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EXILED HOMES

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During the past decades, the proportion of elderly people in the population within the European Region has drastically increased. This demographic change is the result of a higher life expectancy throughout Europe, accompanied by low birth rates.

Malta is no exception to this trend. In 1995, 11.4% of the Maltese population was aged over 65, but this reached 19% in 2015 (NSO, 2016). Population projections indicate that this trend will continue in the coming decades.

This demographic change has led to a rise in demand for the provision of health care services for the elderly, to such an extent that most countries face an increasing shortage of health carers. In Europe alone, it is estimated that the shortfall in such workers is approximately 2.3 million (WHO, 2017).

Considering the mismatch between labour demand and supply in the domestic context, immigrant care professionals play a crucial role in helping to fill the gap and therefore making a major contribution to the well-being of Malta's elderly.

This is particularly true of the Filipino carers residing in Malta. In 2010, 22% of the registered home-based care workers in Malta were Filipinos (Debono, 2010). Yet relatively little is known about the implications and consequences of this phenomenon on the lives of both Filipino carers and the Maltese elderly.

Qualitative research has been conducted within the framework of the "Exiled Homes" project, in order to have a better understanding of this situation.

A total of 10 women from the Philippines aged between 27 and 56 who have agreed to take part in the project have been interviewed. Three of the interviews took place in the homes of the elderly where the Filipinas were working at the time of the research, while the remaining interviews were conducted at two different events organised by the Philippine community in Malta.

All the carers' clients have been asked to be involved in this study by their employees. Unfortunately, 9 out of 10 have refused to be interviewed. This should not come as a surprise considering the critical health conditions of most of them.

While the aim of this study was therefore to involve both the Filipino live-in carers and the Maltese elderly, this was not feasible due to the low response from the latter group.

While the carers were recruited solely on the basis of their nationality and profession, all the persons involved in this study are women. This fact reflects the general statistics on the phenomenon. Not only are the overwhelming majority of the migrant health carers are women (WHO, 2017), but the vast majority of migrants from the Philippines are also women (Encinas-Franco, 2016).

Almost all of the interviewees (9 out of 10) can be considered economic migrants, since they have decided to live and work in Malta in order to earn a higher salary and provide financial support to their families in the Philippines. Only one of the interviewees, the youngest one, aged 27, claimed to have moved to Malta in order to travel and experience living abroad.

Seven of the participants have children, all of whom live in the Philippines, and mentioned this as important when deciding to leave their homeland. Being able to improve the quality of life of their children was the main reason for making such a difficult choice.

As a matter of fact, all of them have proudly stated that, thanks to their hard work, their children are/will be able to study and to attend private and prestigious schools, and therefore have the opportunity to build a solid career and successful life in the future.

The very strong connection with the homeland and the family members appears evident when considering that all of the persons involved in this study plan to return back to the Philippines and to rejoin their families in the future.

The Filipinas included in this study unanimously agreed that working as a live-in carer is very demanding. While the main duty is that of providing care for the client, "care workers also provide less direct personal care services such as cooking, cleaning the house,

washing the laundry and other housekeeping activities, which are necessary for the welfare and comfort of members of a household." (WHO, 2017: 23).

The majority of the interviewees work 6 days per week, mostly 24 hours per day with 1 day off (mostly Sundays), and have 1 month leave per year, which is usually used to return to the Philippines. Live-in carers are entitled to the minimum wage, which was € 735.63 per month at the time of the interviews. In spite of this low salary, the interviewees are still able to provide financial support to their families, as they live in their clients' homes and therefore do not have to pay for their accommodation and food. This was mentioned as one of the main reasons for accepting such working conditions.

The interviewees' clients are all Maltese (men and women) aged between 79 and 95. While their needs and narratives differ greatly, all of them share a similar situation: they are all taken care of by a foreigner with whom they also share their most intimate space - their home.

In this way, the "exiled home" of the older person becomes a home of inclusion, in which two different cultures meet and integrate, and where the public/private dichotomy characterising working and private life disappears.

Nevertheless, these "exiled homes" also remind us how, in a global economy where

people can now easily purchase a wide range of services for their physical, mental and emotional well-being, the work of the live-in carer is more than "just a job". As pointed out by one of the interviewees, her work entails the provision of "tender love and care".

While on the one hand the contribution of foreign carers towards the well-being of the elderly is essential, new questions arise on the impact of such a phenomenon on the lives of the migrant workers and the families they have left behind in their homeland.

References

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