CO.S.M.I.C.
Community Support for Migrant Informal Carers

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INFORMAL CARERS IN YOUR COMMUNITY

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WHO IS A CARER

Informal carers are people of all ages, who provide (usually unpaid) care to someone with a chronic illness, disability or other long lasting health or care need, outside a professional or formal employment framework (Eurocarers, 2018). According to recent research, informal carers across the EU provide over 80% of all care (Hoffmann & Rodrigues, 2010). Care usually takes place within social relationships – the majority of carers are parents, partners, children, grandchildren, siblings, friends or neighbours. Because caring activities depend on the needs of the person requiring care, there is often no limit to the amount of care provided nor to the time spent caring (Eurocarers, Family care in Europe).

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DO YOU KNOW PERSONS IN YOUR COMMUNITY

WHO HAVE A CARER ROLE?

In order to easier identify the carers in your community, you should take into consideration the following scenario:

ONE OF THE MEMBERS OF YOUR COMMUNITY OR ONE OF YOUR FAMILY MEMBERS HAS HEALTH PROBLEMS, LIKE FOR EXAMPLE:

- ✓ Physical Disability (for example physical disability caused by frailty, accident, injury or illnesses)
- ✓ Mental illness (for example depression, anxiety)
- ✓ Cognitive impairments (for example cognitive impairments caused by dementia or Alzheimer, autism, learning disorders, traumatic brain injury, Down Syndrome)
- ✓ Addiction (Drugs or alcohol)
- ✓ Other health-related conditions?

YES ☐ NO ☐

DO YOU KNOW WHO IS TAKING CARE OF THESE PERONS IN YOUR COMMUNITY?/ DO YOU KNOW HOW THE CARE CHAIN IS ORGANIZED AROUNG THESE PERSONS?

YES ☐ NO ☐

ARE YOU AWARE OF THE PROBLEMS THESE PERSONS FACE BY BEING CARERS?

BEING A CARER MIGHT HAVE A NEGATIVE IMPACT ON:

PHYSICAL AND MENTAL HEALTH

The prevalence of mental health problems among informal carers is 20% higher than among non-carers, and particularly high for people who provide very intensive care (more than 20 hours per week). Depressive disorders, anxiety, anger and hostility are frequently associated with heavier caring duties (OECD, 2011).

Caregiving is connected with the development of harmful habits and lifestyles (smoking, inadequate food or sleep habits) and failure to take preventive health measures (such as medical consultations) (Eurocarers, 2018).

EMPLOYMENT

Difficulties in relation to balancing paid work with care responsibilities, carers often opt for part time employment, which results in lower income. According to the 3rd European Quality of Life Survey, 14% of non-working carers feel depressed all or most of the time, which is more than twice as high as the corresponding figure for working carers (Eurocarers, 2018). Carers have limited professional opportunities, lower salaries and pension entitlements – especially when they opt for part-time employment

FINANCIAL SITUATION

Financial difficulties and poverty, due to cut backs in social provision and direct costs of care (e.g. medication, heating, special diet), medical devices, home adaptations and payments for formal care

SOCIAL LIFE

natural socialization processes as well as the family relationships could be affected by caregiving. Caregivers are, in comparison to non-caregivers more, more exposed to social isolation due to caregiving.

MIGRANT CARE WORKERS OCCUPY A POSITION OF POTENTIAL ‘DOUBLE’ DISADVANTAGE

WITH THEIR RIGHTS NOT YET FULLY RECOGNIZED AS CARERS, AND WITH A HIGHER RISK OF SOCIAL EXCLUSION AS MIGRANTS:

POOR WORKING AND LIVING CONDITIONS

Carers with migrant backgrounds are, in comparison with native informal carers, more prone to exploitative working conditions, excessive working hours and limited or unpaid sick leave. Carers with migrant backgrounds are also more likely to be under payed, to have a dependent status of migrant worker, and to lack access to labor rights advocates. Carers with migrant backgrounds, especially live-in workers are more likely to be exposed to inadequate housing, lack of privacy, and risks of homelessness.

DISCRIMINATION

On the basis of nationality and religion.

STIGMATISATION

Being an informal carer with a migrant background and because of the perception on illness and disability some cultures have

DIFFICULTIES WITH INTEGRATION INTO SOCIETY

Linguistic, cultural, economic obstacles to assimilate into society and to gain access to the educational and support opportunities available to native carers.

INVISIBILITY OF THEIR ROLE IN SOCIETY

WHAT CAN YOU AND YOUR COMMUNITY DO

IN ORDER TO SUPPORT THE CARERS TO ACCESS THEIR RIGHTS?

KNOW BETTER THE NEEDS OF EACH CARER AND ASSISTED PERSON, IN ORDER TO PREVENT ISOLATION AND BURN-OUT

ACTIVATE SOLIDARITY CHAINS THROUGH REFERENCE PERSONS FROM THE COMMUNITY

FACILITATE THEIR ACCESS TO APPROPRIATE INFORMATION, IF NEEDED WITH A LINGUISTIC SUPPORT, REGARDING AVAILABLE PUBLIC AND PRIVATE SERVICES FOR THE CARER AND FOR THE ASSISTED PERSON

ORIENT THEM TOWARDS EXISTING SUPPORT SERVICES AND INITIATIVES INSIDE THE MIGRANT COMMUNITY (ASSOCIATIONS, LEGAL COUNSELLING, JOB OPPORTUNITIES, ETC.)

FIGHT TOGETHER THE STIGMATIZATION THAT IS SOMETIMES ASSOCIATED TO ILLNESS AND DISABILITY

ABOUT THE PROJECT

Due to increasing migration flows, which more and more involve households and not only individuals and family reunifications of migrants, it is now common to find carers across Europe who have a migrant background.

CO.S.M.I.C aims to support informal carers with a migrant background, a group which is at double risk of exclusion, discrimination and stigmatization.

Migrant carers in common with carers more generally, work tirelessly in support of those they care for, often without recognition and to the detriment of their own health and well-being.
The CO.S.M.I.C. project will develop methods and tools to support carers and professionals working with them, in order to: to increase recognition and self-identification and support access to available services and improving the attention to cultural diversity in existing services in countries such as Norway, Italy, Greece and Slovenia where the topic is still under-explored and under-developed.

In doing so, the project will adopt a user-led approach with carers with a migrant background directly involved as contributors and reviewers in every stage of the process, to make sure that the outcomes developed are actually respondent to the needs of the final beneficiaries (themselves).

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