

THE EMBALMED 10,000

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Situation 1:

Imagine for a moment... the simple liberties of clipping a pod in the Nescafé Dolce Gusto Oblo Coffee Machine turns into a trolley visit (with the typical whiny twisted wheels) and in the background a care worker shouting at the top of her voice as she walks down the hallway peeping unperturbed into one room after another; ‘trid te sabiħa?’ (Do you want tea sweety?)

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Situation 2:

A typical institutionalised conversation in an old people’s home:

Care worker 1: Postok fuq dak is-siġġu sabiħ (You are expected to sit on that chair sweet)

[With a pleading tone in his voice...]

Wenzu: Imma hawn irrid noqoġħod ta u ma rridx niekol fil-ħamsa. Anzi irrid grokk Brandy u sigarru bħalissa. (No but I don’t want to sit here and eat at 5pm. What I really want at the moment is some Cognac and a cigar).

[...in the most patronizing of tones...]

Care worker 1: Le ħanini t-tabib ma takx permess u jekk ma tobdinix nugżak lin-nurse! Ejja kul, għandna l-minestra lllum. (Oh dear the doctor did not give you permission and if you do not obey me I will tell the nurse. Come on, eat, we have soup today).

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Situation 3:

A young disabled man and his girlfriend who live in a residential home and want to have sex but cannot because they are being relentlessly shrivelled by the care workers.

Care worker 1: Jaħasra xi ħlew iħobbha ta. (Look how sweet he loves her)

Care worker 2: Isa ħi oqoġħod pingi magħha. (Come on and stay drawing with her)

[...a few moments later...]

Care worker 1 [...in the typical demeaning of manners]: Time-up ħi, issa għidilha ċaw l-għarusa. (It’s time up, say bye to your girlfriend).

Stuart: Imma jien irrid inbusha. (But I want to kiss her)

Josianne: ...u norqod ħdejh. (...and sleep next to him)

[...both Care workers laugh as Stuart and Josianne are dragged away from each other...]

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10,000 persons in Malta and Gozo, ‘as we speak’, are living in residential homes, away from their community, their family and friends, the people they have been brought up with, the grocery shop, the butcher, the streets, the neighbours, the sounds and the smells that they are used to and have been brought up with. Just like the Harry Potter Invisibility Cloak, institutionalisation makes you conveniently invisible.

Let us not be tricked, these people struggle big time to make the 'institution', the 'residence', whatever political correct way we choose to call it, their 'home'; whether it is inmates in a prison cell, patients at MCH, children in homes, old people in residences, disabled persons and people with mental health challenges in units, migrants in their prefabricated abodes, women victims of violence in some secluded townhouse, sex-workers and homeless people in hostels – and the list could go on.

I do understand that some of these people 'in care' might not have any other option. I also recognise that at face value people live in institutions because something in their life did not work out as it should.

But most of the 10,000 are carted-out against their wish and if we are not watchful this risks becoming the new normal in our social welfare system because we think we are doing the right thing as we embalm people!

I am convinced that many did not choose this life for themselves.

Then again, no flower arrangement or fresh smell of detergent or elegant reception or new bedsheets or some other privilege will unstiffen the pain of being away from home. No 'Home away from home' or 'Offering Hope & Comfort' tacky slogans will do it for me.

From where I stand, the people who are in out-and-out need for residential accommodation should be much less than the thousands of people who have been unloaded in these residences.

For example, are we sure these people would be confined to such lodgings had our communities been more hospitable?

- That old lady, Marija, who lost her lifetime partner, developed symptoms of dementia and is 'certified' unable to live on her own;
- or that young man, Massimo, who due to the heroin addiction he has slipped into needs to be treated away from his family because of the dangers there are in the neighbourhood;
- or that young mum, Shirley, who has been punched so many times in her face by her husband that she cannot remember the names of her parents and now has to live in a shelter because the ex-husband still resides in the matrimonial home;
- or that young girl, Irene, who came from Lithuania hoping to find a better quality of life, ended up working as a sex worker to survive and has now been abandoned by her pimp because she got pregnant and is now residing in a shelter with no money she can call hers;
- or that that priest, Fr James, who after dedicating his life to his parish is placed in a hostile looking home for old clerics because he is of no more need to the parish;
- or that Somali man, Jaamac, who left his village back home after his parents and sister got murdered and is now living in a prefabricated box at Hal-Far;
- or that little boy, Jackson, who was the victim of abuse and abandonment and left alone so many times at home and deprived of schooling, good food and love and notwithstanding he is just 8 years old had to be admitted to a Church residential home because no other members of the family 'wanted to get involved';
- or that 14-year-old, Sharon, who doesn't know who her father is and all she knows about her mother is that she is a cocaine addict, now having to live with six other girls she doesn't know and doesn't like because no one else will take her in;
- or that 35-year-old man, John, who has lived in a mental health institution because 12 years ago he lost his parents and slipped into a depression and had no support and ended up in a crowded ward with many other people he did not know and did not choose to live with;
- or that 70-year-old man, Grezzju who was widowed a year ago and all he did was cry for the loss he had

endured of his lifetime companion and his family thought it would be better for him to be 'settled' in a residential home because his children were busy with their careers;

- or that young Belarussian man, Timofei, who thought it was ok to act as a drug mule and got himself into so much trouble he ended up in prison, never once getting a visit;
- or Marika, who is disabled and has been placed in a home because her parents cannot cope with her and raising the other siblings - so she 'was chosen' to go;
- or Wistin, who is repeatedly sent to solitary confinement whilst he is doing his prison sentence.

Surely there were other alternatives we could have at least considered instead of people being lugged out of their private residences;

- MCH should be much smaller, alternative community models applied more aggressively and the mental health strategy implemented speedily;
- families with disabled members should have more access to top notch community individualised services;
- SVPR should never exist to that extent (an estimated 1,800 residents with the new extension) turning that part of Malta into a settlement for the aged most of whom are miles away from home;
- we should be investing in more speckled community services for children to remain with their families, keep strengthening fostering services and make it easier for couples to adopt local children;
- we need to reduce the number of people who reside in prisons by giving alternative punishments instead of incarceration when sentencing is less than 2 years;
- we need to support Dar tal-Providenza by providing resources so that more residents are placed in community homes or helped to relocate in smaller apartments;
- we need to give more psychological and community help to all those who are homeless and provide them with the tools to make a life for themselves.

I am troubled that institutionalisation has taken on a new meaning in present-day social welfare and at times is being considered as the be-all and end-all of our welfare safety net.

Once again, I do understand that there are circumstances that make it increasingly difficult for people to be comforted and taken care of at home; maybe severe challenging situations or abusive contexts, but other than that I believe it is more an issue of our 'modern lifestyle' that leaves very little space for people to engage in the needs of others. Life's currency is turning out to be about 'me', 'my' career and 'my' aspirations – what comes in the way we toss to the side.

As a society we are slowly turning our welfare system into barbicans with overlooking turrets. We are transforming our support programmes into bricks and mortars, paternalistic clinician-patient relationships and pathologising of difference. And where adaptive behaviour is not possible, according to our sophisticated and politically correct protocols, the easiest way of sorting things out will be to erase them from our collective conscious. One way of doing this is that instead of focusing on community services we find it easier (albeit costlier) to create homes and residences, speaking about 'cases' rather than people and negotiating costs of 'bed care' rather than seeking creative solutions that are possibly already implanted in our (very resourceful) communities. One good step in the right direction is that at least we are introducing measures and standards to safeguard quality.

But let's call a spade a spade.

People in care suffer loneliness, deep-seated agonising solitude, lose an interest to live, give up on their ambitions and simply live in a world of memories and their social world changes and life becomes twisted and unrecognisable. This situation has a toll on these individuals.