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

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EXPLOITATION GUIDE

# WE CARE FOR CARERS!

## INFORMATIVE PACK FOR MIGRANT COMMUNITIES: HOW TO IDENTIFY AND SUPPORT CARRERS IN YOUR COMMUNITY



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# AIM OF THE GUIDE

The present Guide is an additional document supporting the dissemination of the Informative booklet translated, through the project partners, in 17 languages, addressing mainly the migrant "communities". The premise when using this term is that each migration flow has its own characteristics, and that is an exercise of simplification seeing the persons of migrant origin as compact and harmonious groups and "communities", not the reality.

Nonetheless, taking into consideration the hosting country immigration and welfare framework – its specific legislation regarding immigration, the particular economical and socio-cultural context, and existing patterns of "migration chains" (influenced for example by the fact that the country of origin belongs or not to the EU or to the Schengen space), there are immigrants that may appear more linked to the "home set of traditions", maintained after the migratory event.

The Informative booklet and the Guide target, in a certain way, an "ideal" (or "idealized") image of a "migrant community", with its leaders, traditions, reference places on the territory (like a church, a mosque, a market, a park, a cultural association, etc.), but the reality on the field may show a less homogenous, fragmented organization of these migrant groups, which will never include all the individuals arrived from the same country of origin.

The document contains some practical suggestions for the professionals from the public and private institutions working with migrant persons in different types of services in order to reach a wide typologies of "community representatives", formal and informal, spiritual and cultural leaders representing, even partly, migrant groups of persons.

The Guide is also an invitation to a deeper the knowledge of the migrant groups, in order to better address their needs and activate collaborations for and active inclusion.

# THE BOOKLET

The content of the booklet can be presented to different types of target groups (see above), either they are formal or informal stakeholders (migrant representatives/leaders, religious associations, etc.), in order to explain who are the carers with migrant backgrounds, what are the services provided on the territory and where they can turn for support.

The booklet is an informative tool translated, besides the official language of the hosting country, in 3 other languages representing the most "visible" and numerous migrant groups present on a specific territory (city, region, etc.).

The choice of addressing directly the members of these "communities" and their leaders envisages a more direct communicative impact and an increase of their awareness towards the situation of the careres around them.

Structure of the booklet:

- One part of the booklet is dedicated to the characteristics and the difficulties an informal carer who may belong to their same migrant group. The information presented is put in a national context, this means the information provided is adapted to specific country situations.
- A second part contains some suggestions of concrete actions the community members and leaders may take in order to ease the situation of a migrant carer (psychological and material support, orientation towards the support services, etc).

# WHERE TO USE THE BOOKLET?

The main purpose of the booklet is to draw attention of the "community" or of the persons from the same country/territory on the complex situation of a carer facing not only the difficulties of a foreigner, but also those of the care commitment.

The booklet can reach different migrant communities through different channels (both in digital and paper format):

- Migrant leaders/representatives of different migrant communities/groups –
- Cultural, religious or economic associations of migrant persons
- Public institutions representing the countries of origin: Ambassies, Consulates
- Public institutions from the hosting countries – service deliverers for migrant persons
- Trade unions from the hosting countries – usually they have dedicated services for immigration issues
- Third sector organizations – service deliverers for migrant persons, for disabled persons, for domiciliary assistance, etc.
- Shops managed by persons of migrant origin – like food shops, that are usually a reference point for many immigrants coming from that specific country or geographical area
- Migrant caregivers already taken in charge or collaborating with the socio-sanitary services
- Associations of Cultural Mediators
- Public sanitary services/ Family planning centres
- Health care centres
- Associations for patients with chronical diseases
- Schools
- Other

# HOW TO USE
## THE BOOKLET?

The booklet can be distributed at different venues suggested above to be used **individually** or can be used in **group settings**. In this case it can serve as a base for explaining who informal carers with migrant backgrounds are and how the local and their migrant communities/groups can contribute by offering formal and informal support and recognition of the carer statute.
It can be used also as **training material** in contexts regarding debates, **awareness raising campaigns** and events on thematic linked to **migration issues**, **informal care and carers' rights.**

# FOCUS ON GENERAL ASPECTS REGARDING MIGRANT COMMUNITIES

## WHO ARE THE "STRANGERS"/ THE "IMMIGRANTS"?

The Communities of migrant persons present on a territory is to be identified at **different levels**. The **"group-community"** of migrants who share the same nationality or language, even if well organized (for example: association on national basis), does not have to be taken as exhaustive regarding the relationship between the person of migrant origin and the nation that hosts him/her.

The **first level** to be taken into consideration remains that of the **Family Based Community**, a situation similar to the ones encountered among the persons from the hosting country. Inside this **narrower Community**, the caregivers have to be identified using the same tools that are used for a native family. The process should start from the **individualization of the personal need** for each member of the family, in order to see how these needs are met.

## THE ACCESS TO THE SERVICES

**The persons of migrant origin with health problems** which usually access medical care services, for example for chronical diseases (a frequent one is diabetics) and require the (cultural) mediation from a family member or a member of the same national community in order to interact with the sanitary authorities, need first of all

a **structured guiding pathway towards the access to the services.**
The problem is not necessarily solved through the (cultural) **mediation of the compatriots**, who sometimes have only a guidance role which is **not an exhaustive answer** to the care need.

For the professionals from the health-care services the interaction with the persons of migrant origin is a complex process, and it goes through their capacity of building a **relationship based on trust.** Therefore, a migrant person might be keen to develop a trustful relationship only with a person from the same national group, while the real need he/she has is **the help of a specialist.** This process is natural especially if we think about the sense of bewilderment/estrangement that a person might feel in a foreign country, and about the process of gratefulness that might appear between the members of the same Community.

## THE MIGRANT PERSON AND THE CARE PROCESS

The concept of "care" has to be seen through the life style and the contingent situations of the persons of migrant origin. If the concept of "caregiving" itself encounters problematic aspects whet it becomes concrete, when speaking about the caregiving process performed by a migrant person, there is an evident need of an **adequate institutional response** which can be used both for the **self-recognition as caregiver**, and as a means of **social integration**.
The care tasks have an obvious weight for anybody, but for a migrant person there are further obstacles caused by the difficult integration and connection with the new environment.

## SERVICES FOR AN INTERCULTURAL SOCIETY

Also the specific services delivery has to take into consideration the integration of an **intercultural** approach, together with the **multicultural** one. A society in which more cultures are present, has to find the way to express their unicity and diversity, but also the way to make them live together and get integrated among them and with the society of the host country.

**The effect of this approach will possibly bring to**

- a re-shaping of the person: relocated in a foreign context, through the care work she/he might acquire a role that can help her/him re-buil the sense of the migratory path;
- a **self-recognition of its own care role**: sometimes, even because of the stereotypes ingerited from his/her own national/linguistic community, who takes care of another family member is not considered a worker; buti t is necessary to get to the recognition of the value of this engagement first of all by the person involved, without taking it for granted.

When the migrant carers' basic needs become visible, the required connections with the health, social and legislative system become more obvious. The **public institutions** are called to **create the interconnection opportunities** with the persons who deliver the care, through:

- delivery of ad hoc **services** in order to reach the immediate **health needs** of the assisted person, accompanied also by **linguistic mediation services**
- an approach of formative valorisation of the competences the caregiver acquired during the care pathway (the "care career")

The care tasks represent an engagement that requires always a lot of time from the caregiver. For the migrant caregivers, this means taking time and potentialities from the necessary social inclusion process.

## THE CONSEQUENCES OF CARE ON THE CAREGIVER

The **lack of interaction** might generate serious consequences for the migrant caregiver, such as underestimation of the Self, therefore it is compulsory to create the best conditions in which the person can express herself at her best inside the hosting society. An example might be the high number of Health-Care Technicians of migrant origin who work in the public and private sanitary structures.

The migrant person has to find the opportunity to **interact** with:

- The national Healthcare System, as cure services deliverer. The caregiver has to be able to interact with the system at different levels (booking the specialistic visits, know the correct assumption of medicines, knowledge of the health services active on the local territory)
- the vocational training System. The caregiver has to know this system in order to be able to evaluate possible professional pathways or the valorisation of his/her own time, connected with or beyond the care context
- the System of professional guidance towards work insertion. The migrant caregiver has to know the potentialities offered by the local territory in terms of work opportunities, in order to evaluate a the possibility to work, balanced with the care pathway, without underestimating the option of the smart working from home, which can be a means of social integration through a market connection.
- the System of the linguistic training. The migrant caregiver has to know the linguistic training System, a compulsory channel for social inclusion. The home environment, in which the caregiver usually acts, might become a closed and self-referential context that can be improved through a stronger support for the communicative potentialities of the caregiver.

# HOW TO APPROACH THE MIGRANT COMMUNITIES AND REBUILD THE CARE PATHWAYS

## RECOGNITION AND COMMUNITY OF ORIGIN – LIMITS AND POTENTIALITIES

Approaching the foreign citizens through the **National Community** of origin is certainly a useful strategy. But at the same time it's important to remember the fact that the migrant caregiver usually does not recognize his/her own role, also because of customs and habits which the community of origin might promote and support.

Therefore, the migrant caregiver has to be guided towards opportunities of **individual interactions with the healthcare system** from the hosting country.

**The responsible public institutions** which intend to know better the care pathway inside the migrant Communities, have to **maintain the control** of the whole process, without delegating a part of it to the (formal or informal) leaders of these Communities. Nonetheless, recognizing to the representatives of the migrant Communities an active role it might be a good strategy to enter inside the Community.
But an **excessive legitimation** of the leaders' mediation role might bring to negative consequences, up to the repetition of **limited intermediation models** that have to be overcome in order to obtain an efficient intervention. If the leader of a group does not recognize, even because of a cultural background, the care engagement as "work", using only his/her mediation might limit the caregiver, leading him/her to underestimate its personal contribution.
In order to transform the migrant Community into an ally aiming at the same goal of understanding and supporting the care process, there is the need to:

- involve the leaders by assigning a role to them
- pay attention to the coherence of this role with the goal of the intervention.

An intercultural model, instead, prevents possible obstacles coming from the migrant Communities themselves, as it succeeds in stopping oppositive attitudes towards the caregivers' full self-awareness regarding their role and the interaction with the society around them.

At the same time, the involvement of Communities, even of migrant ones, which share the correct approach towards their members it's a fundamental contribution to the efficiency of the planned intervention.
One of the gaps to be filled regarding the relationship with the migrant caregiver is that of the **possibility to learn through confrontation**, an aspect that might be kept far from him/her, bringing to a real impossibility to interact, blocking the persons who takes care into a static role. It is therefore important to involve the migrant caregiver into cooperative activities, based on action and inter-relation, dedicated not only to them, but also to native persons, such as courses, workshops, shows, etc. It is strategic to activate activities that **highlight their own qualities and competences connecting them to an active community dimension**, beyond the hard care work that is frequently done inside a micro family environment. Continuing to carry on the care engagement does not mean to be an outsider, but to perform an important role into the society.

## INTEGRATION THROUGH CONTACT

The **contact with the citizens of the hosting country** might help to overcome the integration obstacles, presenting the migrant caregiver as a **person bearer of value**, before defining him/her as foreigner, migrant or member of a certain national Community. It's therefore the role of the **social institutions** to strive towards the **person's integration and strengthening**, beyond her national, ethnic or social origin. Then it's the role of the **migrant Communities** to support the person's emancipation, without promoting relational models that are impossible to be replicated outside their own context of origin. They are called to **avoid to give in to the nostalgic temptation of a fossilized model**, probably already overcome even into the society of origin, which is in a constant change process.
**The stigma** that in some cultures (including some Occidental ones) is linked to the persons with disabilities or with health problems might bring to a self-closure, creating a situation of **"discrimination by association"**. This has to be overcome through adequate support and assistance:
- by transferring to them the idea of not being obliged to answer (only) to its own Community of origin
- promoting a series of development opportunities for the person itself in a wide perspective, out of which (also) a care pathway might be taken into consideration.

## VALUING THE MIGRANT CAREGIVER

In order to reach this, the institutions can activate actions of **linguistic and cultural mediation**. At this stage, the **national Communities** might become useful:
- as source of cultural mediators
- for the dissemination of the information
- by promoting the inclusion of the person into the socio-economic and socio-cultural systems of the hosting country.

The care pathway has to be de-internalized by the Communities of origin of the migrant caregiver, but in order to do so it is compulsory to act:

- on **the migrant Communities**, informing them about the **services and the opportunities on the local context**, overcoming attitudes which are not coherent with the care process
- on **the caregiver**, in order to develop a process of strengthening and self-awareness, supporting him/her to be able to make choices that have positive effects also on the care process
- on **the System** in an endogenous manner, in order to make it able to include those who take care of others, beyond their nationality, language and culture, therefore able to include the fragile persons which were not previously known as such.

# 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).

**www.cosmicproject.eu**