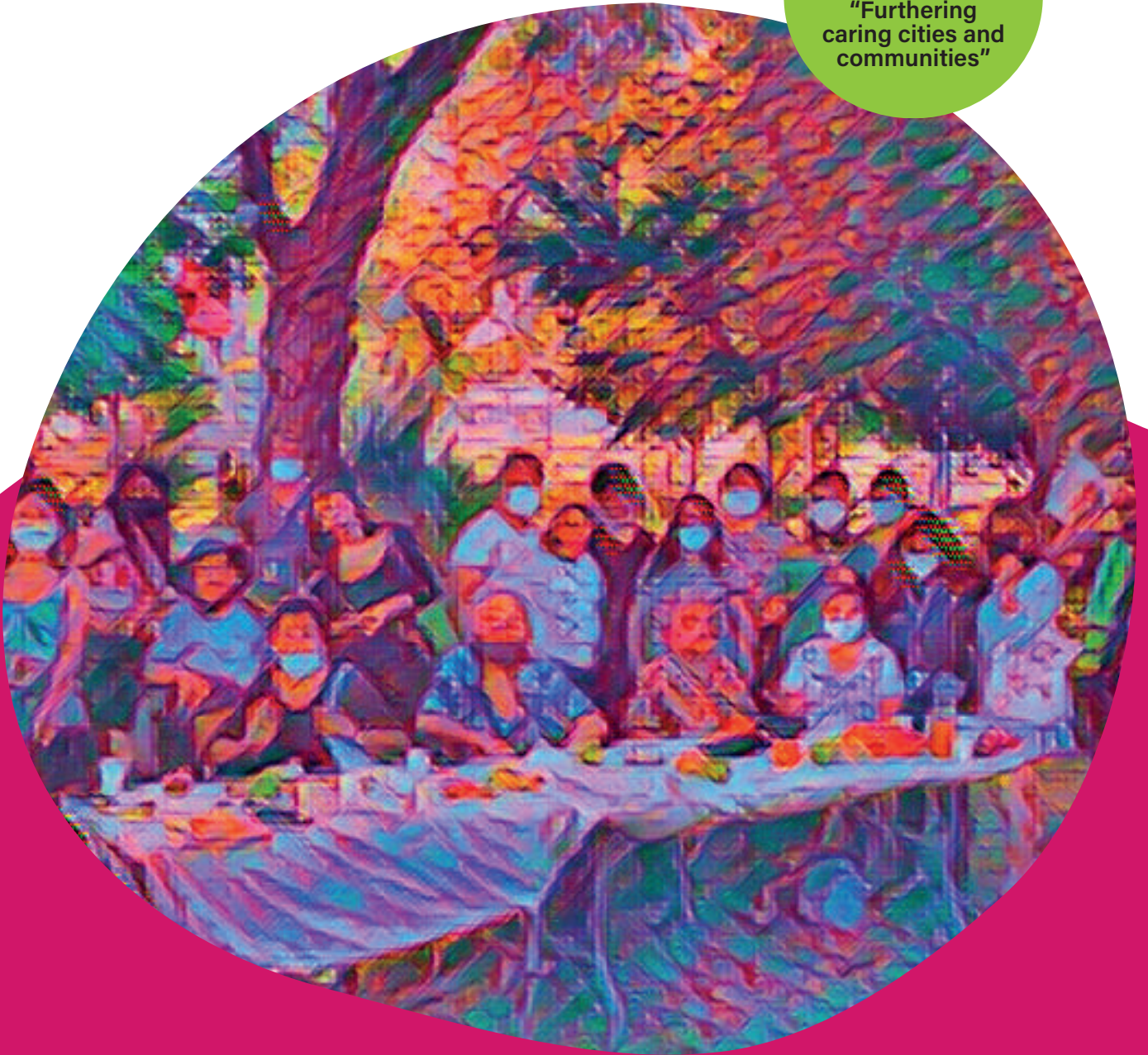


Women Citizens
who Care

“Furthering
caring cities and
communities”



STRATEGIC GUIDELINES: EXPERIENCES IN COMMUNITY AND TERRITORIAL CARE

PRESENTATION

Original title:

Strategic guidelines: experiences in community and territorial care

This document has been produced by informal, unpaid carers, as well as community and professional carers, with the purpose of furthering a caring community and city, promoting and recognising care and bolstering coordination between carers, nationally and internationally.

Produced by Women Citizens who Care (Ciudadanas Cuidando): Gloria Sepulveda, Pía Soto, Daniela Solar and Verónica Contreras. Funded by GRRIPP (Gender Responsive Resilience and Intersectionality in Policy and Practice), based on University College of London (UCL) and Pontificia Universidad Católica del Perú (PUCP).

*The methodologies, theoretical content and implementation were created exclusively by the members, based on the proven method of carrying out workshops to strengthen neighbourhood care infrastructure.

Santiago de Chile, July 2023.



3 INTRODUCTION

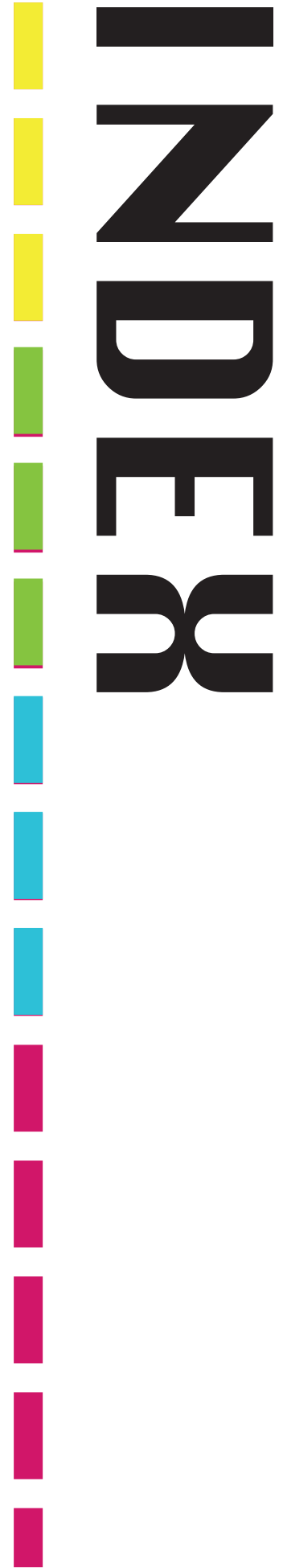
4 CARE

11 FURTHERING CARING CITIES
AND COMMUNITIES

16 STRATEGIC GUIDELINES

23 A FOCUS ON CARE

25 REFERENCES



INTRODUCTION

This proposal aims at developing instruments to bolster community care infrastructure in different scales, with direct collaboration from institutions, the private sector, social organisations and the general community. To this purpose, we offer our services and place our experience at their disposal, with a unique outlook: strengthening care through proposals that have emerged from and for people doing unpaid care work, since it is they who experience care work on a day-to-day basis.

Approaching care has become an enormous challenge for public policies and daily life, when it should be in the centre of important decisions made from a local perspective. Our outlook is situated and community-based, and tends to integrate different categories of analysis in the work we carry out with the communities.

This has taken place through participatory, community-based workshops, based on loving pedagogies, since an approach to care has recently become progressively established within public and social interests.

This document provides a summary of our experiences and learning, an inquiry on care, methodological approaches, the services we provide and the strategic guidelines we present, aimed at carrying out proposals to achieve care systems that take into account the territorial and community aspects.

This all emerges from narratives that are nourished by sustained work, in which a wealth of knowledge and experiences that transcend us makes it possible to encompass the greatest number of aspects pertaining to a caring territory, as well as the most relevant results, in order to make progress towards building stronger, collaborative, autonomous communities, focused on care, both of the environment and of themselves.

These proposals aim at promoting an international collaboration and support network, with the purpose of improving carers' conditions, globally, recognising the essential nature of their work, and furthering a comprehensive approach to care. To this purpose, we propose furthering coordination between actors. This is based on our experience working on territory, placing an emphasis on a community and institutional approach. We also underscore the relevance of the information and knowledge carers possess, and the importance of making them participate in the transformation of reality.

¡Let's go forward towards caring communities!

CARE



KEY CONCEPTS FOR THIS APPROACH

WHAT IS CARE?

Care implies the relationships that provide emotional, physical and psychic well-being to others, thus sustaining life. These rapports take place among different species and with the environment. They happen through objects, emotions and affection, among others.

CARING

It means taking care of another person, being or medium requiring attention or assistance of any kind, watching out for their needs and providing what they need to be well or in good upkeep.

PAID CARE

Care may be remunerated, carried out by personal assistants or respite assistants, be it from the private or the public sector, either at home or in centres and nursing homes.



INTERDEPENDENCE

People establish relationships through emotional or practical essential emotional links in the organisation of their lives, that would be inconceivable without the existence of other members of these networks.

CARING NEIGHBOURHOOD

A local environment with a community practicing and acknowledging care, equipped with infrastructure to support it properly, and inhabited by people coexisting and working towards improving their surroundings. It is caring because it integrates its inhabitants, making them visible and recognising them. It also protects the environment and the species that comprise it.

TERRITORY

It is multidimensional (with bio-physical, legal, social, affective and identity aspects) and multiscale, with a material and an immaterial dimension. It is a physical or virtual space defined by people, beyond property. It contains and supports its inhabitants' ways of life. It can even be a body, and determine the experience of inhabiting territories in different scales. It is the outcome of the interaction between bio-physical and human factors, in addition to being a dynamic, space-time construction.



CARER

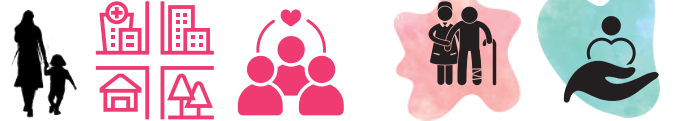
Any person providing aid or care – be it paid or unpaid, temporary or permanent– for other people's daily lives, independently of any family relationship there may or may not exist.

CARE INFRASTRUCTURE

It is composed of the people, institutions, material infrastructure and environment, such as large infrastructure enabling care.

UNPAID CARE

This is unremunerated care, falling on a single member of the family group; this is often the case for women or dissidences that care after the home and the person requiring care.



SELF-MANAGEMENT

It is based on the notion of the being and its fundamental rights, such as self-determination and participation in the personal, family and community spheres.

CARING COMMUNITY

It makes care a collective activity, so that it is carried out within a network. It is interdependent and takes into account the needs of both carers and those requiring care. It is inclusive, participatory, collaborative and organised, with networks and social policies aimed at relieving suffering and sustaining life.

TERRITORIAL MANAGEMENT

The management of territories, beginning in observation and diagnosis and culminating in direct intervention. It has a relational, social approach, and has the purpose of transforming the intervened reality, identifying and including the actors that are part of it, be they public, private or from civil society.

PRECEDENTS

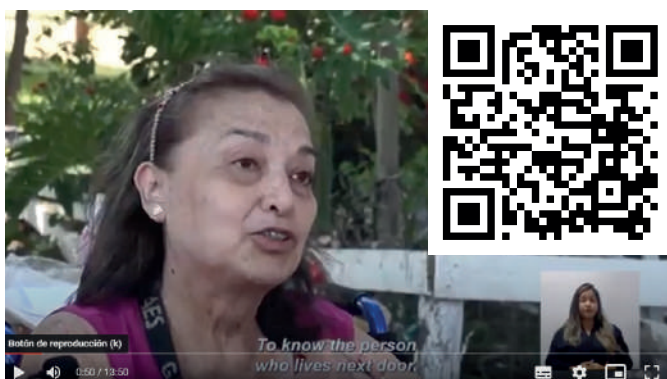
In 2021 the project “Plan to explore neighbourhood care infrastructure. Juanita Aguirre village, Conchalí, Santiago de Chile” (“Plan para explorar la infraestructura de cuidados barriales. Población Juanita Aguirre, Conchalí, Santiago de Chile”) was proposed and awarded. It was carried out by the collective from August 2021 to March 2022, as part of the GRRIPP (Gender Responsive Resilience and Intersectionality in Policy and Practice) projects, led by University College of London (UCL) and coordinated for Latin America and the Caribbean by Pontificia Universidad Católica del Perú (PUCP).

The project worked with the community on issues such as self-management, care, infrastructure, support, local networks, resilience and awareness. This made it possible to coordinate and bolster the existing care network and shine a light on the neighbourhood’s needs, in order to address them through the implementation of infrastructure to ease the task. Continuity with GRRIPP has been sustained during a second phase (2022 and 2023), when this project for strategic guidelines has been carried out, in a dialogue with other experiences in Latin America and the Caribbean.

a. Approaching care in projects relevant to the community

We all need, or will need, to be taken care of, be it because of old age, illness or dependence. Therefore, care is a fundamental issue for human life. Throughout history, women and dissidences have been in charge of care. This has resulted in their being overburdened in the daily support of their own lives and the lives of others. This care overload can lead them to give up their personal goals. In spite of how essential they are to society, their inclusion remains a challenge for public policy, and an issue insufficiently studied by academia in the continent.

In Chile, as in many other Latin American countries, care remains completely hidden within homes, centres and nursing homes. It is necessary to advance towards policies and systems to improve social and gender equality, so that taking care of others can be a work that can count on the necessary support, without being detrimental to a person’s and a family’s life. It is also essential to get to know the social organisation and the care economy, as well as identifying the distribution and needs in care work according to gender, community and territory.



A CRISIS IN CARE

Throughout history, women have played the role of carers. Therefore, they are burdened with additional, crucial work, which results in an overload on the work required for the daily support of their own life and that of others. As a result, they put off an important part of their lives, in order to assume different types of care work. This informal care is seldom acknowledged or supported in any way.

Informal care work has not been granted a market value. These reproductive activities have usually been carried out by women and dissidences that not only have cared after other people without expecting an economic retribution, but have also had to deal with the consequences of having to postpone their own lives. Care work has hindered their self-fulfilment, acting as a form of deprivation of freedom, which ties them in turn to care work.

Individualism has harmed the social relationships in networks such as those formed within families, communities and neighbourhoods, among others. As a result, vulnerable groups are abandoned, such as people with health issues, in precarious economic situations, or who find it difficult to carry out their daily lives self-sufficiently: carers.

Care is in crisis. This makes it an urgent necessity to shine a light on the people carrying out this work, and on its importance for society and for the sustainability of life itself. It is necessary to diagnose carers' real needs immediately, based on their own experiences and feelings.

Approximately 85 million people in Latin America and the Caribbean have some type of disability, accounting for 14.7 percent of the total population" (World Bank, 2021)

"68% of carers have intense overload" (Castro y Sepúlveda, 2018)

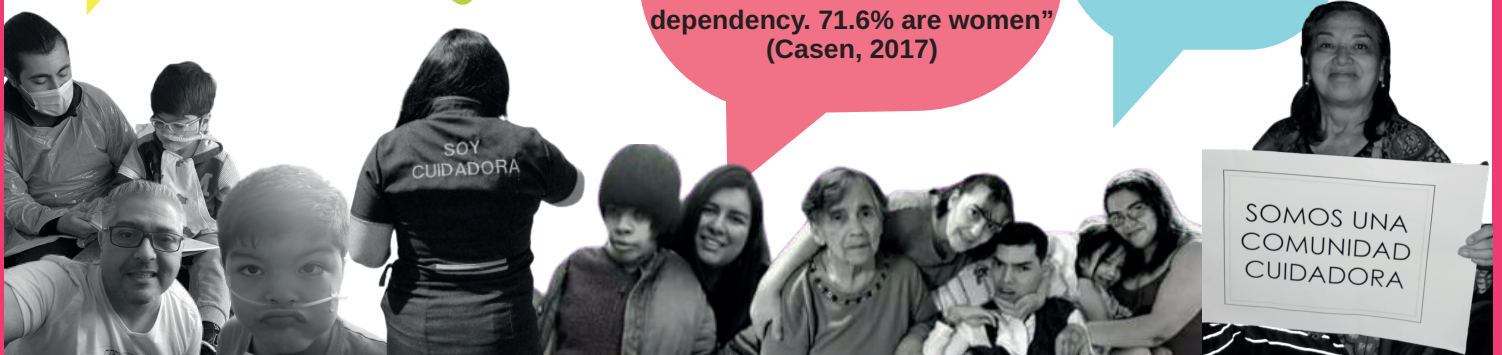
"26% of the GDP was a contribution of unpaid domestic and care work." (Central Bank, 2020)

"14.7% of children and adolescents aged 3 to 17 have a disability. 10% have severe disabilities. A 17.6% of people older than 18 have a disability." (ENDIDE, 2022)

"74% of unpaid care work is carried out by women, which is between 15.9% and 27.6% of the GDP's region" (CEPAL, 2022)

"189.94 of the 40% of the poorest households in Chile provide unpaid care to people with moderate and severe dependency. 71.6% are women" (Casen, 2017)

"47.3% of elderly people take over care work in the home" (ENUT, 2015)



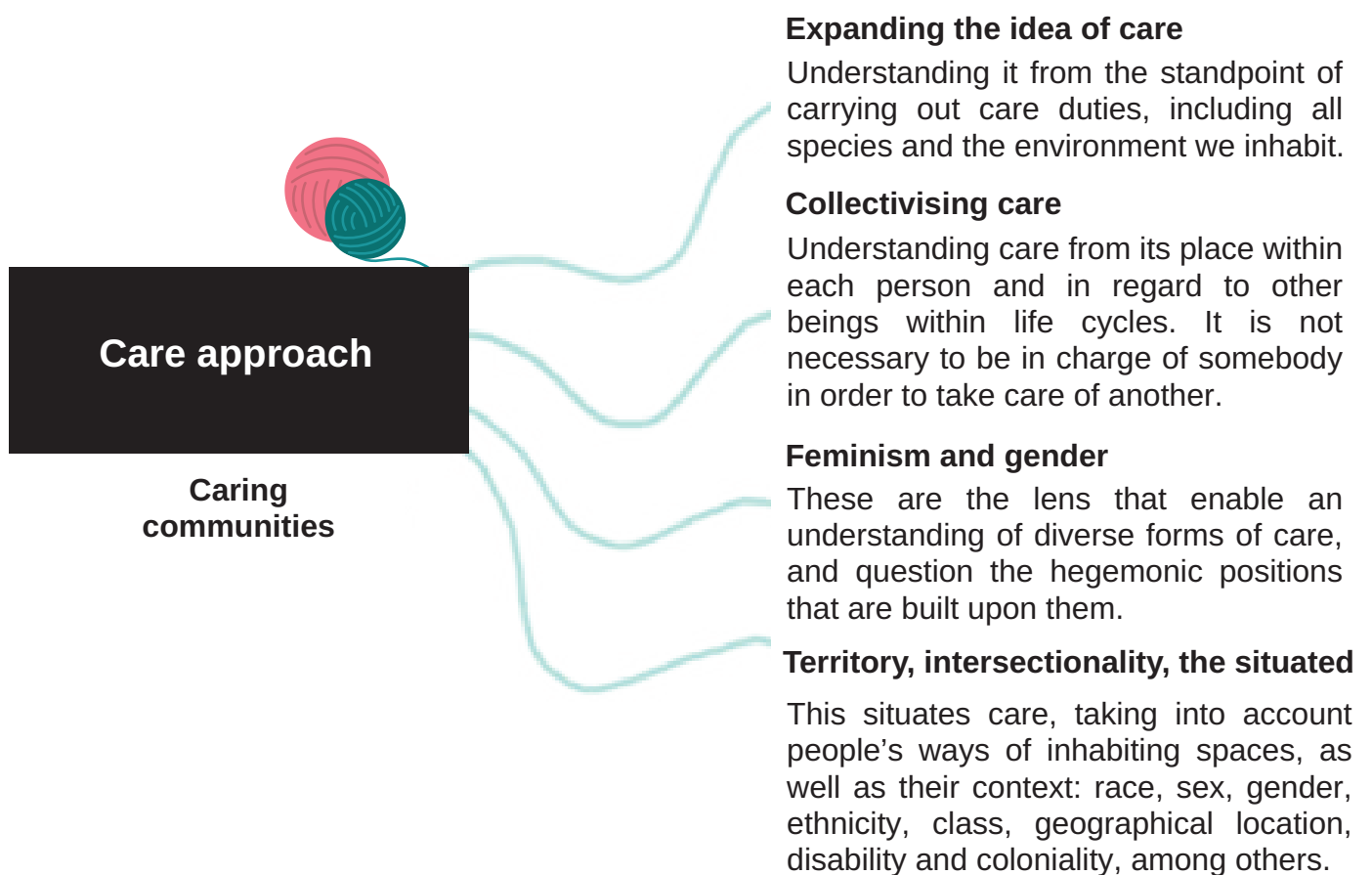
FOR CARING CITIES AND COMMUNITIES

Making care collective is essential. However, this will depend on several factors, and if there is no information gathered in situated contexts, it will be difficult for this to become reality. Our experience has led us to do research and to study care in situ. In different territories we have shown the relationship of care in the first person, observing the spaces where care takes place. Thus, we understand the urgency of working with the community, from the standpoint of neighbourhoods and people, in their different territorial scales, aiming at a collectivisation of care, interdependently, since we will always need each other in order to live.

We fight to make visible, recognise, redistribute and promote care work in the territories. We know this is the only way we will make progress towards a network composed of many actors, in order to aspire to a redistribution of care work functioning in the most equitable way possible, focusing on participatory and inclusive work, with the purpose of working on creating and transforming societies so they can become caring.



THE TERRITORIAL DIMENSION OF CARE



Working with the territory and the community enabled an exchange of knowledge regarding three core issues:

1. Getting to know the existing care network in the neighbourhood.
2. Promoting the role a community plays in care, envisioning care outside the private sphere of the home, understanding it as a complex network of people, institutions, public policies, etc.
3. Promoting the care network's self-management and sustainability through time, with the purpose of avoiding care to fall on one person's shoulders only.

NEIGHBOURHOOD CARE INFRASTRUCTURE

The project addressed understanding care from the standpoint of thoughts, feelings and actions. Sessions to reflect on care from a theoretical standpoint were carried out, based on the community's previous perspectives and knowledge. Feelings were the starting point to carry out "corporal mapping" activities, where participants were able to see that the burden of care is also lived in the body itself. It is important to note that the territory (spaces that are inhabited in daily life, such as parks, services, work, school) has an impact on the body, and at the same time, acknowledge the body as territory.

"Exploring care infrastructure made it possible to be aware of the existing social organisation in the neighbourhood, as well as of the importance of gathering its inhabitants' care experiences. In this sense, approaching the workshops as spaces for collecting feedback furthered a caring community."

(Ciudadanas Cuidando documentary, 2022)





Promoting caring cities and communities



ciudadanascuidando@gmail.com

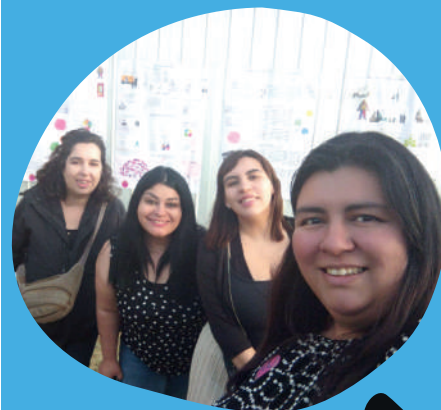


@ciudadanascuidando

Who are we, and what do we do?

We are unpaid, informal, community and professional carers striving to further caring communities, promote and acknowledge the importance of care and work towards its coordination.

We work nationally and internationally, and have experience in the diagnosis and assessment of care needs in the social-territorial sphere, as well as in the design and application of participatory methodologies. We are also in charge of managing programmes and projects striving to innovate from an educational, community, gender and intersectional approach, including carers, people with disabilities or dependences, the elderly and the general community.



At present we are a foundation made official through Chilean law 20.500, which established definitions and mechanisms to form public interest citizen associations.

Structure and staff

Gloria Sepúlveda

Coordinator. She cares for her sister, who has a disability. Sociologist by the Universidad de Arte y Ciencias Sociales (ARCIS). Master's degree in Urban and Territorial Development by the Universitat Politècnica de Catalunya (UPC). Expert in care policies, gender inclusion and territorial development. She has experience leading local, regional, national and international programmes and projects.

Pía Soto

Territorial manager. Geographer by Universidad de Chile. She has specialised in territorial and community, participatory, inclusive and gender-based work. She has experience managing local, national and international projects.

Verónica Contreras

Community leader. She has a technical degree in social work by Instituto AIEP. She cares for her son, who has a disability. She has specialised on work with carers, including psycho-social care and establishing links with carers. She has experience in local, national and international projects.

Daniela Solar

Educational and administrative manager. She cares for her children, who have disabilities. She has studied phono-audiology in Universidad SEK Chile, and child education in Instituto Profesional Los Leones, as well as management at La Place. She has experience as manager for crèches and kindergartens, as well as in national and international projects.

Experience and influence

Women Citizens who Care
 "Furthering caring cities and communities"

2022-2023

Care organisation and design – GORE carers roundtable

UAR course: "Daily life and feminism. How do we take care of each other in the city?"

Advisory committee: Social Discussion on Care in Chile, UN and MDS

Advisory council: Gender and Mobility, DTPM MTT

Local Network for Support and Care, MDS roundtable

Law 21390, to commemorate November 5 as national Informal Carer Day

2021

1st Carers March

1st carers survey in Chile

2018





2023

2021-2022

2019-2020

-Work with the Conchalí Municipality: Local Inclusive Development Strategy (EDLI) SENADIS and Friendly Cities for Senior Citizens SENAMA

-Exhibition and co-design of the methodology: Caring City – URBANBAT Festival, Bilbao, Spain

-GRRIPP international project Neighbourhood Care Infrastructure

-Design and execution: Comprehensive and Territorial Care Programme – CIT, CORESAM and Conchalí Municipality

-Participation in the XV Regional Conference on Women in Latin America and the Caribbean – ECLAC, Buenos Aires, Argentina

-Participatory meeting, as part of the United Nations cooperation in Chile.

-Public tender: Mariquina Municipality, PQMB and Housing and Urban Planning Ministry. "Pilot programme: Neighbourhood Care Approach"

-GRRIPP exhibition, seminar on care, UCL. London, UK

-GRRIPP exhibition, seminar and visit to care block. Bogota, Colombia

-Phase 2: GRRIPP international project. Product: "Strategic Guidelines: Experiences in Community and Territorial Care"

-Work in the Conchalí Municipality: 6% Regional Metropolitan Government project.



SERVICE PROVISION

PARTICIPATORY METHODOLOGIES AND TERRITORIAL MANAGEMENT

Community care infrastructure

Geo-reference, land registry, participatory mapping

Body, neighbourhood and housing



TALKS AND WORKSHOPS

Care: familiarisation and awareness

Public care supply and demand

Including care and self-care



COUNSELING AND DEVELOPMENT

Influence on care policies

Programme implementation

Project presentation and realisation

INCORPORATION OF THE TERRITORIAL APPROACH

REMOTE AND ASYNCHRONOUS APPLICATION



STRATEGIC GUIDELINES

METHODOLOGICAL APPROACH AND LEARNING

Participatory and educational methodologies are a set of strategies, techniques and instruments that, through different methods, such as didactics, bolster learning among those who participate in the experience. This is what Women Citizens who Care is working towards, through participatory projects.

WOMEN CITIZENS WHO CARE - PROPOSAL

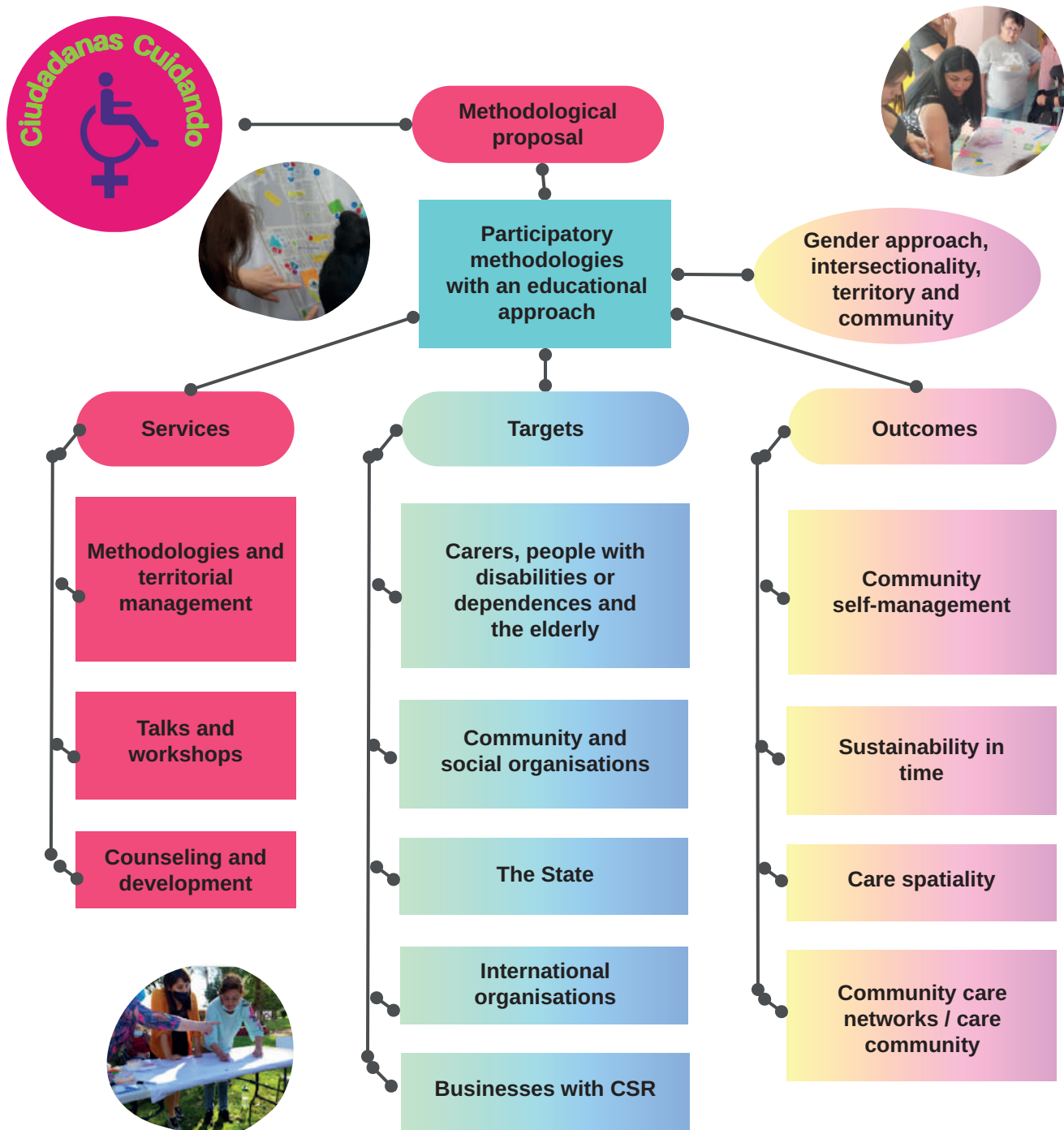
OBJETIVE

To promote caring communities and cities, through participatory methodologies that bolster learning community care strategies

ACTIONS

Furthering community participation, creating care networks to promote self-management and sustainability through time, disseminating the public and private services available for care for carers, people with disabilities or dependences and the elderly.





During our workshops we put into practice what we had situated, considering participants as active participants in the learning experience. This is why our methodologies are participatory and fluid. Our work considers participants in the processes to be active in knowledge-building. We strive to gather carers' outlooks, based on their local knowledge and stances, in order to approach the care network's self-management and sustainability through time in a participatory manner, as well as its link with local and State public policy.

TERRITORY, SITUATION, LOCAL ISSUES

We work at a neighbourhood level, including public spaces in our analysis of the care crisis, and we “take them outside the home”, understanding that in order not to crumble, social, economic and cultural systems are needed, as well as collective structures that ensure well-being. We understand the importance of territories and their design, of planning, transportation systems, policies and infrastructure, among other elements impacting the care system and carers’ daily lives.

As part of territory management, different strategies have been used:

Approaching the community: Emotions are the starting point. Carers participating in the workshops connect with our experience as women living and carrying out care ourselves.

An experiential and theoretical approach to care: An empirical approach is used, as well as an active social role regarding the multiple ways care can take place in different territories, urban or rural. Both from a theoretical and an experiential standpoint, there is a reflection on the importance of building a community network with a shared responsibility for care and an emphasis on a local approach.

Support: Psycho-social support takes place through phone calls, during the entire process. The woman in charge of this rapport takes time to listen and find out how carers are feeling in the intervention territories.

Territory management has different aspects: on-site, experimental and participatory work. Based on this experience, the importance of working on the coordination of social actors for sustainability is underscored. Strategies to promote public-private alliances are sought, in order to re-signify the role each plays in society, in addition to ministries, regional governments, municipalities, businesses, services, foundations, social organisations, neighbourhood committees, universities and families, to bolster caring communities.

This is important, since it enables the use of requirements from a situated approach, thus supporting their proper implementation.



OUR STRATEGIC PROPOSAL

WHO DOES IT TARGET?



Acknowledging the origin and importance of care work, we propose providing space to a coordination of actors based on experience, from the standpoint of territorial and community work, in addition to linking the private and institutional spheres. Our main purpose is to underscore the importance of carers' information and knowledge.

Our work coordinates part of the need for outreach, training, awareness and direction of carer's needs, as well as those receiving care.

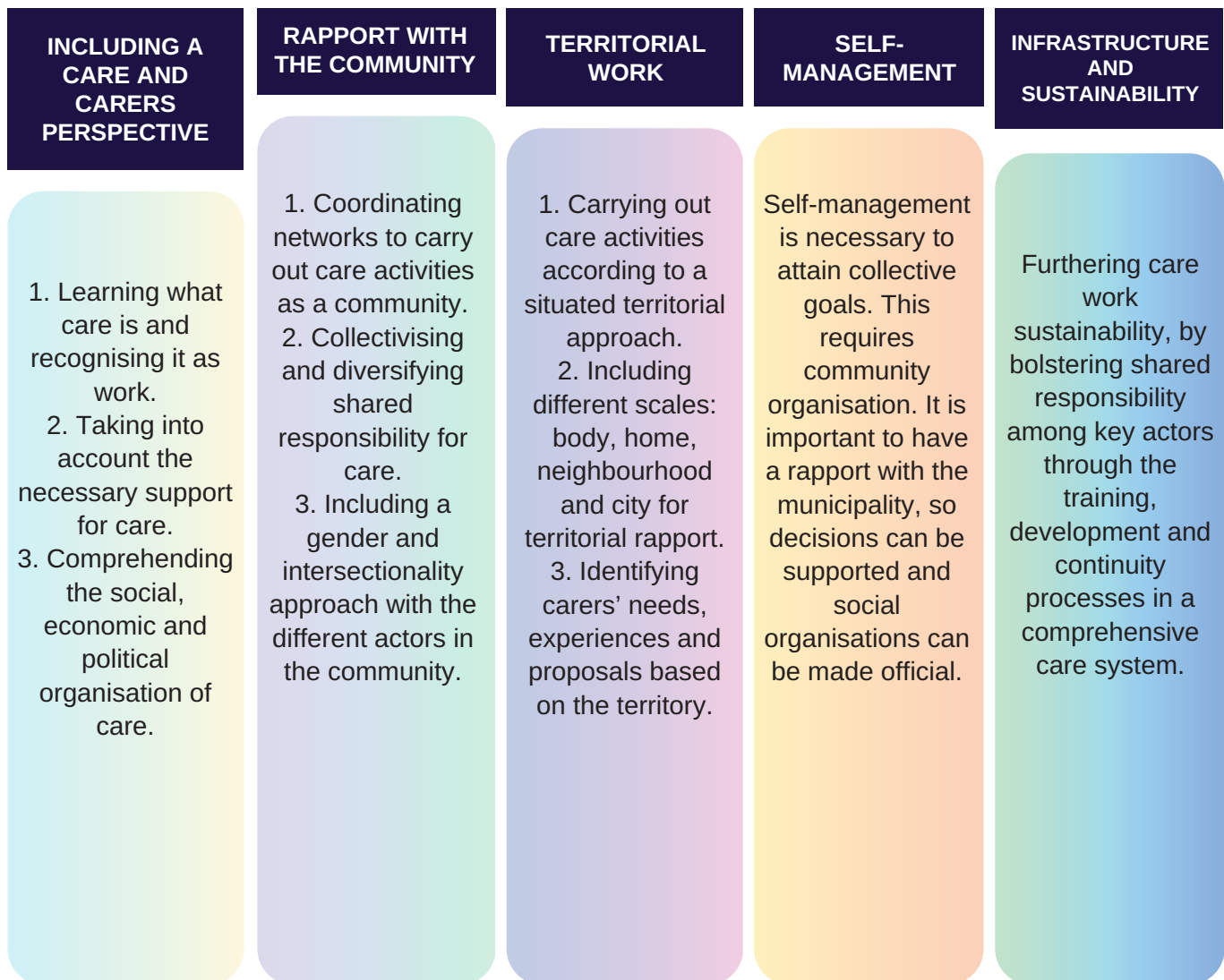
DIMENSIONS AND SPHERES:

- Cares / Carers
- Community
- Territories
- Self-management
- Infrastructure and sustainability

OUR HORIZON:

A caring community that makes sure care is recognised and shared, that promotes care, furthers its coordination within different territories and shines a light on the work carried out by carers for people with disabilities and the elderly, based on territorial work and coordination with different social actors.

BASIC TARGETS OF A CARE SYSTEM



STRATEGIC GUIDELINES

Our ultimate purpose is proposing guidelines and experiences that should be taken into account for comprehensive care systems, including a territorial and community approach. On the other hand, it is important for us to raise awareness of our focus on working with communities and organisations, so it is included in the vision of organisations and businesses with CSR. On the other hand, we strive to show that, through our experience in care (through projects and activism, as well as our own experience) the foundations to advance towards a comprehensive care system have been laid. We also believe it is necessary that future national and international projects are funded in order to bolster this proposal, including carers' perspectives.

We propose to adopt community approaches that promote a networked articulation between different social actors. The changing nature of this collective action is acknowledged; it seeks to dignify care and build relationships between carers in a comprehensive way. A shared responsibility for care is advocated for, underscoring the importance of taking into account carers' specific needs. A care economy is also promoted, in addition to a diversification of the ways care can take place.

SUMMARY TABLE

Sphere / Need	Action / Strategy	Impact / Change
Including carers and their social organisations	Hiring people and institutions with knowledge of and experience in care, capable of working directly with the community to further S.O. self-management.	Including carers, not only those requiring care, from their S.O. to promote self-management.
Taking into account different scales and approaches	Working for the coordination of care on different scales: body, home, neighbourhood and city. Including a gender approach and intersectionality.	Understanding care is supported from different spheres, is independent and situated, and requires individual, collective and social interventions from the different inhabited territories.
Infrastructure and sustainability through time	Carrying out strategies to promote shared responsibility among actors and sustainability in the training, development and continuity processes for the care system.	A care system including a coordinated care infrastructure from a social, economic and political standpoint, sustainable through time.
Coordination with and between social actors	Carrying out management and territorial rapport with different key actors and strengthen strategic alliances.	Improvements and changes in the intervened reality, cooperation instances and acknowledging interdependence, to ease the care burden.
Territorial work and binding community participation	Developing a community care system with citizen participation, including rapport and work with carers, senior citizens and people with disabilities organisations.	Including citizen participation in the development of a community care system based on constant territorial work, with the support of all actors, from the experience and vision of people embodying care work.

A FOCUS ON CARE, SUPPORTED BY THE SOCIAL, ECONOMIC, POLITICAL AND TERRITORIAL ASPECTS

In conclusion, it is essential to insert the territory and community aspects in care and decision making, through the participation of the community and local government. This is why these guidelines are the result of hard work, based on the territories and with communities. A local, specific approach has been carried out in an experimental, participatory way, promoting sustainability and creating public-private alliances for its implementation. A conclusion that stands out from this experience is the need to redefine the role played by each social actor, including ministries, regional governments, municipalities, businesses, services, foundations, social organisations, neighbourhood committees, universities and families, in order to promote caring communities.

Communities play a very important role, since they allow us to observe the context in which care is addressed. We refer not only to caring after people, but also taking care of the neighbourhood and of the environment, as well as self-care, among others. An exchange of reflections on the experience of care makes it possible to shine a light on the work carers do. They received the workshops positively, as well as being able to collectivise and expand the concept of care to the community, with a territorial and gender approach.

In addition to talking with the community about what had always been kept in the personal and private sphere, another achievement has been strengthening this part of the care infrastructure in the social, territorial, community and political dimensions, as well as recognising and identifying themselves as carers. Experiences and feelings were shared in the public sphere, where the importance of not linking care work exclusively to women was acknowledged. In order to change this reality, the collaboration and commitment of all social actors is necessary. An assessment of care infrastructure in neighbourhoods showed it was important to acknowledge residents' care experiences, as well as the existing social organisation. Workshops were used as feedback spaces in order to further a caring community.



A FOCUS ON CARE, SUPPORTED BY THE SOCIAL, ECONOMIC, POLITICAL AND TERRITORIAL ASPECTS

The most important challenges that emerge from this scenario are the following:

- Land registry for carers and of material and social care infrastructure.
- Ensuring formal continuity in the long term, in order to have a greater social impact in local territories and replicate this in different neighbourhoods to shine a light on the reality of the carer community.
- Delving into a diagnosis of needs at a social-territorial level, and carrying out participatory proposals by public institutions (ministries, regional governments, municipalities and other relevant actors).
- Bolstering the community care social organisation.
- Continuing to carry out projects and strategies to support carers (monitoring and social support).

With the purpose of addressing this proposal in the best possible way, we have resorted to participatory methods, which has allowed us to attain a better understanding of the population's reality, living conditions and interests, as well as their perceptions and expectations. An account of different resources and instruments available in the community will also enable collaboration, in order to seek and present possible solutions. With this purpose, we propose to carry out technical boards or other mechanisms to improve the service provision for the beneficiary population, always including the perspectives of people experiencing care. It is important to share information and unifying plans between programmes and ministries, in order to avoid segregation when distributing benefits.

In regard to all of the above, we believe that it is important for care work to be carried out collectively, including men, as well as shining a light on sexual dissidences participating in care. We are convinced that an inclusive approach to care work reduces the burden placed on those carrying it out individually, since mutual aid is instead established, buttressed with recognition and empathy.

Care thus becomes a joint effort, in which pain can be shared, and physical and mental demands can be managed. This project has strengthened care infrastructure in the social and community sphere, recognising and valuing carers. It has also furthered making these experiences visible in the public sphere, overcoming the idea that care work should be exclusively linked with women.

Working with organisations specialising in care work, such as Women Citizens who Care, makes it possible to establish trust and a rapport with the community, mainly because members of the team are also informal carers. This is a consequence of our aim of focusing on care, and of achieving its support in the social, economic, political and territorial spheres.

REFERENCES

- Banco Central (2020). Estimación trabajo doméstico no remunerado. Recovered from: <https://www.bcentral.cl/documents/33528/3015423/estimacion-trabajo-domestico-no-remunerado.pdf/>
- Banco Mundial (2021). La inclusión de las personas con discapacidad, clave para el desarrollo sostenible de América Latina y el Caribe. Recovered from: <https://www.bancomundial.org/es/news/press-release/2021/12/02/la-inclusion-de-las-personas-con-discapacidad-clave-para-el-desarrollo-sostenible-de-america-latina-y-el-caribe>
- ECLAC (2022). La sociedad del cuidado, un horizonte para una recuperación sostenible con igualdad de género. Recovered from: <https://www.cepal.org/es/notas/la-sociedad-cuidado-un-horizonte-recuper...>
- Ciudadanas Cuidando, GRRIPP, JJVV, N° 29 (2022). Manual para explorar la infraestructura de cuidados barriales.
- Ciudadanas Cuidando (2022). Plan para explorar la infraestructura de cuidados barriales (documentary). Available at: <https://youtu.be/0-sjYnc2M2s>
- Ciudadanas Cuidando (2023). Enfoque de Cuidados Barriales en el Barrio Media Luna San Francisco, San José de La Mariquina, Región de Los Ríos, Chile (pilot project, final report). Commissioned by: Programa Quiero Mi Barrio, Municipalidad de Mariquina and MINVU.
- Ciudadanas Cuidando (2023). ¿Quién cuida a las que cuidan?: Plan para explorar la infraestructura de Cuidados Barriales. Juanita Aguirre, Conchalí. Available at: <https://callejeras.org/>
- GRRIPP and Ciudadanas Cuidando (2023). Plan para Explorar la Infraestructura de Cuidados Barriales (project summary).

CREDITS

The contents of this document may be reproduced in any medium, citing the source: **Women Citizens who Care (2023). Strategic guidelines: Experiences in community and territorial care.**

“Dedicated to all the carers who are no longer with us and who fought with no support, and to those who are still caring and surviving, supporting lives with resistance, resilience and courage.” (Women Citizens who Care)

Hooray for carers!

Women Citizens
who Care

"Furthering
caring cities and
communities"



We promote and
acknowledge care,
promoting coordination in
different territories and
shining a light on the
work carried out by those
taking care of people with
disabilities and the
elderly.

STRATEGIC GUIDELINES: EXPERIENCES IN COMMUNITY AND TERRITORIAL CARE