al., 2016). Therefore, in order to reduce the avoidance of reporting situations that threaten children, work needs to be done to change societal expectations (Green, et al., 2018). Teachers in schools and support professionals have an important role to play in this.

Behavioural approaches that mitigate the bystander effect may be possible by encouraging teachers to report. In the United States of America, for example, a policy initiative appeals to reporters' sense of duty to encourage them to report criminal behaviour (Feldman, Lobel, 2010). Different mechanisms work in Georgia, where it is the nature of the crime that determines reporting, rather than state support mechanisms. However, the researchers emphasise that ensuring the anonymity of the reporter correlates with the likelihood of reporting (McCarthy et al., 2020). In Georgia, there are numerous cases that underline the fact that the lack of a guarantee of confidentiality is a decisive factor for reporting.

Studies conducted in Georgia and other countries have found that teachers who did not report child abuse, despite doubts about it, cited fear of making a false or incorrect report as one of the reasons for not reporting (UN Women, 2019; Ferguson, Malouff, 2016; Wheatcroft, Walklate, 2014; Tuerkheimer, 2017; Abrahams et al., 1992). In addition, they are concerned about the negative impact of reporting on families, including the lack of expectation of support from their commissioners,

and the lack of confidence that childcare services are able to support children and their families (Kenny, 2004, Markstroem and Muenger, 2017). A study conducted with physicians in the United States of America revealed another reason for reluctance to report. Physicians are uncomfortable reporting a case of child abuse because they have established relationships with the children's parents while providing services (Jones et al., 2008). Presumably, similar factors play a role for village teachers in Georgia. Although village teachers may be better informed about the situation in families than residents of large cities they rarely report (UN Women, 2019). However, it is notably found that non-violent parenting styles are used for 63% of children, psychological aggression for 29% and corporal punishment for 5% (UNICEF, 2023). This data paints an optimistic picture compared to previous years.

Obviously, the trend of reporting child abuse is increasing in the country, but not at the expense of teachers, which is supported by the research conducted by the UN Children's Fund. The study shows that school staff are not aware of their responsibilities – 46% of teachers stated that they only report in cases of severe and systemic violence (UNICEF, 2013). Nevertheless, the hindering factor for reporting seems to be the societal norms according to which interference in family matters is not acceptable. This is also confirmed by the special report of the Public Defender of Georgia (2017). The study found that school directors have little knowledge of local and international documents regulating children's rights. In the same study, only 3% of school directors surveyed had information about referral procedures. It can be assumed that the low level of reporting by teachers can be interpreted as a failure to implement responsibilities in this regard. However, it is difficult to assume that teachers do not recognise violence or other risky behaviours in children due to the training they supposed to undergo. Additional contracts require head teachers to collect information about a pupil in their class (NLP, 2018).

Violence does not take place "in isolation", it arises under different conditions in the family, at school or in the community and in different forms; nevertheless, it creates a vicious circle with negative multiplier

effects on children's well-being (Wodon et al., 2021, p.2). Studies conducted in different countries have shown that 5% of school dropouts are related to violence. A simulation analysis found that ending violence in schools will lead to an annual reduction in sleep problems for 24 million children, school dropout rates for 20 million children and suicide attempts for 15 million children (Wodon et al., 2021). Identifying these problems is possible in an institutional setting such as school if school staff are able to recognise the issues and support children with mental, psycho-emotional, social or academic problems with internal or external resources.

Attempting to build restorative relationships in school serves this very purpose. The restorative school approach serves to develop a cohesive culture in schools (Hopkins, 2004; Hopkins, 2013). This benefits the whole school and makes everyone feel respected (Davis, 2019). With the use of proactive approaches, the risks of real and academic problems, indicators of school dropout and the use of disciplinary measures decrease (Riestenberg, 2003). Both student and teacher well-being improves through effective communication and relationships (Skinns et al., 2009). Students develop problem-solving skills. In Georgia, the 2019 study found a correlation between problem-solving skills and psychoactive substance use – the better students rate their problem-solving skills, the lower the indicator for substance use. An opposite correlation was found between problem-solving skills and antisocial behaviour (Sirbiladze et al., 2018).

Research shows that if a competitive environment automatically has a bullying supportive effect, a warm and participatory school environment has a participatory effect (Askew, 1989; Olweus, 2019; Smith & Shart, 1994). The Georgian Public Defender, in a special report (2017), found that 61% of cases of bullying occur in the classroom, 27% in the hallways and 32% in the schoolyard. 56% of children do not ask for help and try to solve the problem themselves. *The Women's Rights Community Initiative* found in their study (2019) that 17% of students ask teachers for help when they witness their friends being bullied. There are children who feel excluded at school because of their non-traditional sexual orientation and are victims of bullying (Nanobashvili, 2014). This data calls

for the creation of a supportive environment for children that requires appropriate skills.

The more student-centred the school is, the more it promotes children's socialisation, improves well-being and developmental indicators, as well as children's academic success. If children have problems communicating with their peers, this can also affect their academic success (Wodon et al., 2021). Socio-emotional learning (SEL) helps children become self-aware, recognise their feelings and values, regulate their emotions, manage stress and control their impulses. The programme contributes to the development of empathy and compassion. Students feel safer when they share information because they know that they will be listened to, understood and their problems will be responded to appropriately (González, 2012; Skinns et al., 2009).

The *Whole School* programme resulted in 66% of teachers being involved in children's conflicts, which is twice as many as in previous years. The programme was shortly followed by the introduction of gender-sensitive and gender equality-oriented learning methods (UNICEF, 2016). In this process, teachers and school leaders who have a high level of awareness of child development and protection will not ignore the factors that others easily miss/go unnoticed. The answer to the identified problem is the provision of services. According to the report prepared by the *Social Justice Centre*, resources in the education system are currently inadequate. While ROs have taken on a child care role, full compliance with the care policy has not yet occurred. The reason for this is the low number of support professionals in the psychosocial centre of the OROEIs (Potskhverishvili, Gerliani, 2023).

Therefore, it is important to identify the deficit and the potential for refining service delivery in the education system to meet the psychosocial needs of children aged 6–18 years by providing services in a timely manner to achieve better outcomes.

RESEARCH DESIGN

An explanatory sequential mixed-methods design was used in the study. In the initial phase, quantitative data was collected and analysed, and the results served as the basis for the subsequent qualitative data collection phase.

The first phase of the research comprised three stages:

In the first stage, the professionals of the psychosocial service centre were interviewed to determine the extent and profile of the discrepancy between the initially identified problems and the actual problems of the referred children. The professionals selected 154 cases with incorrectly identified problems and 99 cases with correctly identified problems in the years 2021–2023. The cases were analysed as part of the study.

The survey was conducted using a specially developed self-administered questionnaire. In order to minimise the dropout of participants, the link to the electronic survey was first tested and the results were incorporated into the final version of the questionnaire. The link was forwarded with a brief description of the aim of the study and instructions on how to complete it. Potential participants were informed about the anonymity of the survey and the approximate time required (25–30 minutes) to complete the questionnaire.

A non-probability sampling method was used, based on the experience and profiles of the professionals (social workers and psychologists) of the psychosocial service centre. Professionals with at least three years of professional experience were selected from both subgroups of professionals: those working with children under the age of 12 and those working with children over the age of 13.

In the second stage, a non-probability sample was carried out on the basis of the data obtained in the first phase. A survey was conducted among the 107 participants, of which referrals with misidentified problems (in 154 cases) were identified. The aim of this phase of the study was to investigate the causes of discrepancies and find ways to avoid them.

The survey was conducted using a specially developed self-administered questionnaire. In order to minimise the dropout of participants, the link to the electronic survey was first tested and the results were incorporated into the final version of the questionnaire. The link was forwarded with a brief description of the aim of the study and instructions on how to complete it. Potential participants were informed about the anonymity of the survey and the approximate time required (10–15 min) to complete the questionnaire.

In the third stage, 72 teachers from schools with a higher proportion of referrals were interviewed as part of a non-probability sample. The aim of this phase of the study was to investigate the role of teachers in reducing false referrals.

The survey was conducted using a specially designed, self-administered questionnaire. The link was forwarded with a brief description of the aim of the study and instructions on how to complete it. Potential participants were informed about the anonymity of the survey and the approximate time required (10–15 min) to complete the questionnaire.

In this phase of the research, data analysis was carried out in the SPSS statistical programme using the following methods and procedures: descriptive statistics, frequency analysis, cross-tabulation analysis. Based on the type of variables in the questionnaire, the chi-square test was used and a factor analysis of the research model was carried out.

Sampling was carried out at two points (quantitative and qualitative). The data collection process was not independent, but interrelated. On the basis of the quantitative data analysis, the qualitative research data was obtained by inviting purposefully selected smaller sample of the most informative participant who had contributed to the quantitative data collection in the second stage of the first research phase for further research and explanation of the phenomenon of interest.

The participants in this phase were:

1. Resource officers who referred:
 - Cases with significant deviations from the children's actual problems that, in the judgment of the professionals, could be avoided;

- Cases with significant deviations from the children’s actual problems, which the professionals are not confident whether they can be avoided or not;

- Cases with no deviation from the children’s actual problems.

Statistically non-significant results were considered for the follow-up in order to investigate general but meaningful topics for problem identification.

In this phase of the research, the focus group method was used with guided discussions in homogeneous groups of resource officers and teachers: two with resource officers and four with teachers.

RESEARCH FINDINGS

The survey of the professionals was conducted using a specially developed self-administered questionnaire. For the purpose of categorisation of referred cases the classification of cases used in the psychosocial service centre was applied. It presents 14 categories of pupils problems under which 9 have sub-categories developed for detailed profiling of children under a wider category.

TABLE 1. CASE CLASSIFICATION IN PSYCHOSOCIAL SERVICE CENTRE

Category 1. Emotional problems	Category 2. Destructive behaviour
Sub-categories: - Impulsive - Often gets angry - Often deteriorated mood - Depressed - Often cries purposelessly - Easily gets angry and/or irritated - Over anxiety - Hyperactive - Very cowardly - Withdrawn - Sad	Sub-categories: - Often gets in conflict - Carries cold weapon - Consumes tobacco - Consumes alcohol - Doubt about psychoactive substance consumption - Conflictual - Is totally disobedient - Involved in risky behaviour - Steals things - Destructive behaviour in class - Often leaves class

Continue of the Table 1

	<ul style="list-style-type: none"> - Often damages own or others' property - Often irritates others - Is involved in risky internet games - Tortures animals - Often lies - Has high dropout rate - Runs away from home
Category 3. Behavioural Problems and other Sub-categories: <ul style="list-style-type: none"> - Risk of early marriage - Child labour 	Category 4. Belonging to the Asocial Group Sub-categories: <ul style="list-style-type: none"> - Leads a such group - Is a member of this group
Category 5. Communication problems Sub-categories: <ul style="list-style-type: none"> - Has problems of relationships - Isolated - Does not have friends 	Category 6. Suicidal Behaviour/Thoughts Sub-categories: <ul style="list-style-type: none"> - Physically harms her/himself - Threatens with suicide - Suicidal thoughts - Suicide attempt
Category 7. Problems of the academic sphere Sub-categories: <ul style="list-style-type: none"> - Low academic achievement - Problems in reading - Problems in writing - Problems in concentration - Problems in mathematics - Attention deficit 	Category 8: Violence Sub-categories: <ul style="list-style-type: none"> - Economic - Compulsion - Cyber violence - Neglect - Physical - Physical bullying - Psychological - Psychological bullying - Sexual
Category 9. Hyperactivity Sub-categories: <ul style="list-style-type: none"> - Non diagnosed - Diagnosed 	Category 10. Sexual Harassment
Category 11. Pupil Status Termination Risk	Category 12. Behaves inappropriately
Category 13. Change of school/class	Category 14. Obsessive Behaviour

RESULTS OF THE SURVEY OF THE PROFESSIONALS

According to the professionals, in half of the referred cases with misidentified problems, it was possible to identify the real problems by the nonprofessionals (in 51%, of which 55% were children aged 6–12 years, 46% 13–18 years old); in one fifth (21%, of which 19% were children aged 6–12 years, 21% 13–18 years old) of the referred cases with misidentified problems, the professionals are not sure whether it was possible to identify the real problems or not. In a third of the referred cases with misidentified problems, it was not possible to identify the actual problems (29%, of which 26% were children aged 6–12, 33% aged 13–18).

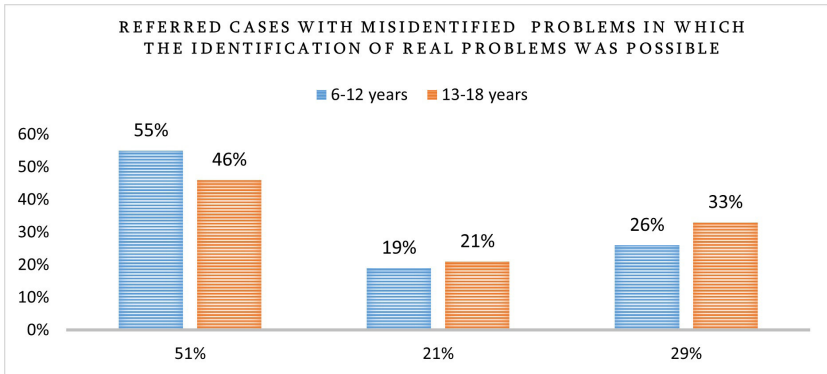


CHART N1. REFERRED CASES WITH MISIDENTIFIED PROBLEMS

When asked whether the child was on the waiting list, 33% (56% of them children aged 6–12 years, 42% aged 13–18 years) answered positively. Of note, 10% of children with obsessive behaviour, 34% of children who have been victims of violence, including 12% victims of psychological violence, 16% of children at risk of suicide, including 8% of children who self-harm, and 12% of children with suicidal thoughts were awaiting service provision.

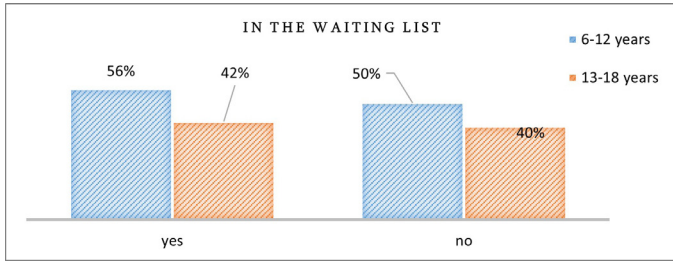


CHART N2. ON THE WAITING LIST

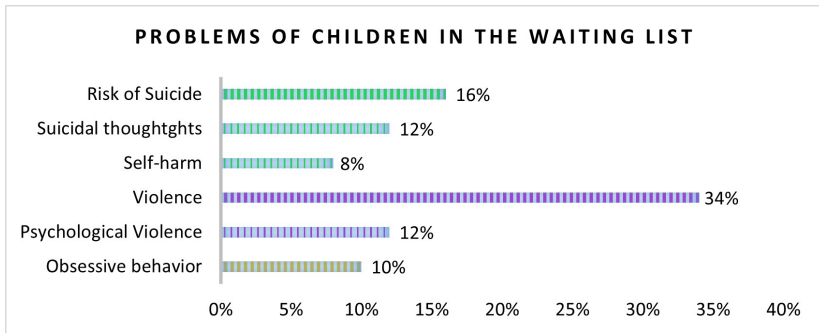


CHART N3. PROBLEMS OF THOSE CHILDREN WHO APPEAR ON THE WAITING LIST

On the question *did you share the identified mismatches with the reporter*, 70% responded negatively.

MISIDENTIFIED CASES

CATEGORY: SUICIDAL BEHAVIOUR AND THOUGHTS

Misidentified cases under the category *Suicidal Behaviour and Thoughts* were revealed in 16% of referred children with various problems. The

sub-categories under this category are presented with the following percentages:

- Physically harms her/himself – 7% (with age distribution: 6–12 years old 3%, 13–18 years old 13%. Gender division: 10% girls, 1% boys). Statistical testing revealed strong relationships between sex and suicidal behaviour – physically harms her/himself at significance level 0.02 ($P=0.02$).
- Threatens suicide – 2% (with age distribution: children 6–12 years 1%, 13–18 years 3% respectively).
- Suicidal thoughts – 10% (with age division: children: 6–12 years 5%, 13–18 years 3% respectively 18%). Statistical testing revealed strong relationships between age and suicidal behaviour – *suicidal thoughts* at significance level 0.05 ($P=0.05$). Strong relationships were revealed between sex and suicidal behaviour – *suicidal thoughts* at significance level 0.03 ($P=0.03$).
- Suicide attempt – 3% (only in children aged 13–18 years old: 8%). Statistical testing revealed strong relationships between age and suicidal behaviour – *suicidal attempt* at significance level 0.05 ($P=0.05$). Strong relationships were revealed between sex and suicidal behaviour – *suicidal thoughts* at significance level 0.03 ($P=0.03$).

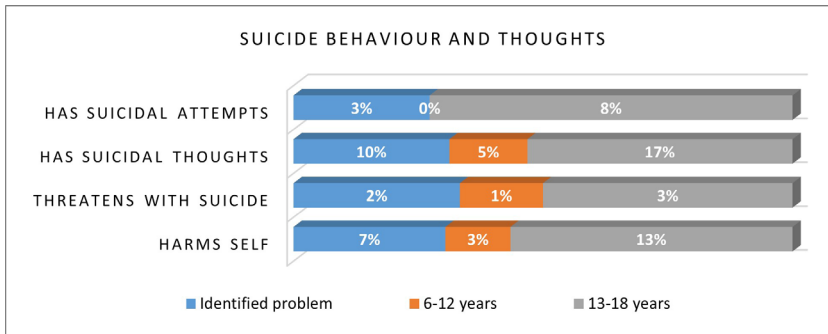


CHART N4. REFERRALS ON SUICIDE BEHAVIOUR AND THOUGHTS

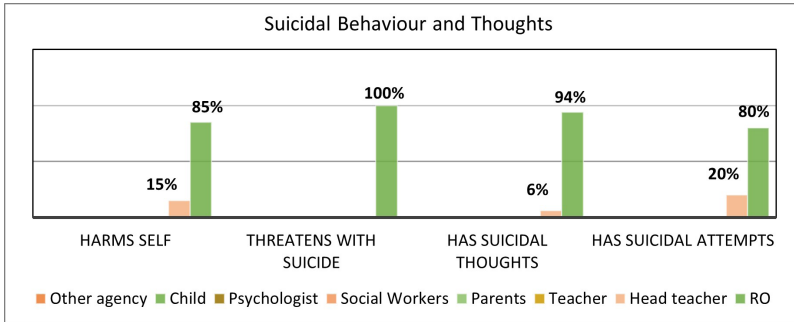


CHART N5. MISIDENTIFIED CASES IN CATEGORY – SUICIDAL BEHAVIOUR AND THOUGHTS

Children with *Suicidal behaviour and thoughts*, were referred with the following problems:

- Emotional problems – 91%
- Destructive behaviour – 17%
- Communication problems – 43%
- Suicidal behaviour and thoughts – 30%
- Problems of academic sphere – 22%
- Violence – 9%
- Other

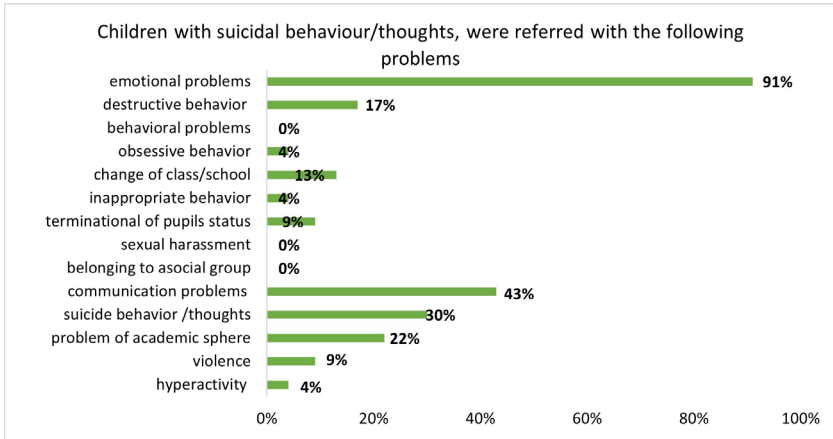


CHART N6. PROBLEMS CHILDREN WITH SUICIDAL BEHAVIOUR AND THOUGHTS WERE REFERRED WITH

Within this category suicidal risk was identified in the first stage of service provision by the professionals – assessment phase.

The professionals identified the following problems in children, referred with risk factor – *Suicidal Behaviour and Thoughts*:

- *Suicidal Behaviour and Thoughts* – 39%. Statistical testing revealed strong relationships between age and suicidal behaviour – *suicidal thoughts* at significance level 0.05 ($P=0.05$).
- Violence – 28%
- Hyperactivity – 6%
- Other

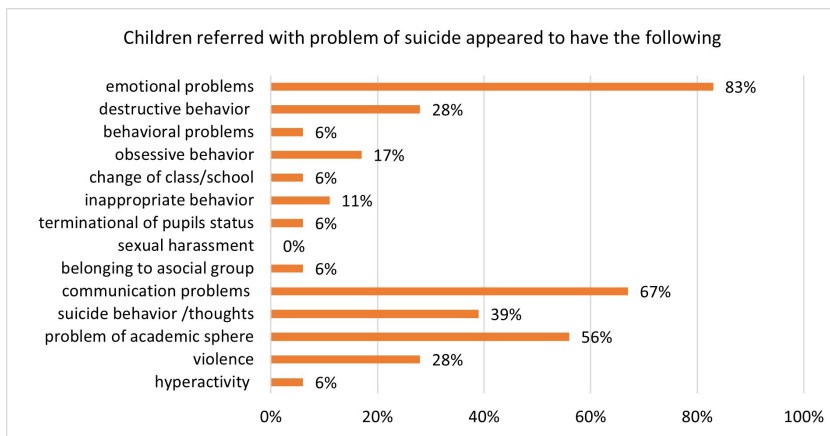


CHART N7. CHILDREN REFERRED WITH THE PROBLEM OF SUICIDE APPEARED TO HAVE

The reporters of misidentified cases are presented with the following proportion: 17% by resource officers, 20% by head teachers. In case of the first sub-category under this category – *physically harms her/himself*, 85% of cases were referred by the resource officers, 15% by head teachers. In case of the second sub-category – *threatens with suicide*, all cases are referred by the resource officers.

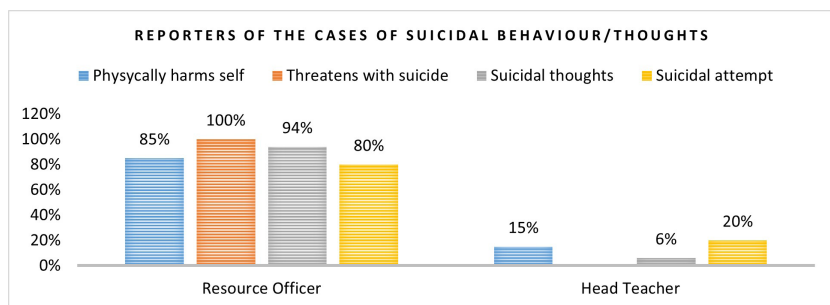


CHART N8. REPORTERS OF MISIDENTIFIED CASES OF SUICIDAL BEHAVIOUR/THOUGHTS

In case of the third sub-category – *suicidal thoughts*, 94% of cases are referred by the resource officers, 6% by head teachers. In case of the fourth sub-category – *suicide attempt*, 80% of cases are referred by the resource officers, 20% by head teachers .

CATEGORY: VIOLENCE

Misidentified cases under the category *Violence* – 76% of cases were revealed, among which psychological violence was presented with highest percentage 12% (out of which share of girls is 10%, boys 13%, with age distribution: 6–12 years-old – 11%, 13–18 years-old – 13%).

Children who appeared victims of violence, were referred with the following problems:

- Emotional problems – 78%
- Destructive behaviour – 30%
- Communication problems – 32%
- Suicidal behaviour and thoughts – 14%
- Problems of academic sphere – 38%
- Other

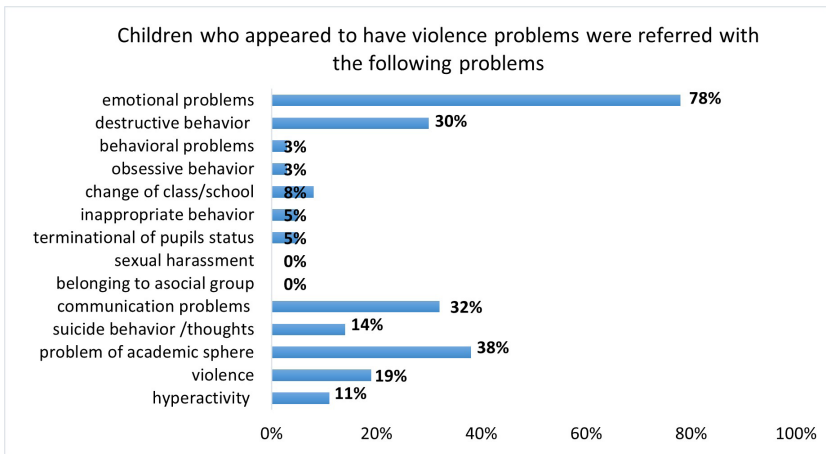


CHART N9. PROBLEMS CHILDREN WITH VIOLENCE WERE REFERRED WITH

The professionals identified the following problems in children, referred with risk factor – violence:

- Suicidal behaviour and thoughts – 14%
- Hyperactivity – 7%
- Other

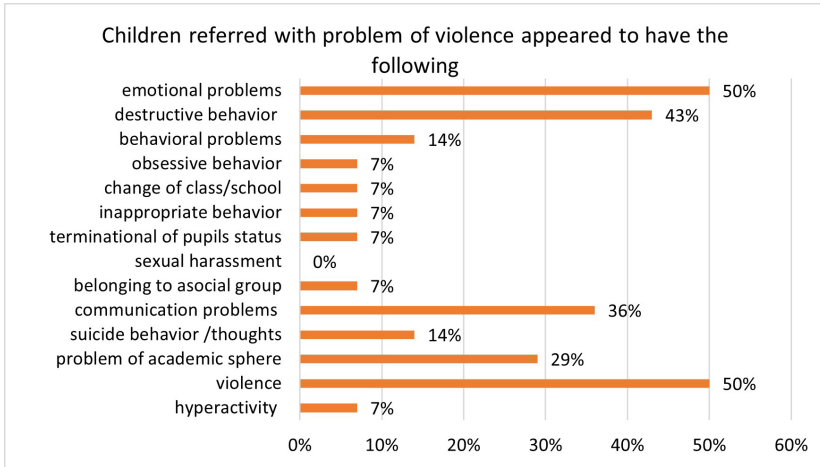


CHART N10. CHILDREN REFERRED WITH THE PROBLEM OF VIOLENCE APPEARED TO HAVE

Sexual Harassment was identified by the professionals in children aged 6–12 years old in 1% of girls (2 children), who were referred in the centre by the resource officers with the diagnosis of emotional problems, concretely *withdrawn in her/himself*.

Within this category problem of violence was identified in the first stage of service provision by the professionals – assessment phase.

The reporters of misidentified cases are presented with the following proportion: 26% by resource officers, 27% representatives of school direction, 50% social workers.

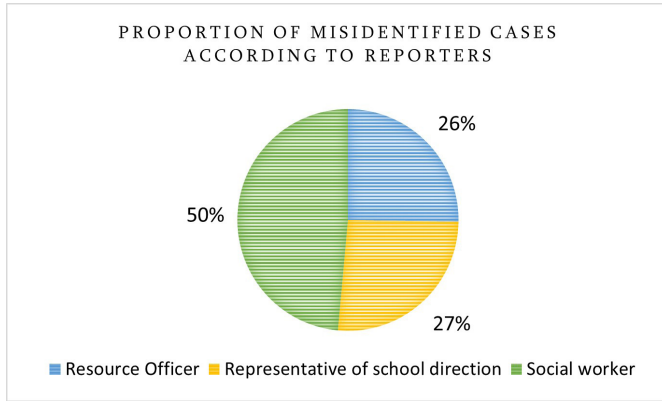


CHART N11. REPORTERS OF MISIDENTIFIED CASES ON VIOLENCE

CATEGORY: EMOTIONAL PROBLEMS

Children who appeared to have *emotional problems*, were referred with the following problems:

- Emotional problems – 83%
- Destructive behaviour – 40%
- Communication problems – 31%
- Suicidal behaviour and thoughts – 13%
- Problems of academic sphere – 30%
- Other

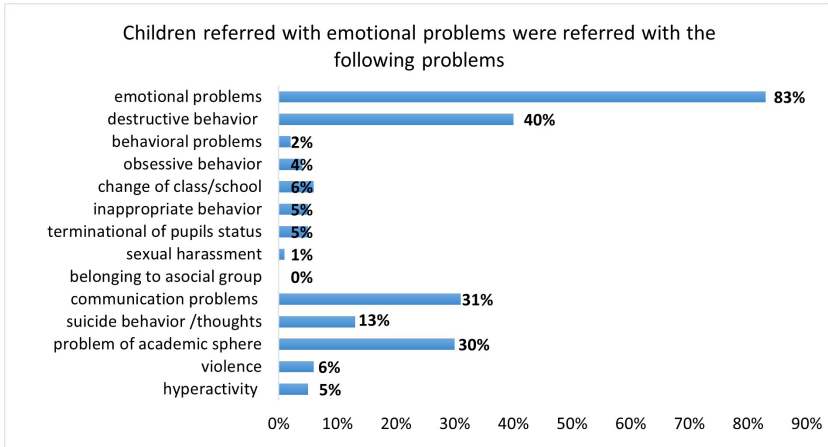


CHART N12. PROBLEMS CHILDREN WITH EMOTIONAL PROBLEMS WERE REFERRED WITH

The professionals identified the following problems in children, referred with *emotional problems*:

Communication problems – 55%

- Suicidal behaviour and thoughts – 19%
- Violence – 26%
- Hyperactivity – 7%
- Other

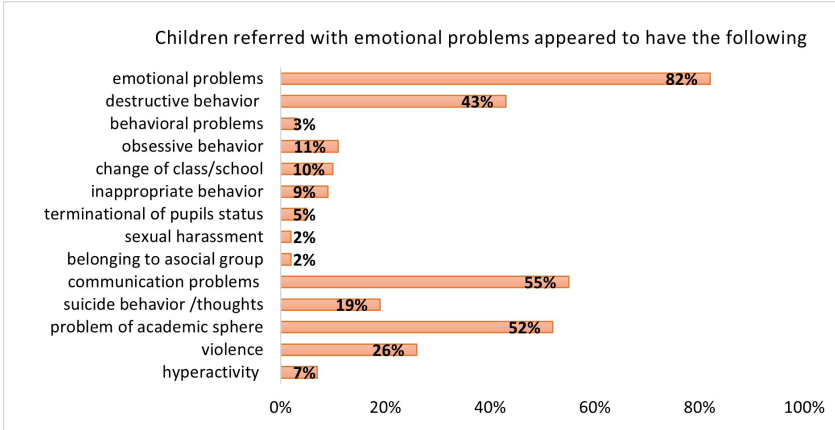


CHART N13. PROBLEMS CHILDREN REFERRED WITH EMOTIONAL PROBLEMS APPEARED TO HAVE

CATEGORY: DESTRUCTIVE BEHAVIOUR

Children who appeared to have *destructive behaviour*, were referred with the following problems:

- Emotional problems – 73%
- Destructive behaviour – 56%. Statistical testing revealed strong relationships between 13–18 years age and destructive behaviours – *gets involved in risky behaviour* at significance level 0.05 ($P=0.05$) and between 6–12 years age and destructive behaviour – *gets involved in risky internet games* at significance level 0.00 ($P=0.00$).
- Communication problems – 26%
- Problems of academic sphere – 35%
- Other

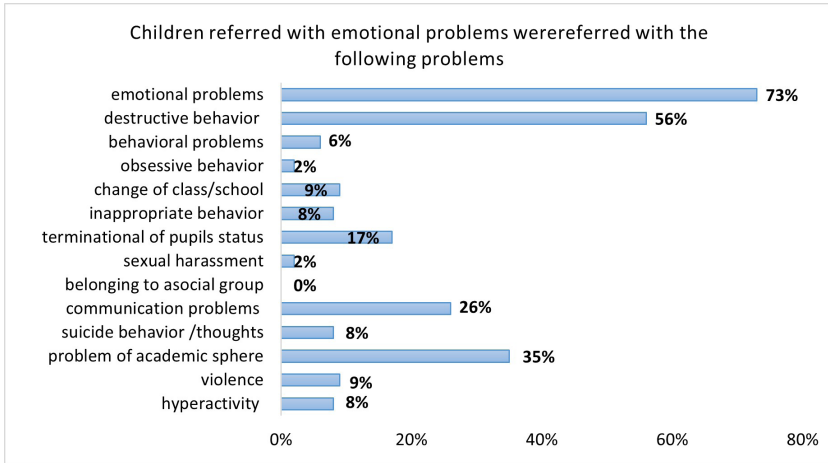


CHART N14. PROBLEMS CHILDREN WITH EMOTIONAL PROBLEMS WERE REFERRED WITH

The professionals identified the following problems in children, referred with *destructive behaviour*:

- Emotional problems – 73%
- Suicidal behaviour and thoughts – 6%
- Violence – 18%
- Hyperactivity – 13%
- Other

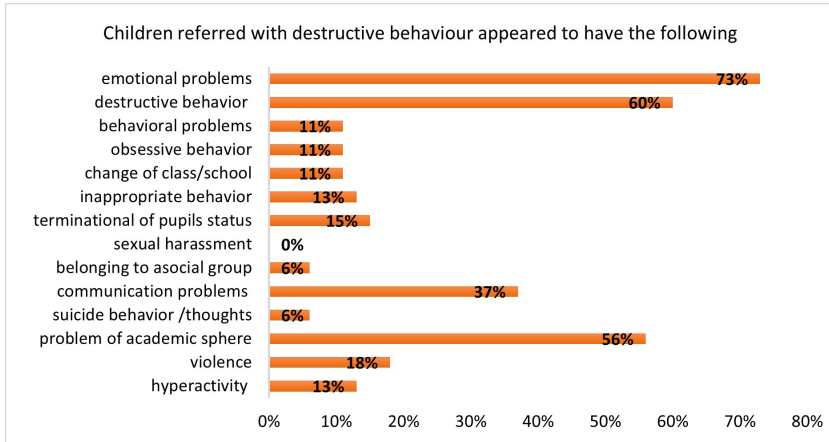


CHART N15. PROBLEMS CHILDREN REFERRED WITH THE PROBLEM OF DESTRUCTIVE BEHAVIOUR APPEARED TO HAVE

CATEGORY: BEHAVIOURAL PROBLEMS

Children who appeared to have *behavioural and other problems*, were referred with the following problems:

- Emotional problems – 38%
- Destructive behaviour – 88%
- Communication problems – 25%
- Suicidal behaviour and thoughts – 13%
- Problems of academic sphere – 63%
- Violence – 25%
- Other

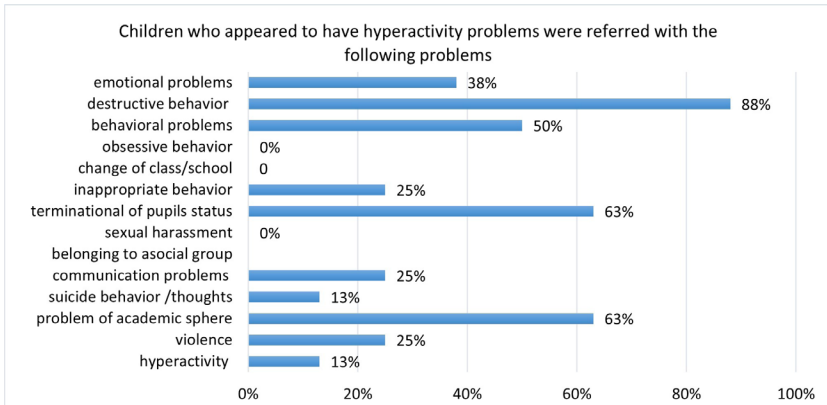


CHART N16. PROBLEMS CHILDREN WITH BEHAVIOURAL PROBLEMS WERE REFERRED WITH

The professionals identified the following problems in children, referred with *behavioural and other problems*:

- Belonging to/member of asocial group – 25%
- Violence – 25%
- Other

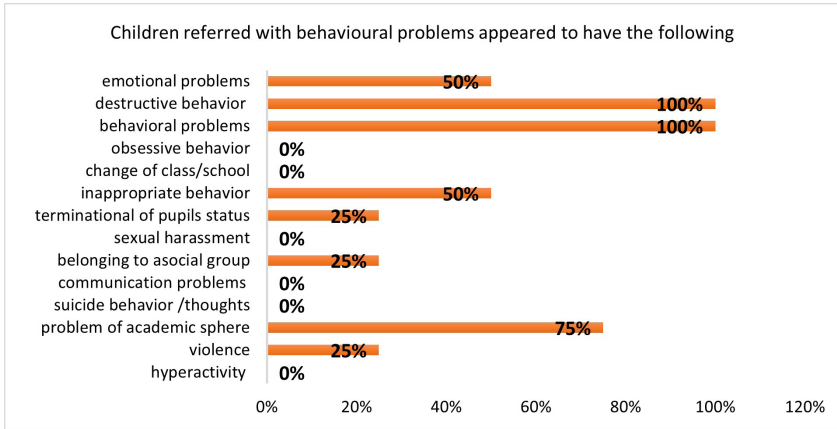


CHART N17. CHILDREN REFERRED WITH BEHAVIOURAL PROBLEMS APPEARED TO HAVE

CATEGORY: COMMUNICATION PROBLEMS

Children who appeared to have *communication problems*, were referred with the following problems:

- Emotional problems – 82%
- Destructive behaviour – 30%
- Communication problems – 36%
- Suicidal behaviour and thoughts – 16%
- Problems of academic sphere – 32%
- Violence – 7%
- Other

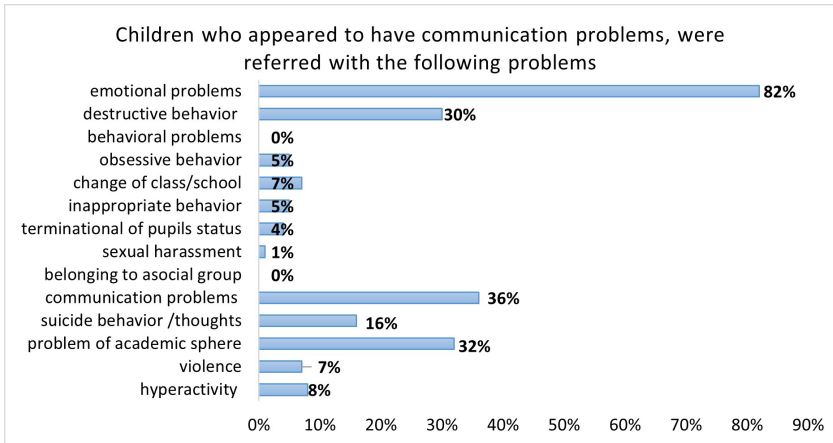


CHART N18. PROBLEMS CHILDREN WITH COMMUNICATION WERE REFERRED WITH

The professionals identified the following problems in children, referred with *communication problems*:

- Destructive behaviour – 41%
- Suicidal behaviour and thoughts – 24%
- Violence – 29%
- Other

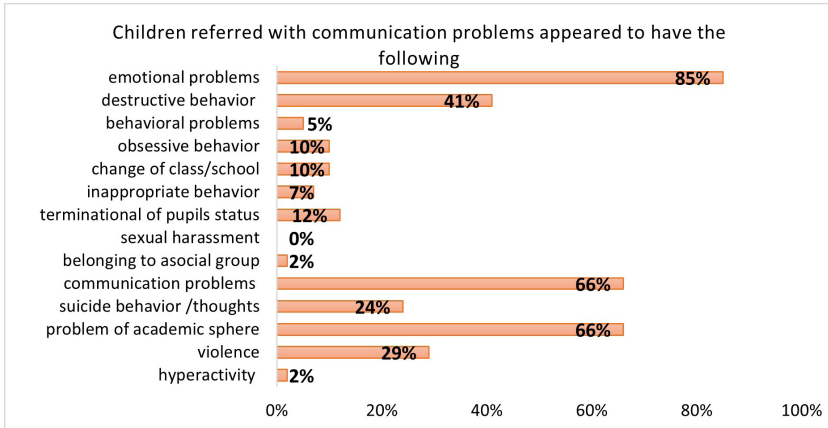


CHART N19. PROBLEMS CHILDREN REFERRED WITH COMMUNICATION PROBLEMS APPEARED TO HAVE

CATEGORY: PROBLEMS OF ACADEMIC SPHERE

Children who appeared to have *problems of academic sphere*, were referred with the following problems:

- Emotional problems – 76%
- Destructive behaviour – 45%
- Communication problems – 35%
- Suicidal behaviour and thoughts – 13%
- Problems of academic sphere – 42%
- Other

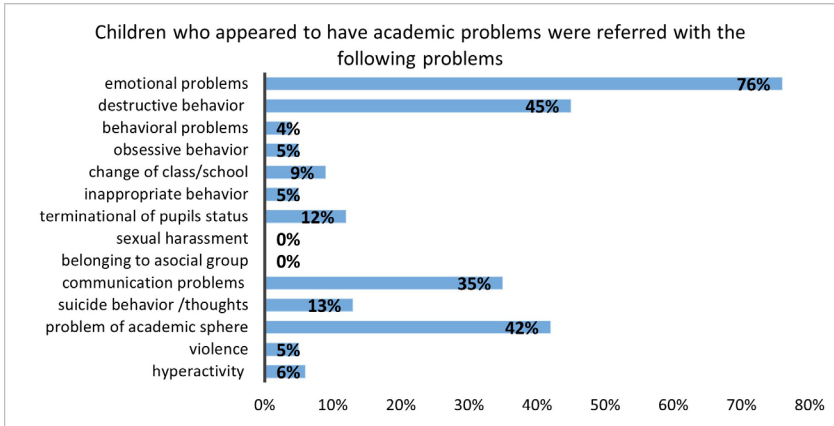


CHART N20. PROBLEMS CHILDREN WITH ACADEMIC SPHERE PROBLEMS WERE REFERRED WITH

The professionals identified the following problems in children, referred with *problems of academic sphere*:

- Destructive behaviour – 43%
- Behavioural problems – 9%
- Communication problems – 45%
- Suicidal behaviour and thoughts – 9%
- Violence – 26%
- Hyperactivity – 11%
- Other

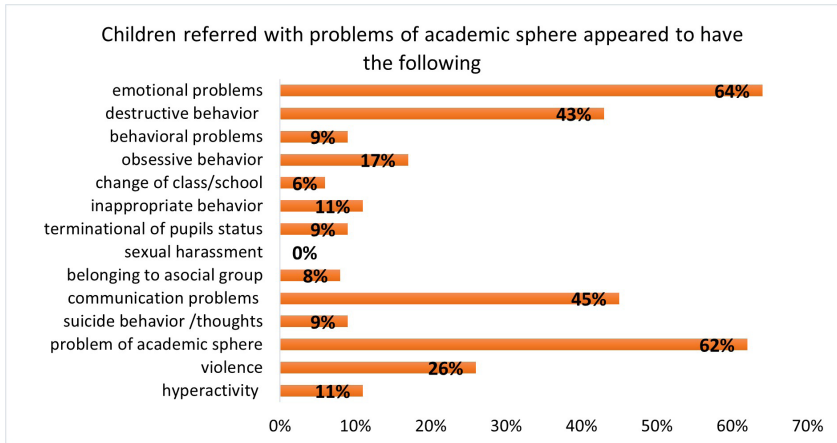


CHART N21. CHILDREN REFERRED WITH PROBLEMS OF ACADEMIC SPHERE APPEARED TO HAVE

CATEGORY: : HYPERACTIVITY PROBLEMS

Children who appeared to have *problems of hyperactivity*, were referred with the following problems:

- Emotional problems – 80%
- Destructive behaviour – 80%
- Communication problems – 10%
- Suicidal behaviour and thoughts – 10%
- Problems of academic sphere – 60%
- Violence – 10%
- Other

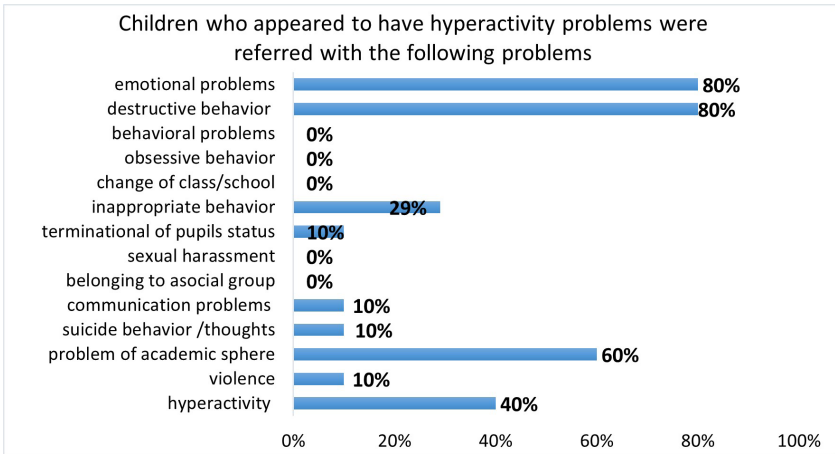


CHART N22. PROBLEMS CHILDREN WITH HYPERACTIVITY WERE REFERRED WITH

The professionals identified the following problems in children, referred with *hyperactivity*:

- Emotional problems – 75%
- Destructive behaviour – 63%
- Belonging to/member of asocial group – 25%
- Suicidal behaviour and thoughts – 13%
- Violence – 50%
- Other

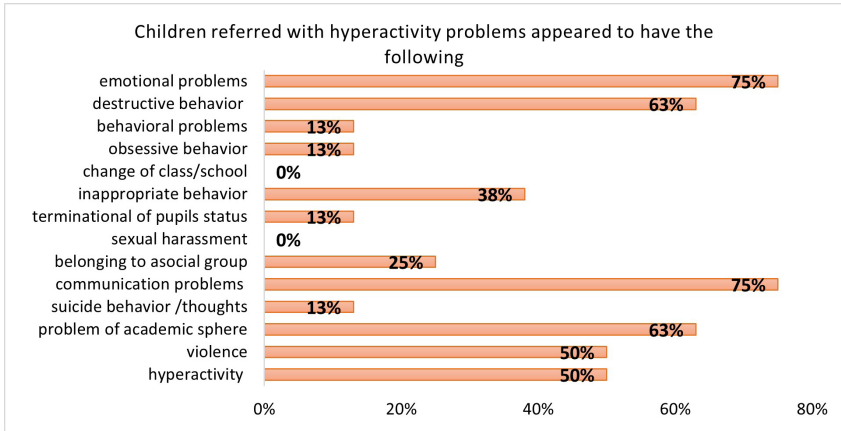


CHART N23. PROBLEMS CHILDREN REFERRED WITH HYPERACTIVITY PROBLEMS APPEARED TO HAVE

FACTORIAL ANALYSIS

Strong intercorrelated variables were revealed in the study. Reduction of variables among various categories revealed the following classification (the list is presented according strength of correlation):

1. Emotional problems, communication problems, suicidal behaviour thoughts among them.
2. Destructive behaviour, problems of academic sphere, hyperactivity.
3. Behavioural problems, belonging to asocial group.

The identification of correlation structures among various sub-categories presented the following classification (the list is presented according strength of correlation):

Within the variables of emotional problems:

1. Deterioration of mood, fears, withdrawnness, sadness.
2. Impulsiveness, irritation and anger.

Within the variables of destructive behavior:

1. Involved in risky behaviour, destructive behaviours in class, tortures animals.
2. Often gets in conflict, conflictual, often damages own or other's property.
3. Consumes alcohol, steals things.

Within the variables of suicidal behaviour and thoughts:

1. Suicidal thoughts, suicide attempt.
2. Physically harms her/himself, threatens with suicide.

The aim of this exercise was a) to identify relationships between categories and subcategories within the established classification, and b) as a follow-up exercise, to distil the established classification.

As a result of factor analysis, the number of items can be significantly reduced. The factor analysis showed that the 11 proposed variables within the category *Emotional Problems* in children can be reduced to 2 groups of subcategories with 6 variables; 18 proposed variables within the category *Destructive Behaviour* in children can be reduced to 3 groups of subcategories with 8 variables; 4 proposed variables within the category *Suicidal Behaviour and Thoughts* can remain with 4 variables, but within 2 groups under the category with 2 variables each.

RESULTS OF THE SURVEY OF RESOURCE OFFICERS

PROFILE OF RESOURCE OFFICERS ACCORDING TO EMPLOYMENT HISTORY

The question *how many years have you worked as a resource officer* was asked of four categories of employers who:

- Have 3 years history of employment (18% of participants)
- 4–6 years history of employment (24% of participants)
- 7–10 years history of employment (20% of participants)
- 10+ years history of employment (38% of participants)

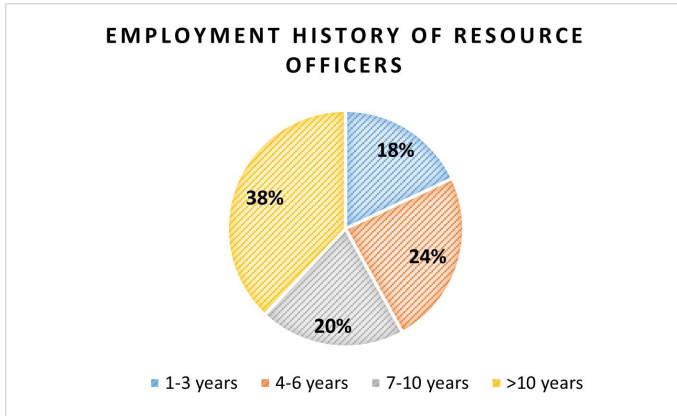


CHART N24. EMPLOYMENT HISTORY OF RESOURCE OFFICERS

TRAINING OF RESOURCE OFFICERS ON CHILD DEVELOPMENT AND CHILD PROTECTION ISSUES

To find out the link between the level of training and the potential to identify psychosocial and behavioural problems in children the following responses were received:

Resource officers with an employment history of more than 10 years (54%) have the longest (more than 10 hours) training history on child development, followed by those with a 4–6 year employment history with 5–7 hours of training (39%). 8% of surveyed resource officers have not completed even one hour of training on child development, out of which 16% had 3 years of employment history.

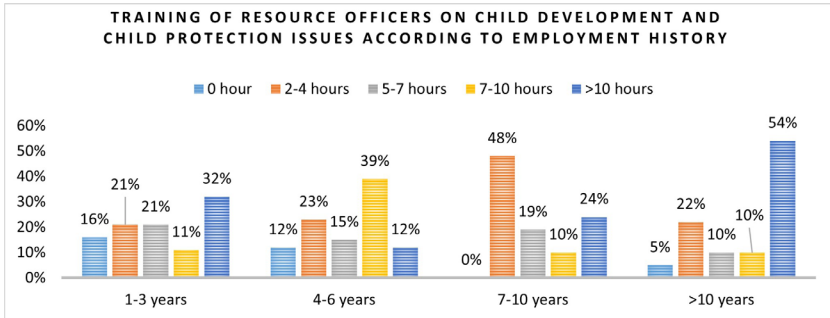


CHART N25. TRAINING OF RESOURCE OFFICERS ON CHILD DEVELOPMENT AND CHILD PROTECTION ISSUES ACCORDING TO EMPLOYMENT HISTORY

Resource officers with more than 10 years of employment history (44%) completed the longest training on violence (more than 10 hours), followed by resource officers with 7–10 years of employment history (42%) and 1–3 years of employment history (42%) who completed 5–7 hours of training. Of the ROs surveyed, 5% with 3 years of employment history, 4% with 4–6 years of employment history, and 2% with more than 10 years of employment history had not received any training on violence.

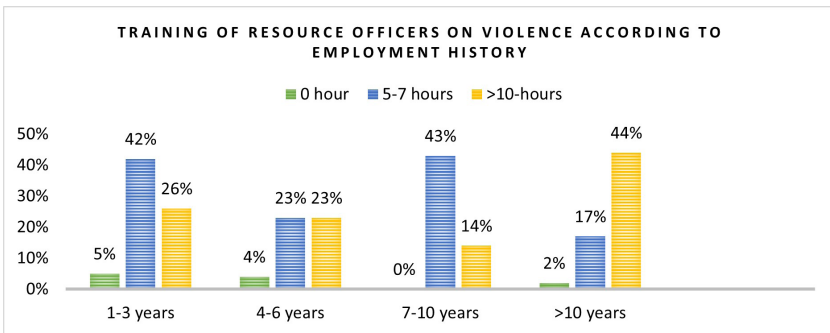


CHART N26. TRAINING OF RESOURCE OFFICERS ON VIOLENCE ACCORDING TO EMPLOYMENT HISTORY

Although ROs with more than 10 years of employment history (24%) received the longest training (more than 10 hours) on suicide prevention topics, 31% of them had not even completed one hour of training. According to the intensity of training, ROs with 4–6 years of employment (8%) follow, having completed 7–10 hours of training on this topic. Among ROs with less than 3 years of employment (18%), 47% have received 2–4 hours of training. Among those who have not received even one hour of training on suicide prevention, 52% are ROs with 7–10 years of employment.

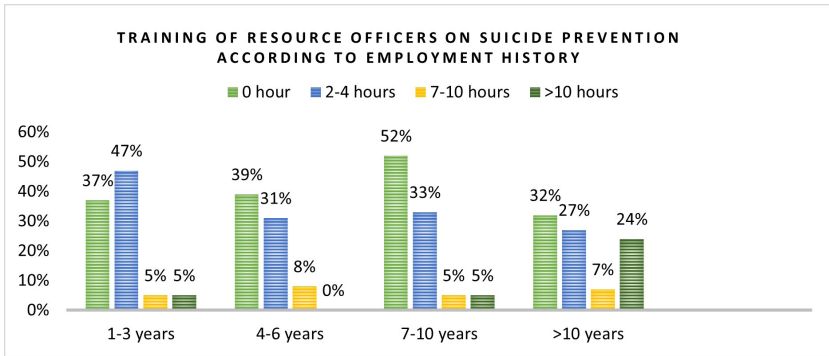


CHART N27. TRAINING OF RESOURCE OFFICERS ON SUICIDE PREVENTION ACCORDING TO EMPLOYMENT HISTORY

ASSESSMENT OF SELF-AWARENESS AND WILLINGNESS TO EXPAND COMPETENCE

When asked whether they assume that they could not recognise that the child is a victim of violence, 72% of the ROs surveyed answered positively. When asked *if you assume that you could not recognise that the child is planning to commit suicide*, 83% of the ROs surveyed answered yes. When asked *if you assume that you could not recognise that the child has suicidal thoughts*, 78% of the ROs surveyed answered yes. When asked *if*

you assume that you could not recognise that your child is planning to harm her/himself, 86% of the ROs surveyed answered yes.

When asked *do you think you need more training on recognising psycho-emotional and social needs*, 74% of ROs surveyed answered positively. The increasing tendency to recognise the need for training was evident on the background of decreasing employment history: newly hired ROs expressed the need for additional training at a higher percentage (90%) than those with more than 10 years of employment history (68%).

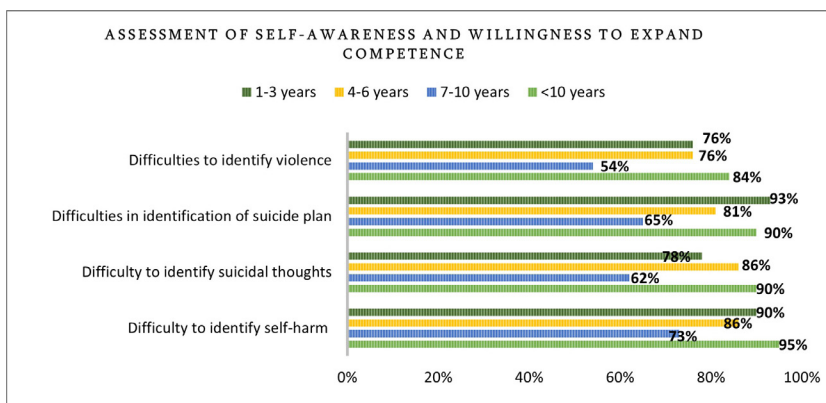


CHART N28. ASSESSMENT OF SELF-AWARENESS AND WILLINGNES TO EXPAND COMPETENCE

REALISATION OF PROBLEM IDENTIFICATION AT REFERRAL STAGE AS A PREDETERMINING FACTOR FOR SERVICE RECEIPT

The focus group discussion revealed that working ROs are concerned about the obligation to refer the child to a psychosocial service centre to protect them when the need for referral is not clear. There are cases where, in the case of problems in group, the entire group is referred to

the centre without purpose, even though this is in line with internal requirements.

According to the ROs, it is easier for teachers to identify risky behaviour of children. However, there are also cases where the child has established a relationship with the RO rather than a teacher or parent. Using a child's trust is very important and the constant and regular rotation of ROs between schools is a hindering factor here. This hinders building a trusting relationship with the children and observing their behaviour and condition.

The ROs feel that on the one hand teachers and representatives of school direction representatives are reluctant to make referrals because they cannot technically upload the referral, but on the other hand they are not happy when ROs take on the problem independently of them. They think it is important that they are informed about the children with difficult behaviour.

For the ROs, cooperation with the professionals (psychologists, psychiatrists, social workers) is always helpful. They maintain fruitful relationships with the social workers at the schools. It is desirable to repeat such relationships with the centre's psychologists.

LEVEL OF COORDINATION OF RESOURCE OFFICERS WITH THE COLLEAGUES FROM PSYCHOSOCIAL SERVICE CENTRE AND RECOGNITION OF NEED FOR IMPROVEMENT OF COMMUNICATION

In the event that a problem is identified that does not occur as part of the referral, 34% of ROs are contacted by their psychosocial service centre colleagues to share information. When asked if the ROs would like to be informed about the identified problem, 49% responded positively. Of these, 77% were ROs who are contacted by their colleagues and 68 who are not.

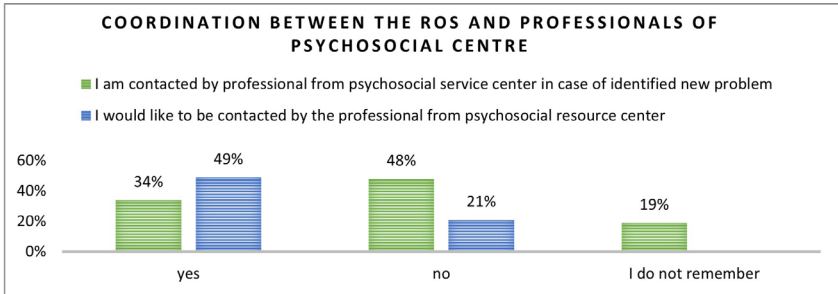


CHART N29. LEVEL OF COORDINATION BETWEEN THE ROS AND PROFESSIONALS FROM PSYCHOSOCIAL CENTRE

When asked *if you have information about the case in which the child you referred is placed on the waiting list* (i.e. does not receive a benefit immediately), 53% of ROs responded positively. In the case where the service was provided for the child they referred, 77% of ROs are contacted by their colleague from the psychosocial service centre.

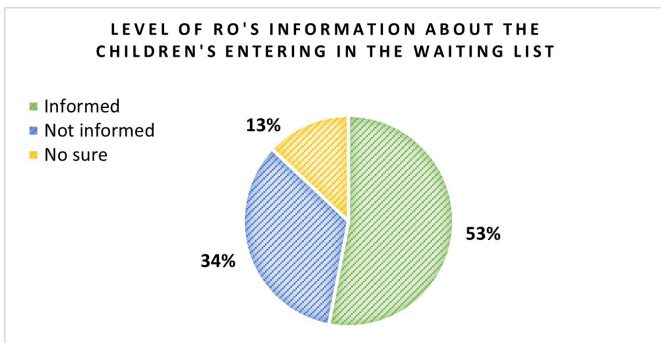


CHART N30. LEVEL OF ROS' INFORMATION ABOUT THE CHILDREN'S IN THE WAITING LIST

RESOURCE OFFICERS' APPROACH ON THE CONNECTION OF PSYCHO-EMOTIONAL AND SOCIAL NEEDS WITH SAFETY

95% of ROs surveyed consider it their duty to identify children's psycho-emotional needs, 92% feel the same about identifying social needs. 98% believe that identifying psycho-emotional and social needs is related to the safety of the child.

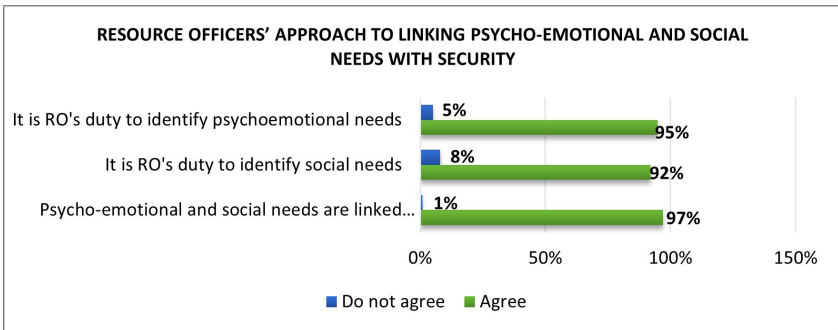


CHART N31. ROS' APPROACH TO LINKING PSYCHO-EMOTIONAL AND SOCIAL NEEDS WITH SECURITY

RESULTS OF THE SURVEY OF TEACHERS

PROFILE OF TEACHERS ACCORDING TO EMPLOYMENT HISTORY AND AGE

The majority of teachers surveyed (82%) have more than 10 years of professional experience. Half of them are older than 51 years.

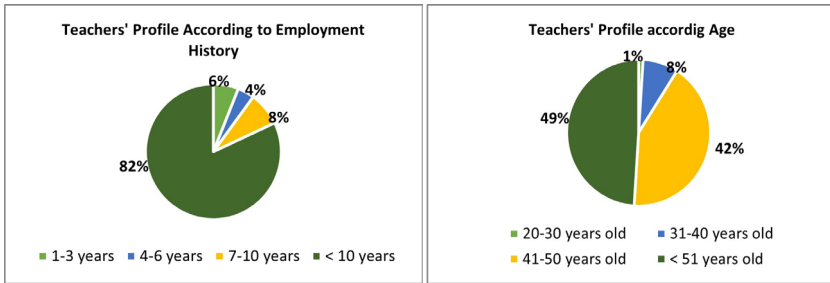


CHART N32. PROFILE OF TEACHERS ACCORDING TO EMPLOYMENT HISTORY AND AGE

TRAINING OF TEACHERS ON CHILD DEVELOPMENT AND CHILD PROTECTION ISSUES

The lengthiest (more than 10 hours) training history on the *child development* topic have 29% of teachers. To find out the relationship between the level of education and the ability to identify psychosocial and behavioural problems in children, three questions were asked to which the following answers were given: of these, 5% have an employment history of 1–3 years, 5% of 4–6 years, 10% of 7–10 and 81% of more than 10 years. 32% of the teachers surveyed have not completed even one hour of training on child development, 78% of whom have more than 10 years of professional experience.

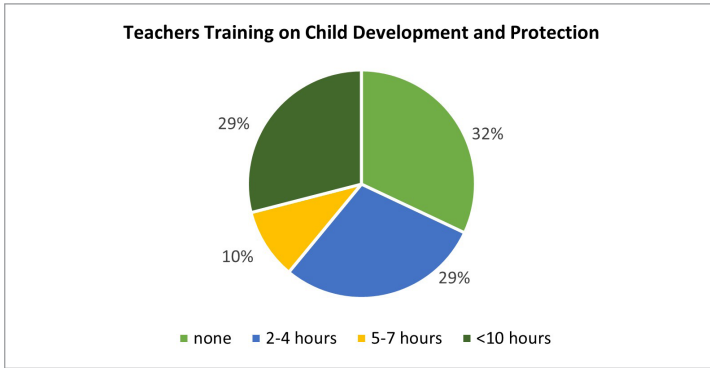


CHART N33. TRAINING OF TEACHERS ON CHILD DEVELOPMENT AND CHILD PROTECTION

The longest training (more than 10 hours) was passed by 25% of teachers. Of these, 22% have 7–10 years of employment history, 78% have more than 10 years of employment history. No training on violence was received by 29% of teachers, of which 81% with more than 10 years of employment history.

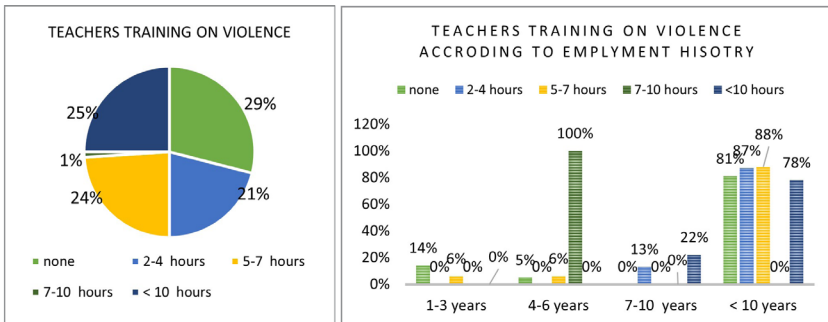


CHART N34. TRAINING OF TEACHERS ON VIOLENCE

The longest training (more than 10 hours) on suicide prevention topics was given to teachers with more than 10 years of professional

experience (4%). Of these, 33% are teachers with 7–10 years of professional experience, 67% have more than 10 years of professional experience. 63% have not received even one hour of training on suicide prevention, 80% of whom have more than 10 years of professional experience.

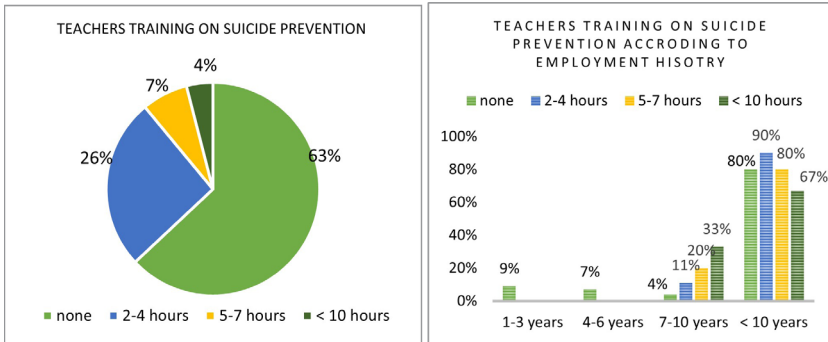


CHART N35. TRAINING OF TEACHERS ON SUICIDE PREVENTION

ASSESSMENT OF SELF-KNOWLEDGE AND WILLINGNESS TO EXPAND COMPETENCE

When asked whether they assume that they would not be able to recognise that a child is a victim of violence, 71% of the teachers surveyed answered positively. When asked whether they assume that they could not recognise that a child is planning to commit suicide, 83% of the teachers surveyed answered positively. When asked if you assume that you could not recognise that your child is having suicidal thoughts, 72% of the teachers surveyed answered yes. When asked whether they assume that they could not recognise that their child is planning to harm themselves, 78% of the teachers surveyed answered yes. When asked whether you assume that the problem you have identified may not be the child’s real problem, 79% of the teachers surveyed answered yes.



CHART N36. EVALUATION OF SELF KNOWLEDGEABILITY

When asked if you think you need more training in recognising psycho-emotional and social needs, 76% of teachers surveyed responded positively. All newly-hired teachers and 75% of those who have been in the classroom for more than 10 years said they need additional training.

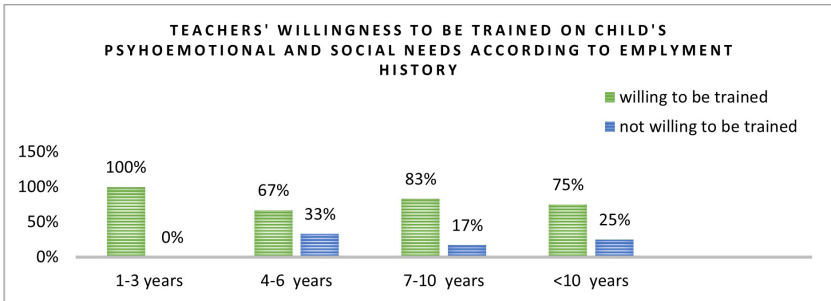


CHART N37. TEACHERS' WILLINGNESS TO INCREASE COMPETENCES

TEACHERS' APPROACH TO LINKING PSYCHO-EMOTIONAL AND SOCIAL NEEDS WITH SAFETY

90% of the teachers surveyed see it as their duty to recognise the psycho-emotional and social needs of children, 8% are unsure about this duty. 97% believe that identifying psycho-emotional and social needs is related to the safety of the child.

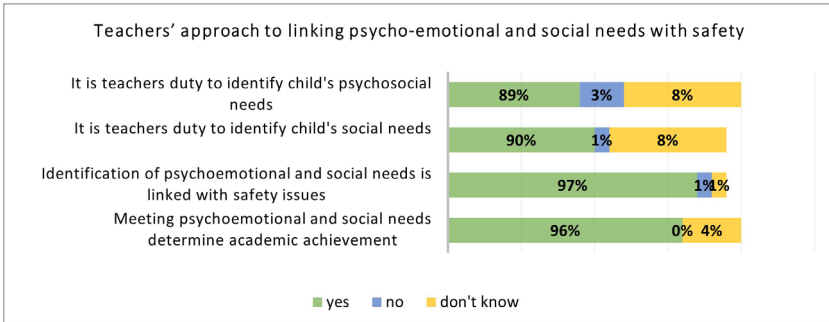


CHART N38. TEACHERS' APPROACH TO LINKING PSYCHO-EMOTIONAL AND SOCIAL NEEDS WITH SAFETY

When asked what is the reason for most children being referred to a mental health centre by ROs, teachers responded as follows:

- Teachers do not have the right to refer children – 13%
- teachers are not obliged to refer children – 10%
- teachers must pass on the information about the referral to the RO – 60%.

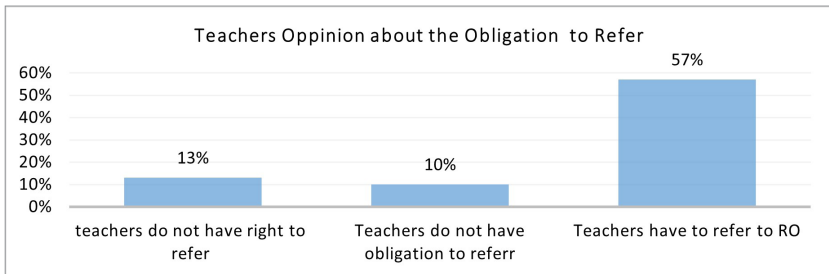


CHART N39. TEACHERS' OPINION ABOUT OBLIGATION TO REFER

The focus group discussion revealed interesting trends: a large group of teachers, like the teachers interviewed, have correct information about their duties. Their misperception of their role in relation to referral when they observe psycho-emotional or social and behavioural problems in

children prevents them from acting. However, some said that referral via RO helps them to avoid uncomfortable conversations and/or relationships with parents. There were cases of parents threatening teachers to the extent that teachers felt uncomfortable coming to school.

TEACHERS SEE THE CONNECTION BETWEEN COPING WITH PSYCHO-EMOTIONAL AND SOCIAL PROBLEMS AND SUCCESS AT SCHOOL

Teachers are aware of the link between overcoming psycho-emotional and social problems and academic success. 96% of them responded positively to this question.

TEACHERS' LEVEL OF COORDINATION WITH PSYCHOSOCIAL SERVICE COLLEAGUES AND RECOGNITION OF THE NEED TO IMPROVE COMMUNICATION

When asked if you have referred a child to another facility to receive services, 15% of teachers responded positively. Among the agencies mentioned, 21% mentioned OROEI, followed by the Agency of State Care And Assistance for Victims of Human Trafficking at 1%. The response for referral with the highest percentage was termination of student status (7%), followed by emotional problems at 4%.

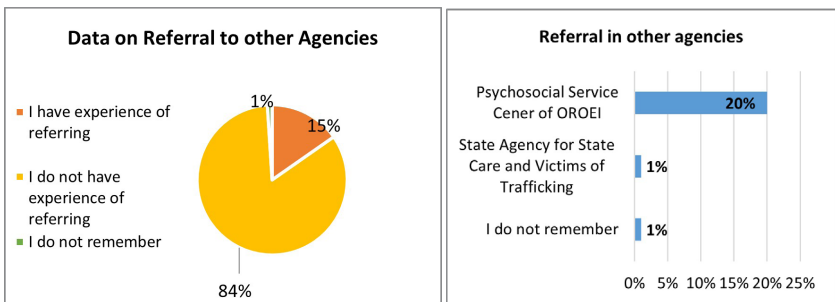


CHART N40. AGENCIES TEACHERS REFER TO

When asked if you have information about whether a child you referred received the service, only 19% of teachers responded positively. When asked if you have information about whether a child you have referred has not received the service, 17% responded positively that they had received such information from a colleague in the centre, 3% from the parents.

If the teachers know that the referred child is not being cared for immediately, and they believe that this has a negative impact on the child's situation, 28% of teachers contact their colleague at the institution to which the child was referred. If a problem is identified in ways other than referral, 19% of teachers are contacted by their colleagues in the mental health service to share information.

CONCLUSION AND PRACTICAL IMPLICATIONS

The extent of the discrepancy between the problems identified at referral and the children's actual problems is remarkable. A significant number of children end up on the waiting list. This means that the provision of services to children with immediate needs is delayed due to the misidentification of the problem at the referral stage, as the starting point for service provision is based on the child's condition. For crisis cases, services are started immediately. The study has shown that the real problems of the children are identified by the professionals of the psychosocial service centres in the first phase of service provision – the assessment phase. It is therefore important to avoid providing services in crisis as much as possible. Early response is a predictor of elimination of problems.

Children with problems falsely classified as extreme crisis (e.g. suicidal behaviour and ideation, violence) and moderate crisis (e.g. communication problems, emotional problems, etc.) were placed in the category of problems that are easy for teachers to recognise, while they are rather difficult for resource officers to recognise due to their knowledge and skills. Accordingly, the fact that the responsibility lies only with the resource officers limits the problem detection scale, as

the resource officers are responsible for the safety and observation of children's behaviour during breaks on school grounds.

Although teachers demonstrated a high awareness of the link between addressing psycho-emotional and social problems and academic success, the teachers interviewed were unaware of their responsibility to make referrals or avoided the referral process because they were unaware and/or had unpleasant experiences with it. Referring children at an early stage and in a less deteriorated state ensures a reduction and/or elimination of the problems and the avoidance of referral risks due to delayed or inadequate response from the service. The latter limits or prolongs the chances of treatment.

There are cases where children are rashly referred to a centre to avoid worsening the situation. However, it should be considered whether the system operating has the luxury of "safeguarding", given such a low ratio between the supporting professionals and the schoolchildren – in 2021, the ratio of psychologists per total number of schoolchildren was 1:14,856; of social workers per total number of schoolchildren the ratio was 1:15,228. In 2022: 1:16,434, 1:10,073, respectively. In 2023: 1:12,178, 1:10,381. At the same time, it should be taken into account that psychological service is available in the territorial units where centres are located, social work service in the territorial units where social worker is located in schools. It is important that responsibilities are enforced according to the rules and regulations, and not according to the considerations of some actors.

Although resource officers make every effort to meet children's needs, adopt a process-oriented "safety" approach and have received intensive training (in some cases more intensive than teachers), the identification of such problems based on intensive observation and contact with children and their parents is beyond their role and competence. In addition, the National Education Plan (2019) in Article 19, which states the responsibility of the headteacher, emphasises the duty to care for and support children so that they can develop to their full potential. This obliges them to recognise hindering factors and eliminate them in good time.

Identifying problems requires knowledge that enables the signs of these problems to be recognised. It is therefore important that those who have a direct relationship with the children have this knowledge. The present study showed that the variables correlate strongly with each other. The reduction of the variables to different categories resulted in the following classification, which is presented as follows according to the correlation strength:

1. Emotional and communication problems, including suicidal thoughts.
2. Destructive behaviour, academic problems, hyperactivity.
3. Behavioural problems, including belonging to an antisocial group.

Reducing the dimensions (which sometimes overlap) to clear, interrelated and easy-to-interpret dimensions, provides clarity for supportive professionals to see where they can improve their services and promotes identifiability for people with the potential power to recognise and report the problems to the appropriate services. The correlation established between the variables offers teachers the opportunity to identify problems in the classroom or in another environment where intensive observation is possible. Finally, item reduction makes similar surveys more feasible and less burdensome for survey participants. Further research is needed to assess the quality of the shorter version of the questionnaire.

In the case of resource officers, the study revealed a correlation between education and length of employment, while a correlation was not found for teachers. The longer the employment, the more training hours on topics such as child development, violence and suicide prevention were completed. According to the information provided by the resource officers of the educational institutions, the resource officers have undergone intensive training on sufficient topics (human rights, discrimination, difference between bullying and joking, gender mainstreaming in the education system, violence and domestic violence, etc.), but with unequal accessibility. Accordingly, there were cases where among the teachers and resource officers, neither the newly-recruited nor the

teachers employed for more than 10 years received even a single training session on such risky behaviour as suicide. This suggests that the capacity building policy is inconsistent. Both resource officers and teachers have a high percentage of realistic assessments of their self-competence and willingness to take responsibility to increase their knowledge. The willingness to strengthen competencies and deepen knowledge is a good breeding ground for working on this topic at system level.

The coordination mechanism left plenty of room for strengthening the inner system level. The professionals at the psychosocial service centres do not share information with their colleagues if they misjudge the child's problem at the referral stage. This limits the ability to refine the referral process. Resource officers showed a high awareness of the benefits of sharing information with psychosocial service centre colleagues. It is worth noting that the higher awareness of the importance of coordination was evident in cases where such coordination was achieved. Teachers rarely coordinate with psychosocial service professionals, but some of them contact the colleague of the institution to which the child has been referred in the interest of the child if there is a delay in the provision of services. Accordingly, it is important to be aware of and take advantage of the benefits of coordination.

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MOKYKLINIO AMŽIAUS VAIKŲ PSICHOSOCIALINIŲ PROBLEMŲ NUSTATYMO SUNKUMAI

SANTRAUKA

Tyrime pateikiama trūkumų nustatymo analizė ir veiksmingumo įrodymai, siekiant tobulinti psichosocialinių paslaugų teikimą 6–18 metų vaikams Gruzijos švietimo sistemoje. Tyrime naudotas žvalgomasis nuoseklusis mišraus tyrimo dizainas. Tyrime dalyvavo psichologai, socialiniai darbuotojai, švietimo įstaigų išteklių specialistai ir Gruzijos švietimo sistemos mokytojai. Tyrimu siekta nustatyti klaidingų nukreipimų priežastis ir įvertinti jų mažinimo galimybes.

Buvo tiriami problemų nustatymo neatitikimai nukreipimo į gydymo įstaigą etape. Paslaugų teikimas vaikams, turintiems neatidėliotų poreikių,

vėluoja dėl neteisingo problemos nustatymo nukreipimo etape, nes paslaugų teikimo pradžioje vaiko būklė yra lemianti. Krizių atvejais paslaugos pradedamos teikti nedelsiant. Tyrimas parodė, kad tikrąsias vaikų problemas psichosocialinių paslaugų centrų specialistai nustato pradiniam paslaugų teikimo etape, todėl svarbu kuo anksčiau nukreipti krizių ištiktus vaikus į psichosocialinių paslaugų centrą, kad būtų galima veiksmingai spręsti jų problemas. Į psichosocialinių paslaugų centrą dažniausiai nukreipia už saugumą mokyklose atsakingi išteklių specialistai. Vaikai, kurių problemos klaidingai priskiriamos prie ekstremalios krizės ir vidutinės krizės, pateko į problemų, kurias lengviau atpažįsta mokytojai ir gana sunkiai – išteklių specialistai, kategoriją. Pirmieji turi teisę stebėti vaikus ir jų tėvus bei intensyviai su jais bendrauti, o antrieji atsakingi už vaikų saugumą ir jų elgesio stebėjimą per pertraukas mokyklos teritorijoje. Vaikų psichikos, emocinių ir (arba) elgesio problemų nustatymas įmanomas intensyviai stebint vaiko elgesį ar būklę ir turint atitinkamų žinių apie jo raidą.

Tyrimas atskleidė, kad, priešingai nei mokytojų, išteklių specialistų išsilavinimas ir darbo stažas yra susiję. Kuo ilgesnis darbo stažas, tuo daugiau mokymo valandų vaiko raidos ir apsaugos temomis. Tačiau išteklių specialistai, kaip ir mokytojai, realiai vertina savo kompetenciją ir norą prisiimti atsakomybę gilinti žinias. Tai gera dirva dirbti šia tema sistemos lygmeniu. Nors mokytojai gerai supranta ryšį tarp psichoemocinių ir socialinių problemų sprendimo ir mokymosi sėkmės, apklausti mokytojai nesuvokė savo pareigos nukreipti mokinius arba vengė nukreipimo proceso, nes nežinojo apie jį ir (arba) turėjo nemalonus patirties. Koordinavimo mechanizmas tarp aplink vaiką esančių švietimo sistemos dalyvių taip pat palieka erdvės situacijai gerinti. Tai padidins galimybes tobulinti nukreipimo procesą.

Atlikus faktoringę analizę ir suskirsčius kintamuosius į skirtingas kategorijas, paaiškėjo, kad pagal koreliacijos stiprumą tarpusavyje susiję: 1. Emocinės problemos, bendravimo problemos bei mintys apie savižudybę; 2. Destruktyvus elgesys, akademinės problemos, hiperaktyvumas; 3. Elgesio problemos, priklausymas antisocialinei grupei. Sumažinus matmenis iki aiškių, tarpusavyje susijusių ir lengvai interpretuojamų matmenų, paramos specialistams tampa aišku, kur jie gali tobulinti savo paslaugas, ir skatina žmonių, galinčių atpažinti problemas ir pranešti apie jas atitinkamoms tarnyboms, atpažįstamumą. Nustatytas kintamųjų tarpusavio ryšys suteikia mokytojams galimybę nustatyti problemas klasėje ar kitoje aplinkoje, kurioje galima intensyviai stebėti. Apibendrinant galima daryti

išvada, kad ankstyvoje stadijoje ir vaikų su mažiau pablogėjusia būkle nukreipimas į psichosocialines paslaugas užtikrina problemų sumažėjimą ir (arba) pašalinimą.

Reikšminiai žodžiai: *psichosocialinės problemos, moksleiviai, nukreipimas psichosocialinėms paslaugoms.*