The peaks of Maltese migration were from 1952 to 1957 and, again, from 1965 to 1968. In the interregnum from 1948 to 1972, there was a steady stream of immigrants with an approximate mean of 5,000 per annum moving to Australia alone. After 1972, the number of migrants travelling to overseas homes from Malta balances the numbers returning from the Diaspora to Malta so that there was minimal net migration. This pattern applies to all countries where the Maltese immigrated to a new home.

This poses a problem for those planning ethnic-specific aged care services (e.g. nursing homes, hostels, high care facilities, palliative care) in that the standard demographics, obtained from, say, the census, are complicated by the current and projected age of our people as altered by the Maltese migrant fluctuations.

There are further confounders in such research. Unlike the situation in Malta, the Maltese expatriates and their offspring have started off living in tight-knit communities and have now spread centrifugally across vast areas. Even within a single city, keeping in mind the size of these cities being many times the size of Malta, the migrants may be spread out very thinly over an extensive area. For example, the size of Sydney (12,145 sq km) - one city - is 38x the area of Malta (316 sq km). Catering for the Maltese in a handful of suburbs with high migrant Maltese concentrations (now only marginally still existent) excludes the bulk of Maltese and Gozitan Senior Citizens living in distant areas having Maltese-specific aged care services.
Because of the philosophical make-up of the Maltese and, indeed, all citizens, there is a burning desire to live close to their children, relatives and friends. The bulk of these offspring and young relatives now live in more affluent, work-contiguous or affordable areas, so that guessing whether a Maltese-specific facility is appropriate becomes impossible to hazard.

In spite of the longer lifespans, with time, the ‘face’ of the Maltese and their progressive integration into the local communities and involvement and engagement with the local scenario means that one sometimes wonders whether such facilities are necessary or desirable. If a specific nursing home caters for only the very few, if the ‘locals’ have other, better or more affordable alternatives and if the motivational philosophies of these people are changing with time, where is the pressing need for such facilities?

There have always been good reasons why the Maltese-born may wish to congregate within the same home. These include receiving the spirituality, comfort and chaplaincy of the religious orders (read, nuns) during their twilight days, being cared for by Maltese-speaking staff, speaking daily with their contemporaries in Maltese and sharing the same culinary, heritage, activity-type and historical interests and the desirability of being in a good, cheap hostel so as not to have to sell the ancestral home and deprive their children of an inheritance. Sadly, nuns are getting harder to get, Maltese able-bodied staff are a declining commodity, most Maltese now speak fluent (Australian/Canadian/US/UK) English and their habits have changed over 50 years.

This poses the questions: Why bother having Maltese clubs, Maltese organisations, Maltese community councils, Maltese homes for the aged, Maltese festas, Maltese churches? Are we being selfish in that we hope to have these facilities for ourselves when we arrive at each of these landmark milestone destinations? Only time and circumstance will force our hand and make us take the right course.

The face of the Maltese migrant has indeed changed and is still altering slowly but relentlessly with time.

**The needs of the Maltese elderly overseas**

Until now, Maltese Aged Care Facilities were highly desirable, useful and community-focussed and, often, were the driving aim of many Diaspora aggregations or communities. Much effort has gone into building and staffing such facilities for the benefit of ageing Maltese.
These homes were well patronised by elderly Maltese migrants and, as with the clubs, churches, councils, social centres, community centres, formed a focus point for our people. Some are sophisticated, high quality and well organised and run and are well regarded by the Aged Care Ministries of the countries of adoption. They are well supported, both financially and socially, by the countries’ successive governments and, often, were the flagships of the community and the showcase of the governments’ aged care facilities.

In the near past, there was a pressing need for such services. There are now three competing changes which compel us to review these needs. Firstly, since migration effectively stopped in the late 60s there is no longer an influx of Maltese migrants and fewer of those who came during the migration boom have perished or are of very advanced age. Secondly, the bulk of those who came in the late 40s to late 60s are fully integrated within the adoptive country structures. Third, the Maltese communities are progressively more dispersed and thinly spread evenly across vast areas of the country.

How are the Maltese migrants’ needs met?

Until now, the task in aged care was fairly simple. Within the bounds of available manpower and finances, the best course of action was to create, build, service and man the facilities to the benefit of as many Maltese as possible. This model worked well in most countries within the Diaspora.

Looking forwards and taking into account the changing scenario, new models need to be looked into and explored carefully.

**Micro-management of the grand vision.**

If one were to dissect the reasons for the Maltese elderly and their children to wish for a Maltese-specific Hostel it would run somewhat like this: (1) The children were working and could no longer care for their parents or the elderly person being lonely and wishing for a stable, cosy and protective environment; (2) As they got older, the requirement of a spiritual Catholic setting became more important; (3) As the aim of most Maltese (-Australian, anyway) was to buy their own home to pass on their children they were very protective of this asset, often the only one they had, and did not wish to re-mortgage the family home to provide for their retirement; (4) They could not live frugally, let alone comfortably, on the government pension without additional investment support, mostly negligible; (5) The home had to located close to a church and their children’s place of domicile; (6) The food and personal care was
to be provided in excellent surroundings by Maltese-speaking, trained staff; (7) (for some) It was imperative that the other residents be of their own station, status and ‘clique’; (8) To die in the bosom of the church; and (9) Have ready access, in house, to friendly and reliable support as to how to manage their affairs. In short, as in Malta one would have to guess, they wanted to access the best of the best either free or at minimal cost.

Interestingly, while this was a tall order, this is exactly what the local communities set out to achieve…and they were largely successful. How this was achieved warrants its own study. With the help of the ‘adoptive’ government (through the pension and social services infrastructure), the Maltese Catholic church (a very big player in this game who sent waves of nuns, priests, monks, missionaries and lay spiritual personnel), local community support (always well-intentioned and sincere but sometimes misguided), diversity and multicultural health (a good lever with government for special projects) and the Maltese Government (somewhat minimalist except in maintaining the diplomatic, aid to initial settlement, passport, visa, repatriation of the elderly, reverse migration and Malta pension issues either by bilateral agreements or through the High Commissions and Consulates) the grand vision came to fruition in many places. This happened in areas of maximal concentrations of Maltese who, progressively, wielded (especially when the second generation exploded onto the scene) more political, trade union and financial power.

The provision of ecclesiastical manpower from the homeland, the avidity of the governments (and politicians relying on the Malta vote) to support local communities and new migrants with grants-in-aid and the sweat and labours of the Maltese community leaders were key to this great success.

**The future**

If one were to gaze into the crystal ball, one would predict (and these are, of necessity, my own observations in my own crystal ball) that

- the current model would still work for a further one or two decades so that little change is required urgently;
- the facilities themselves need to reduce reliance on the country of origin and, perhaps, undertake to care for more ethnic ‘clusters’ with the same social and religious backgrounds;
- the valuable assets created be retained and improved to remain cutting edge; and

• reliance no longer be placed on demand from the Maltese Government and people to foster the provision of these services: and

• future planning and models take many current issues into consideration to create a new perspective.

There are certain realities which we need to recognise and face:

• nuns and priests are no longer being manufactured at the frenetic pace of the past;

• residents are different from those in the near past

  o they will be able to shop around for comparable products;

  o they will be more integrated into the local communities;

  o they will have stronger social anchors and less need for medical and social worker assistance;

  o they will have far better social skills and will have contributed to the workforce in their younger years;

  o they will be older but healthier and will ‘look’ younger than their chronological age. They will have less cognitive dysfunction, be freely mobile, be continent, be independent in personal care and (some) will provide support to others (some younger but more frail than themselves). Better still, there will be less smoking, blindness, deafness, arthritis, diabetes and reduced mobility;

  o they will have some supporting superannuation, investment or portfolio assets (and either be astute in their uses and application or have access to good financial advice);

• they will have offspring who will live or work further away and have less contact with their parents;

• social services – pensions, support in the home, medical assistance, legal help, retirement planning, accommodation options - will be transferred from Malta to the not-so-new country;

• certain support services would no longer be available from Malta; others (dual citizenship, shared service and bilateral agreements) will increase in prominence;
• the types of services on offer (care in the home, family support, respite services) will continue to improve;

• the ex-Maltese population will continue to spread across the country and to foster greater links with Malta (thanks to cheaper, faster travel);

• Malta will derive more and more benefits from those who, to Malta’s great advantage at a time of unemployment and hardship, left the country to access a better life. This will be felt in tourism, funds transfer into a diversified international portfolio, investment into the home country, trade opportunities;

• Maltese language and literature will be harder to support from Malta as will traditional crafts, interests, skills and food;

• an industry of health and aged care will flourish and will provide exotic services – palliative care, rehabilitation, hospice care, dementia services - for our senior citizens;

• to some, better technology, communications and media systems will become increasingly perplexing and isolating and lead to loneliness; and

• there will exist more English speakers and less Maltese speakers.

Conclusion

In a nutshell, the playing field in ten years’ time will be entirely alien to the one we are playing on currently. Attitudes and plans need to be rejigged.

Our demands for increasing numbers of social and community workers, religious, teachers of Maltese, artisans, doctors and lawyers from Malta will fall on deaf ears.

This will be a brave new world. The story of the migrant will come full circle with aged care of the 40s, 50s, 60s and 70s migrant coming at the tail end of this journey.

For most, the migration experience was tough, wrought in hardship and heart-breaking but the outcome was, ultimately, blindingly rewarding for them and their children.

Stephen Gatt
Australia