# HANDBOOK

# FOR THE EXPLORATION OF NEIGHBORHOOD CARE INFRASTRUCTURE

**GRRIPP**
Gender Responsive
Resilience and Intersectionality in
Policy and Practice

GENERAL JOSÉ DE SAN MARTÍN - FUNDADO 7 DE MAYO DE 1971
UNIDAD VECINAL N°29
PERSONALIDAD JURÍDICA N°640

Ciudadanas Cuidando

# PRESENTATION

**Original title:**

Handbook for the exploration of neighborhood care infrastructure.

In 2021, the project "Plan to explore neighborhood care infrastructure" was applied for and awarded. Population Juanita Aguirre, Conchalí, Santiago de Chile", executed by the Collective from August 2021 to March 2022, which is part of the GRRIPP project network "Gender Responsive Resilience and Intersectionality in Policy and Practice", run by the University College of London (UCL) whose coordination in Latin America and the Caribbean is in charge of the Pontifical Catholic University of Peru (PUCP).

We worked with the community on topics such as self-management, care, infrastructure, support, local networks, resilience and awareness. With this, it was possible to articulate and strengthen the existing care network and raise the needs of the neighborhood to put them into practice with the implementation of infrastructure that facilitates the task.

This document has been prepared by informal, community and professional unpaid caregivers, who seek to promote a caring community and city, promoting and recognizing care and encouraging its articulation, with a national and international presence.

Carried out by Ciudadanas Cuidando: Gloria Sepúlveda, Pía Soto, Daniela Solar, Macarena Solar and Verónica Contreras within the framework of the GRRIPP (Gender Responsive Resilience and Intersectionality in Policy and Practice) project led by University College of London (UCL) and coordinated by the Pontifical Catholic University of Peru (PUCP) in the Latin American and Caribbean region.

# INTELLECTUAL PROPERTY

This handbook is created as part of the project "Plan for the Exploration of Neighborhood Care Infrastructure: The Juanita Aguirre Neighborhood in the Commune of Conchalí, Santiago de Chile."

All texts, images, and photographs (unless indicated otherwise), as well as the design and general concept of the handbook, are property of the Colectivo Ciudadanas Cuidando and Cooperativa Ciudadanas Cuidando.

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We encourage you to reappropriate the knowledge shared in this handbook and to seek the caring city you need.

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Santiago de Chile, March 2022

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# ACKNOWLEDGEMENTS

Without a doubt, this project would not have been the same without the people and organizations that wanted to collaborate with us. We are grateful for their time, knowledge, and willingness to accompany us in the realization of this idea. We also believe that interdependence, collaboration, and community are necessary resources to come together and build our caring cities. Thank you very much; we hope to meet you again in the future!

Ciudadanas Cuidando

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# LETTER TO THE READER

The "Plan for the Exploration of Neighborhood Care Infrastructure" was undoubtedly an enriching experience in terms of understanding how caregivers build networks throughout the city and generate more caring neighborhoods. There were plenty of intimate spaces where we could tell our stories of care and think about how we want to live in a society with a community approach to care.

It was an effort where multiple contributions, knowledge, and methodologies came together and allowed us to move forward with this project. For these reasons, we wanted to create the ''**HANDBOOK FOR THE EXPLORATION OF NEIGHBORHOOD CARE INFRASTRUCTURE''** , where you will find the concepts with which we worked and built a perspective on care infrastructure, the methodologies proposed and applied to cover the dimensions of a caring neighborhood, and the most relevant results for the community and for us.

We hope that you enjoy implementing the ideas included in the Handbook, that you can replicate it in your caring community, and we invite you to take what you need from it and to modify and create new methodologies to move towards a Caring City.


Hugs,


Colectivo Ciudadanas Cuidando

# ROAD TO THE CARING CITY

*Road to the Caring City*

# INTRODUCTION

The purpose of this handbook is, on the one hand, to describe the experience of the Plan for the exploration of neighborhood care infrastructure and, on the other hand, to explain the methodology we developed to implement the project. The objective is to promote the replication of this experience in different places based on the methodological roadmap we used for its implementation.

Here you will find concepts related to care and a general history of Care Infrastructure, its meaning, why we work with it, and the usefulness it provides in our neighborhood organization. You will also find a summary of the workshops, how we approached them, and some of the results obtained.

The Plan for the exploration of neighborhood care infrastructure was carried out in the Juanita Aguirre neighborhood, Unidad Vecinal 29. This is a territory with strong people participation, a neighborhood council led by an elderly person with disabilities, which has established alliances with organizations of women caregivers. Around 30 people participated in this project, including neighbors, the Research Group for Mobility and Territory (Núcleo de Investigación de Movilidades y Territorios), the Ciudad Amigable Program of the municipality of Conchalí, and the Cooperativa Ciudadanas Cuidando.

Addressing care poses a challenge for public policies and everyday life and should be the core of important decisions at the local level. Indeed, the criteria and levels to address it must be constantly adapted and enhance strategic improvements to meet the demands of the population with programs and tools that allow the inclusion of care to develop our community and our neighborhoods.

Let's keep moving forward to strengthen the caregiving community

# CONCHALÍ

**Communes of Gran Santiago**

Santiago

GENERAL JOSÉ DE SAN MARTÍN - FUNDADO 7 DE MAYO DE 1971

**UNIDAD VECINAL N°29**

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Ciudadanas Cuidando

**GRRIPP**
Gender Responsive Resilience and Intersectionality in Policy and Practice

The commune of Conchalí is part of the Province of Santiago and the Metropolitan Region of Chile. Its communal population amounts to 126,955 inhabitants (CENSO, 2017).

There is a high rate of aging that corresponds to 99.28% of the population of the commune (Ciudades Amigables, 2020).

According to the latest census (EDLI, 2021), there are 1,170 people with disabilities, 40% of whom are caregivers.

BARRIO JUANITA AGUIRRE
JUEVES 09/01/2020

BARRIO EL CORTIJO

BARRIO VESPUCIO ORIENTE
MIÉRCOLES 08/01/2020

BARRIO BALNEARIO
LUNES 06/01/2020

BARRIO CENTRAL
VIERNES 10/01/2020

BARRIO SUR
MIÉRCOLES 08/01/2020

BARRIO NVACETA-BARÓN
JUEVES 09/01/2020
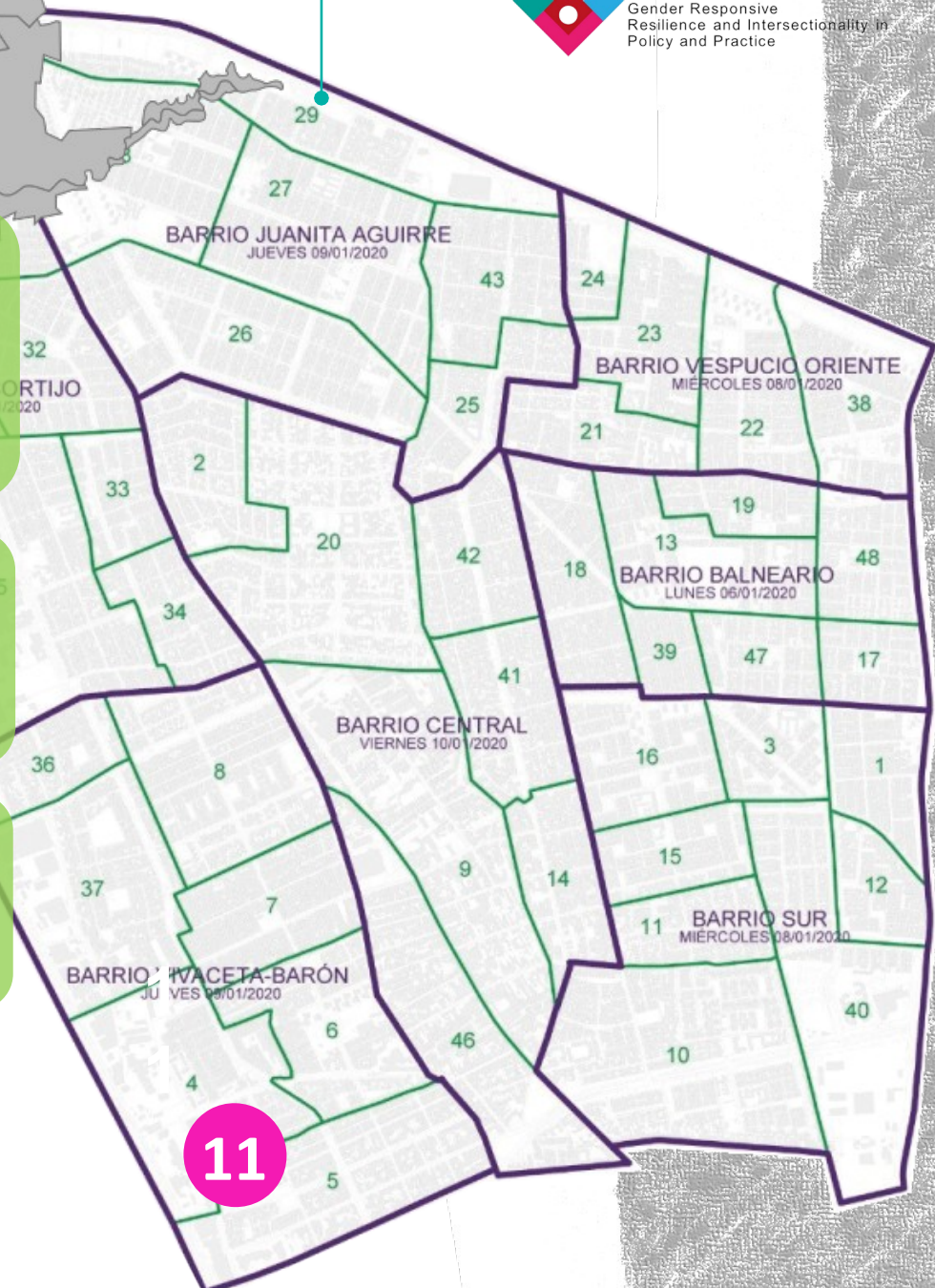
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## CARE

Care is the action of taking care of a person who requires some kind of attention or assistance, being aware of their needs, and providing what is necessary for them to be well or in good condition (RAE). It is necessary to understand that, just as we provide care, we will also need it, since our needs as well as those of others, are subject to this relationship (interdependence), and to recognize the contexts in which this takes place and how race, sex, gender, among others, also condition the burden of care itself (intersectionality).

## CAREGIVER

A caregiver is a person who provides care for free or paid and assists and/or cares for children, people with disabilities and/or dependency, and elderly people, whether or not they are related or not (Law 20.422, no article). They are people made invisible by society within the households, and, only recently, social organizations have addressed the need for their recognition and support in terms of rights and public policies.

## TERRITORY AND CORPOREALITY

The body is our first territory of struggle; therefore, it is important to think of the body as the first space we inhabit. We recognize the territory in our bodies. Power has a geography that generates inequality between people and places. They think that bodies are the first border between me and the other. They have shown us how everything we do is spatially situated and embodied in different bodies and hierarchized by gender. These bodies, in turn, are cultural constructions based on the idea of a space, a place, a community, and a context (Colectivo Miradas Críticas del Territorio desde el Feminismo, 2017).

## SPATIALITY OF CARE

Care relations are imposed by the patriarchy and exacerbated by the capitalist system of production (Massey, 1994). To think about their spatiality is to think about care relations—social and geographic organization in terms of space-time. When they are analyzed, it is possible to observe the relations of power, domination, subordination, cooperation, and solidarity, and that all this is situated, that is, that in each place they have a particular spatial distribution and form (Massey, 2005). Care practices characterize everyday lives of women and their relationship to the physical and virtual spaces they produce (Bowbly, 2012; Solar, 2020).

GLOSSARY

# NEIGHBORHOODS

A *barrio* (from the Hispanic Arabic bárri, 'exterior', and this from the Arabic [بَرِّيّ], barri, wild[1]) or colonia (in many parts of Spanish America) is any subdivision with its own identity within a city, town, or county (corregimiento). Its origin can be the result of an administrative decision inferior to the municipality and the district, an urban planning initiative (e.g., the group of houses that a company builds for the workers of one of its factories), or, simply, a shared sense of belonging of its inhabitants based on proximity or history, often reinforced by the antagonism with another contiguous neighborhood. Cities and their neighborhoods are not only a sum of buildings, but, above all, a set of social relations developed by their inhabitants and what they recognize as such.

# CARING CITIES

It is a city that considers the people who live there and their needs, both those who care and those who need to be cared for. Likewise, it integrates, makes visible, and recognizes its inhabitants, respecting diversity, favoring inclusion, encouraging the active participation of people, and, at the same time, recognizing the environment and the other species with which they interact.

# NETWORK OF CARE

It involves taking charge of community care to respond to daily and collective needs. It is a critique of the myth of a subject's self-sufficiency because we are interdependent. Recognizing this mutual dependence in all ages and contexts makes it possible to find the alliance between care and community.

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# NEIGHBORHOOD CARE

This implies understanding the importance of neighborhood identity on the one hand, and of living in a network on the other. In this regard, focusing on strengthening the community aspect of care with more compassionate communities is to advocate for the sense of solidarity and social support that people can provide to each other. Social networks and policies can be developed to help alleviate the suffering of those in need. This is achieved through the organization, coordination, and implementation of social and political actions that facilitate care through access to community support networks (neighborhood networks).

# MOBILITY

Mobility is an approach that allows us to observe the continuum of life, understanding the relationship between the inhabitants and their habitat (Jirón, 2017). This means that by understanding how we move through the city we can identify that people have different experiences of inhabiting the world and reveal other aspects such as materialities, objects, among other things.

In the context of care, working on the concept of mobility with the community allows us to understand that care is an activity that exceeds the space of the home and that requires a chain of infrastructure to link mobility and care when thinking about cities, since domestic interactions and interpersonal networks are related to transportation systems or the environment in which they occur.

GLOSSARY

## SELF - MANAGEMENT

It is a holistic approach to living in society, based on the very concept of the person (or human being) and their fundamental rights, such as the right to self-determination and participation in the personal, family, and community spheres. When approached in a communitarian manner, a process occurs through which the individual or group capacity to identify interests or needs is developed. It is an effective tool, which exalts the use of the highest values of the individual and groups, placing them in a better position to face and solve their common problems, where the social and community self-organization takes in its own hands the task of solving their needs.

## SOCIAL ORGANIZATION SUSTAINABILITY OVER TIME

When we talk about care or any other activity, the time available often determines its feasibility. When we think of collective care and the social organization that surrounds it, it is important to consider how that collectivity is sustained over time. This idea invites us to think about shared and equitable responsibility, which allows the formation of a care system that does not fall on a single person, and that functions autonomously.

# GENDER PERSPECTIVE

Gender perspective is a lens that allows us to observe the existing inequalities between the diversity of genders, where the male has been the predominant one. When we contextualize it to care, we can see that, in general, these activities are mainly carried out by women. Socially, the role of caregiver is linked to maternity and feminized activities, which determine the way in which these people live and are subject to precarity.

From our perspective of caregiving, we invite you to observe with a gender perspective so that we can build equitable care relationships that do not have to be determined by a person's sex or gender.

GLOSSARY

# CARE INFRASTRUCTURE

## What does it mean?

"Infrastructure is the foundation of wherever we live. We are referring not only to roads, waterways, drainage systems, waste management, telephone networks, internet, among other aspects. There is also social infrastructure: the community ties that are established to ensure territorial management can also be considered basic infrastructure. The management of infrastructure networks focused on care will be fundamental for the life of human groups." (GRRIPP, 2021)

## Why do we work with this idea?

From the perspective of care, it is not enough to think of infrastructure only in terms of the function it enables. It is necessary to broaden this notion and understand people, institutions, material infrastructures, and the environment as a large infrastructure that enables care. By taking a more complex perspective, care can be approached more broadly.

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## How useful is it in our neighborhood organization?

The most powerful scale of the collective seems to be that of the neighborhood, and, in every neighborhood, district or slum, care is a central part of the social fabric. It is an essential part of everyone's life; however, it is provided in different ways, according to social status, gender, race, location, etc., and evidences the most inequalities, specially where the most vulnerable populations live informally

It is necessary to understand the entire network, which is made up of people, institutions, among others, and it is important to highlight people's experience as inhabitants, since it allows us to understand the conflicts and opportunities of their territorial reality.

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# WORKSHOPS

From the beginning, the project was looking for the relationship between care and its material reality, but we did not know how to develop this relationship. So, as a main objective, we proposed to explore the existing care infrastructure in the Juanita Aguirre neighborhood. In this way, together with the community, we could unveil the dimensions that compose it. However, it was necessary to define some specific objectives that led us to achieve the main one. Through them, we were able to determine the concepts we needed to work on and, at the same time, to determine the number of workshops suitable for the six months we had available to work.

Specific objectives:
1. To learn about the existing care network in the Juanita Aguirre neighborhood.
2. To promote the community role of care in the Juanita Aguirre neighborhood.
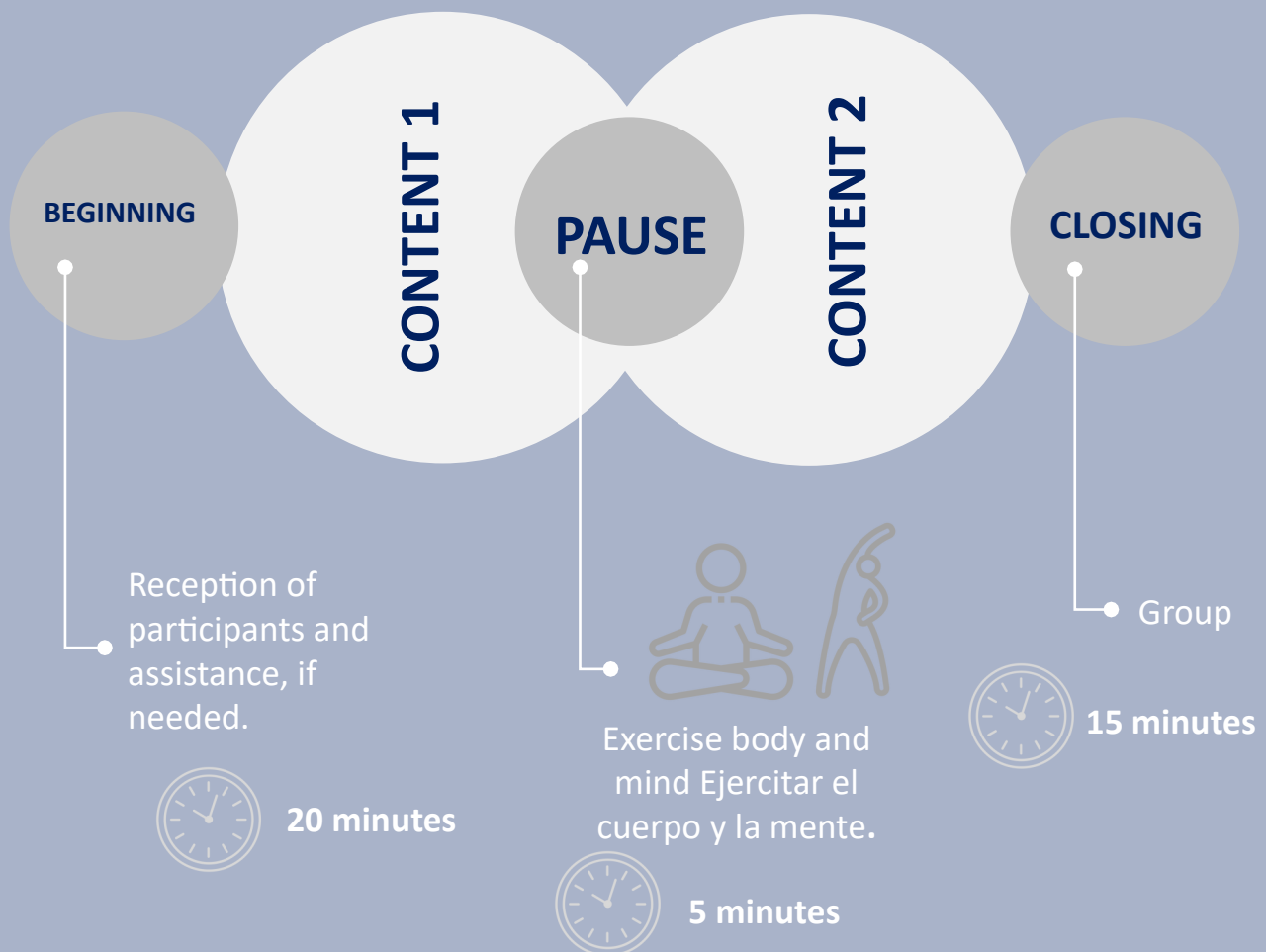3. To promote the self-management of the care network in the Juanita Aguirre neighborhood.

# WORKSHOPS

Once the concepts were defined, we organized a work structure that would be useful for each workshop, regardless of the topic to be worked on.
Below is an outline of how a generic workshop was organized in terms of the time it took to develop the content, dissemination strategies, and execution.

**CONTENT PREPARATION**: 2 to 3 weeks prior to the workshop
**DISSEMINATION**

- Flyer preparation: 1 day
- Flyer posting: 1 day
- Phone calls to participants: 1 to 2 days prior to the activity

**BEGINNING**

**CONTENT 1**

**PAUSE**

**CONTENT 2**

**CLOSING**

Reception of participants and assistance, if needed.

**20 minutes**

Exercise body and mind Ejercitar el cuerpo y la mente.

**5 minutes**

Group

**15 minutes**

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# What is Care?

**OBJECTIVE**

The first workshop responds to specific objective 1—to learn about the existing care network in the Juanita Aguirre neighborhood.

**CONCEPT ADDRESSED: CARE**

The title of this workshop is the question that was asked to initiate the project. Our interest was to broaden the perspective of care to other areas of life, where sustaining life implies caring about not only those next to us or ourselves, recognizing the interdependence between people, the environment, and other species (for example, our pets) so that sustaining life is equitable, sustainable over time, and specific to our community and the place where we live.

**CARE SITUATION IN CHILE SITUACIÓN**

The title of this workshop is the question that was asked to initiate the project. Our interest was to broaden the perspective of care to other areas of life, where sustaining life implies caring about not only those next to us or ourselves, recognizing the interdependence between people, the environment, and other species (for example, our pets) so that sustaining life is equitable, sustainable over time, and specific to our community and the place where we live.

**Law N°20.422**
Establishes regulations on equal opportunities and social inclusion of people with disabilities.

**Law N°21.390**
November 5 of each year is National Caregiver and Informal Caregiver Day.

**Law N°21.292**
Declares the last day of February of each year as the National Day of Education and awareness of rare, infrequent, or orphan diseases.

**Law N° 21.380**
Recognizes the right of caregivers to preferential health care.

**Supreme Decree N°50**
Modifies the General Ordinance of Urbanism and Construction in terms of Universal Access

**Law N°19.594**
Interdiction

**Law Nº 21.015**
Labor Inclusion of people with Disabilities.

**Law Nº21.168**
Preferential Health Care for the elderly and people with disabilities.

**Law N° 20.609**
Establishes Measures Against Discrimination.
Mental health law.

**STANDARDS IN THE PIPELINE**
- Amendments to the Fundamental Chart within the constitutional guarantees, and the recognition of domestic work and caregiving of people (12490-07).

- Amendment to Law No. 20.422 to incorporate a regulatory framework for those who care for people with disabilities (12239-31).

# What is care?

**WHO CARES FOR THOSE WHO CARE?** In general, public policies and our attention is focused on who receives care, but not on who delivers it, so we ask ourselves who cares for those who care? On the same subject, there are several definitions that we leave for you to discuss in your organization.

- **Formal:** Paid work by personal or care assistants in private or public home care, centers, and residences.

- **Informal:** Unpaid work, mostly performed by a single member of the family group, mainly women, who take care of the home and the person(s) in need of care.

- **Caregiving Community:** You can review this definition in the glossary at the beginning of the Handbook.

Care work is complex. It is done for others and has serious consequences in the life of the caregiver, such as putting themselves second. In many cases, it triggers caregiver stress syndrome, a mental and physical type of stress that can be life-threatening and that caregivers can suffer. It is the continuous stress to which the caregiver is exposed due to the constant battles with the patients to provide the care that they require (CUIDEO, 2019). In Chile, it is only diagnosed as stress through the ZARIT test. However, it is not considered a disease, so it does not have treatment, assessment, or coverage. It is urgent and necessary to integrate it into new public policies on mental health law.

**Caregiver Stress Syndrome**

# What is Care?
## THE TREE OF CARE

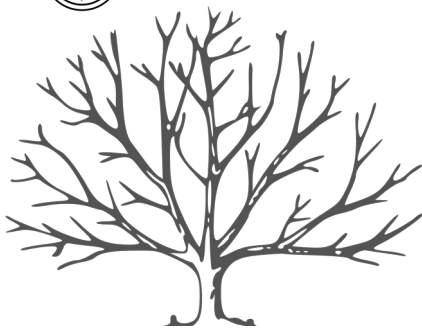**Step 1 -** Give each participant several **sticky notes** and a pencil to write down their answers

🕐 **10 a 15 minutes**

**Step 2 -** Once step 1 is finished, in plenary mode, we can repeat the questions so that each person can give their answers. The moderator can stick the notes on the branches of the tree.

🕐 **10 a 15 minutes**

It is an activity that consists in answering two questions: What do I need to receive and provide care? What does this tree need to bloom?

**Tree of care before blooming**

**Materials**

**Step 3 -** When the notes are stuck, we will see how the tree has blossomed, and there will be a space for collective reflection on the importance of care in our daily lives.

🕐 **10 a 15 minutes**

**Blooming Tree of care**
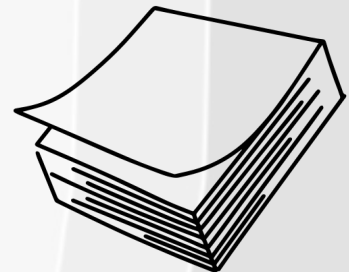
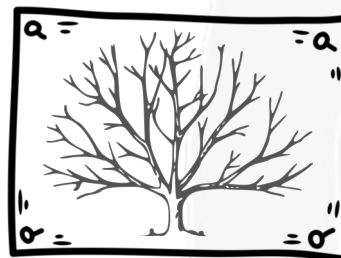**Sticky notes**

**Flipchart with drawing of a tree**

**Step 4 - Systematization:** once the workshop is over, it is important to organize the information collected, ordering the answers according to the criteria you consider necessary. For example, most repeated answers.

**24**

**Pencils**

# What is Care?

**Some results...**
The attendees were mostly caregivers, people with disabilities, and elderly people, all of them with a notion of caregiving in their territory. In this regard, they recognized that care is a necessary community activity and that it should be a right; they consider that care relationships invite to think about the environment, the care of water and green areas, even in important everyday things like feeding.

For more information, download our free infographics for Workshop 1 from Google Drive: https://drive.google.com/drive/u/1/folders/1gLi-v_wP_JM6v0LWMCwnT6nciSodB6EM



CONCHALÍ COMUNA AMIGABLE

# Recognizing my Neighborhood Care Network

## OBJECTIVE

The second workshop responds to specific objective 1, to learn about the existing care network in the Juanita Aguirre neighborhood.

## ACTIVITIES

Linking the knowledge that neighbors have about their neighborhood in social, spatial, and territorial terms is key to be able to explore the network and identify how care is configured in the neighborhood.

**ACTIVITY #1**

## REVIEW OF CONCEPTS FROM WORKSHOP 1

In this regard, we believe it is important to reinforce the contents reviewed in the previous workshops in order to refresh the memory and link their importance to the current workshop. In this case, it was important to link the concept of care with the care needs we have in the territory we inhabit.

**DOWNLOAD THE INFOGRAPHICS AT THE FOLLOWING LINK:**

https://drive.google.com/drive/u/1/folders/1gLi-v_wP_JM6v0LWMCwnT6nciSodB6EM

# Recognizing my Neighborhood Care Network

The second activity consisted of a participatory mapping to reflect collectively on the needs of caregivers. In this instance, the aim was to define the issue of care and to make it clear that it can have several dimensions associated with what we have and what we need in the neighborhood.

## ACTIVITY #2

# STEP BY STEP

**Step 1 –** To develop the mapping, it is necessary to have a map that covers more area than the neighborhood in question. We used A0 size.

**Prepare the material in advance**

Participatory mapping makes it possible to understand how stakeholders think and set their priorities. With this tool it is possible to initiate a dialogue with the community about the difficulties they face, as the map shows conflicts of interest and local potential and limitations, as well as social problems (Rodriguez Martinez, 2011). The results of this mapping, linked to a SIG, will make it possible to locate the exact sectors where people believe these elements are located.

**Step 2 –** Write questions that allow to reveal how neighborhood residents relate to the neighborhood space, how they identify, and what are the points of conflict and wellbeing they find there. As a guide, here are the questions we used for the mapping.

### GUIDE QUESTIONS

- What do you think is the most iconic thing about the neighborhood? Mark the points that are iconic for you.
- How do you feel when you move around?
- Trace your usual route.
- Where do you go shopping?
- Where are the health facilities?
- Where are the places for recreation, rest, or those where you share with other people (parks, squares, etc.)?
- Where are the main facilities and infrastructure (health facilities, stores, squares, parks, subway)? Find them on the map.
- What is the quality of the roads and streets in this sector?

- What elements of the reality of your neighborhood would you change? What is missing in your neighborhood?
- What elements of the reality of your neighborhood would you keep?
- Is your neighborhood accessible? Mark the places that you consider to be accessible and those that are not.
- Is your neighborhood caring? Mark the places that you think make caregiving easier.
- Do you know other caregivers in the area? Mark on the map the approximate places where they live.
- Do you have a caregiving network in your neighborhood? Can you recognize it?
- Where do the people who support you with caregiving live?
- Are there any organizations of caregivers that you know and that are active?
- Write down on the map everything you feel

# Recognizing my Neighborhood Care Network

**Step 3 –** In addition to the questions, we implemented icons that allow to identify the answers on the map.

## ICONS

| | |
|---|---|
| Commers | Caregivers |
| Health | Lack of equipment |
| Green Areas | Senior citizens |
| Social Organization | Municipal facilities |
| Support networks | Transportation |
| Care homes | People with disabilities |
| Caring community | Universal Accessibility |
| Lack of accessibility | Children |
| Wildcard (category for neighbors to invent) | |

**Step 4 –** When applying the mapping, we will answer the questions that we previously defined, and use the icons to record them on the map. As we collectively reflect on the important places and landmarks in the territory, we will make a collective reflection on the network of care in the neighborhood.

**50 to 60 minutos**

Designating roles and who will be in charge is key for the activity to flow and meet its objective.
Here are some of the ones we used.

**Master of Ceremony:** Responsible of kicking off activities, introducing the topic to be discussed with a brief description, introducing those in charge of each part of the workshop, and encouraging respect for protocol and active participation.

**Facilitating/Moderating Monitors:** Responsible of facilitating the dialogue, promoting the participation of the neighbors, and moderating the conversation in a respectful manner.

## MATERIALS

Icons

Sticky notes

Map

Pencils

**Some results…**
The methodology was participatory and fluid, actively involving the participants of the processes in the construction of knowledge, which implied gathering the points of view of the community from their local knowledge and feelings. We sought to territorialize their perception of the care situation in the neighborhood. In this sense, the community shares its experience, decides what activities are necessary and what are the possible solutions to be cared for.

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https://drive.google.com/drive/u/1/folders/1gLi-v_wP_JM6v0LWMCwnT6nciSodB6EM

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# Who Provides Care in the City?

**OBJECTIVE**

The third workshop responds to specific objective two—to promote the community role of care in the Juanita Aguirre neighborhood.

**CONCEPT ADDRESSED: GENDER PERSPECTIVE, INTERDEPENDENCE, AND INTERSECTIONALITY.**

who provides care in the city? That was the question that needed to be asked to understand care from a gender perspective, interdependence, and intersectionality. The community role applies when we finally understand that care goes beyond the walls of the home and that, structurally, it has been a women's job. However, we know that everyone can do it. And from this same approach, interdependence comes to show us that everybody needs care, and, at the same time, provides it. therefore, there is a collective nature to it which needs people, objects, money, among other things. In relation to this, we also introduced the concept of intersectionality, which allows us to understand that everybody is oppressed and, at the same time, somehow privileged. This, in turn, makes us understand our and other people's position in the world. To address the above, we conducted two activities.

**ACTIVITY #1**

**INFOGRAPHICS OF THE CONCEPTS TO BE ADDRESSED**

OWNLOAD THE INFOGRAPHIC AT THE FOLLOWING LINK:
https://drive.google.com/drive/u/1/folders/1gLi-v_wP_JM6v0LWMCwnT6nciSodB6EM

# Who Provides Care in the City?



**ACTIVITY #2**

The second one was a body mapping, which aimed to understand that the body also experiences the burden of care, as well as to generate a process of understanding how our body is the territory we inhabit and how the territory we inhabit shapes our body. It is established as a loving PEDAGOGY that allows us to visualize the pain, fear, tiredness, restlessness, and illness that systematically affect our subjectivities and bodies in our daily lives.

For this workshop, we had the help of Aranka Scherping who lent us the methodology of body mapping and guided us in its application. We thank her for sharing her work and, also, for allowing us to share it with you. We leave you her email (aranka.scherping@ug.uchile.cl) in case you would like to contact her.

Body mapping is a process of understanding how our body is the territory we inhabit and how the territory we inhabit shapes our body.

# STEP BY STEP

Time for this workshop should not exceed 60 minutes, however, the steps have to follow the participants' pace.

**Step 1 -** Draw your entire body on a sheet of paper. It's key that the drawing is large.

**Step 2 -** In this body, we will draw some of the spaces that we inhabit daily, e.g., the house, the community, the environment. What places do we identify, where do we locate these places in this body? The roads we usually travel, where do we locate them in that body? Is there a park, services, work, a garden, schools, streets, alleys? Where do we locate them in that body? We propose to draw all those places that we consider important or necessary to make them visible on a map of the territory we inhabit. Feel free to play, it does not have to be perfect or structured.

**Step 3 -** Next, point out on this map of the body-territory those places that you like the least, where you feel insecure, where you have felt violence, pain, anger, exhaustion. Where are these places and how do we draw them? Is it a street, a part of your house, a place far away or close to your house? Are there any conflicts in the territory that affect us daily? Which ones (architectural barriers, such as poorly marked crosswalks, lack of ramps, cobblestones on sidewalks, narrow sidewalks, etc.)? in what way do they affect your body?

**Step 4 -** Additionally, draw or write down the exhaustion you feel when providing care and associate it to the different parts of your body. The exhaustion can be physical—this implies situations of deterioration in health, tiredness, lack of sleep or insomnia—or mental—weakening, feelings of guilt, stress, or insufficient time for oneself or for family and community life. Where are these ailments concentrated?



**Step 5 -** Now, add the strategies you adopt in care work to mitigate and diminish the consequences associated with the forms of burnout already described, for example, collective care networks—family, neighborhood, or institutional, if you pay for aid in childcare or in cleaning the home, or even if you order food. Associate these strategies to a space, inside or outside your body, in a certain place or simply write it down. Does this strategy bring relief to any part of your body?

**Paso 6 -** Finally, I invite you to recognize in this territory-body the places where you find your struggle and rebellion. Where is it located in that body? Where is that rebellion, that word, that cry born? In what part of that body or territory? Is it in the street, in the square, in the community, in the yard... in the bedroom? how is that rebellion expressed? a cry, a word, a song? Is it in the head, in the heart, in the feet, in the stomach, in the legs? Where? Where is the mobilization with others, or alone, created? Where does this meeting with others to get organized happen? Does it happen like this?

**Paso 7 -** You are done, stop and look at your drawing, at this map. Is everything you want to capture here and now?
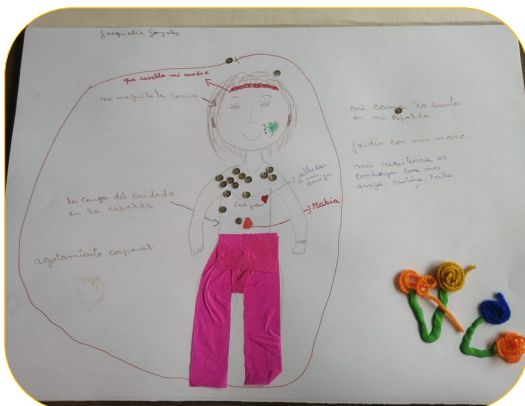
# Who Provides Care in the City?

We hope that the methodological and conceptual bet of the body-territory gives you the possibility to create a map where you can identify the violence towards the bodies you care for. However, we also hope that it allows you to pay attention to the desires and strategies of resistance that you adopt in this context to find collective and individual wellbeing by recognizing that we must also be cared for.

## MATERIALS

We advise you to use elements that you have at home, such as boxes, cardboard, bottles, ribbons, etc.

Sheet of paper

Pencils

**Some results…**
The body is a determining factor in the discourse of caregivers as well as in their daily activities. It is the instrument to provide care and produce the spatiality involved. The participants recognized their bodies as the first territory of care, and in it, physical and mental exhaustion, stress, anguish, and happiness, and linked their different emotions to their body parts.

For more information, download our free infographics for Workshop 1 from Google Drive:
https://drive.google.com/drive/u/1/folders/1gLi-v_wP_JM6v0LWMCwnT6nciSodB6EM

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# ACKNOWLEDGEMENTS

To all the people from the Juanita Aguirre neighborhood, our most sincere thanks. Thank you very much for your commitment, time, willingness, and desire to participate in this path towards a caring city.

| | | |
|---|---|---|
| Valentina Godoy | Margarita López | Gladys Sobarzo |
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| Isabel González | María Moraga | Amanda Farías |
| | Colomba Torres | |

# How Do we Move When we Care?

**OBJECTIVE**

The fourth workshop responds to specific objective two—to promote the community role of care in the Juanita Aguirre neighborhood.

**CONCEPT ADDRESSED: MOBILITY**

For us, the mobility of people is a fundamental aspect when we think about care and what it requires to be carried out. The idea of mobility allows us to identify the origin and destinations of our trips, but also to analyze the journey. That is, we can understand the diversity of experiences that people have when moving around the city, and thus reveal the objects, materialities, and resources we need to carry out our daily lives.

**ACTIVITY #1**

Journeytopia is a free game developed by the Núcleo de Movilidades y Territorios of Universidad de Chile. It aims to explore the daily mobility of people and can be downloaded at the following link: https://www.movyt.cl/index.php/vinculacion-con-el-medio/el-juego-barreras-y-facilitadores-de-movilidad/

Compartiendo historias de trayectos cotidianos

**BARRERAS y FACILITADORES**

**All images of this game were extracted from www.movyt.cl**

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# How Do we Move When we Care?

**Barriers and Facilitators of Mobility**
Present 8 aspects that can help or hinder the daily mobility experience.
These aspects are:
Bodily and emotional
Abilities
Technology
Physical-Spatial
Economic
Time-related

**Económica**

EJEMPLOS
- Costos de mantención del auto
- Bip con saldo

*movyt.cl*

**Tecnológica**

EJEMPLOS
- Internet móvil ilimitado
- No saber usar *smartphone* para movernos en la ciudad

*movyt.cl*

**Institucional**

EJEMPLOS
- Horario de atención de bancos
- Horario de ingreso a la escuela

*movyt.cl*

**Temporal**

EJEMPLOS
- Recorridos de micro muy extensos
- Hay transporte público nocturno

*movyt.cl*

**Habilidades**

EJEMPLOS
- Saber andar en bicicleta
- Desconocer cómo cambiar un neumático

*movyt.cl*

**Físico Espacial**

EJEMPLOS
- Veredas angostas
- Estacionamiento de bicicleta en el espacio público

*movyt.cl*

**Corporal Emocional**

EJEMPLOS
- La alegría de compartir el viaje con amigos
- El miedo de sufrir un asalto

*movyt.cl*

**Organizacional**

EJEMPLOS
- Coordinar visita al médico
- Preparar comida el día anterior
- Planificar el abastecimiento del hogar

*movyt.cl*

# STEP BY STEP

The time is not estimated; however, we recommend that it does not take more than 60 minutes.

**Note –** The game comes with a set of instructions that you can download at the link in the blue ball. However, we adapted the game to our needs

**Game instructions** - Separate the participants in the activity into groups of 3 people.
Each group is given a set of barriers (eight cards), a sheet of paper, and a pencil.

**To start the game** - Explain the game instructions. **10 minutes**.

Each participant in each group should draw/write a care-related commute from their daily life. **15 minutes**

Once the drawing or writing is done, the three people in the group should choose a story and find the barriers and facilitators of mobility. **10 minutes**

Then, each group should choose a representative to present to all the groups the story and the barriers encountered. **3 minutes per group**.

**Monitor writes down the most repeated ones.**
Once all the groups are finished, a plenary session is held for 10 minutes with the following questions:
- What are the most common barriers in your everyday commutes?
- What are the most common facilitators in your daily commutes?
- Did you like the game?

# How Do we Move When we Care?

## MATERIALS

Trayectopia

Compartiendo historias de trayectos cotidianos
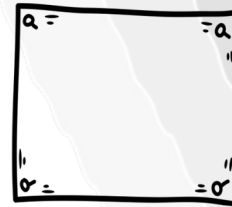
Sheet of paper

Pencils

**Some results...**
Using a game to think about how we care is a playful way that allows us to think about how we inhabit. On the other hand, the participants revealed the importance of the body and all the aspects that are necessary to move, especially the importance of materiality and the objects we need to provide care.

For more information, download our free infographics for Workshop 1 from Google Drive: https://drive.google.com/drive/u/1/folders/1gLi-v_wP_JM6v0LWMCwnT6nciSodB6EM

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# Self-management and Sustainability Over Time of my Care Network
## What Care Infrastructure Do we Need in our Neighborhood?

**OBJECTIVE**

The fifth and sixth workshops respond to specific objective 3-to promote the self-management of the care network in the Juanita Aguirre neighborhood.

**CONCEPT ADDRESSED: SELF-MANAGEMENT AND SUSTAINABILITY OVER TIME**

The concepts discussed in workshops 5 and 6 are key for our social care organization to last over time, regardless of who makes up this network. In the first instance, we made an infographic to present the concepts mentioned and created a game to evaluate the neighborhood care infrastructure we need.

**ACTIVITY #1**

**INFOGRAPHIC OF THE CONCEPTS TO BE ADDRESSED**

**DOWNLOAD THE INFOGRAPHIC AT THE FOLLOWING LINK:**
https://drive.google.com/drive/u/1/folders/1gLi-v_wP_JM6v0LWMCwnT6nciSodB6EM

GRRIPP
Gender Responsive
Resilience and Intersectionality in
Policy and Practice

JUNTA DE VECINOS GENERAL
JOSÉ DE SAN MARTÍN
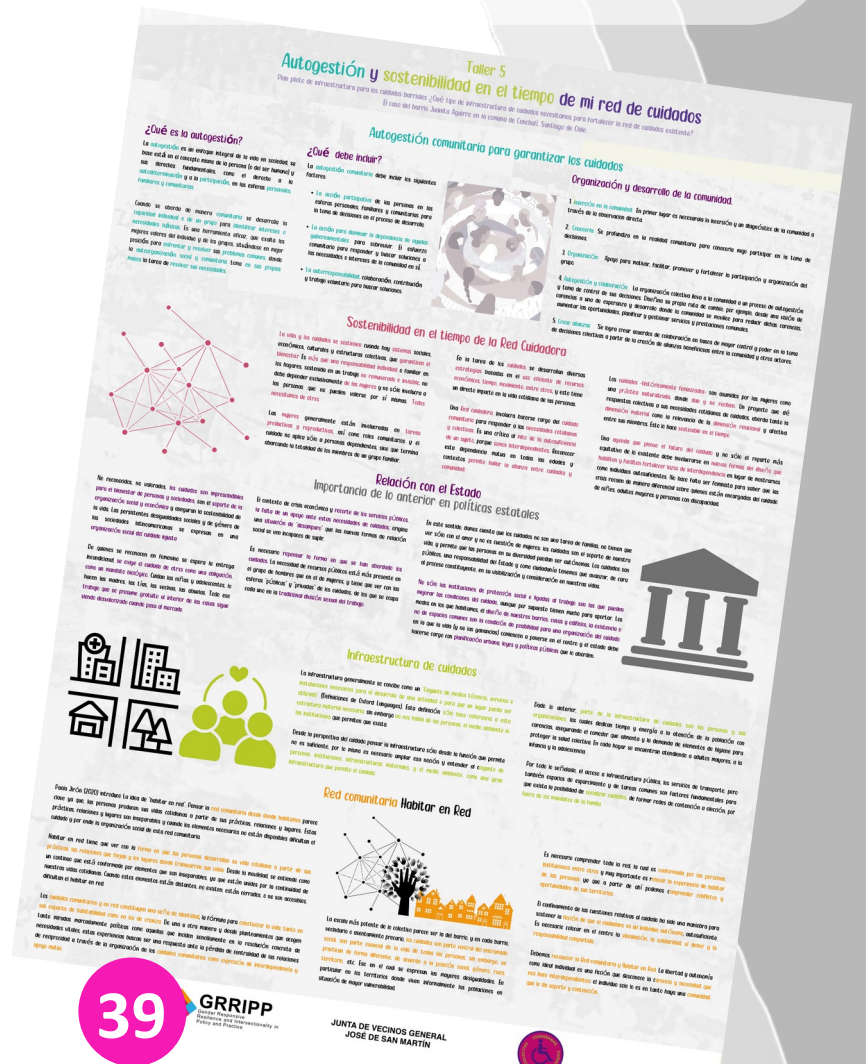
# Self-management and Sustainability Over Time of my Care Network
# What Care Infrastructure Do we Need in our Neighborhood?

To evaluate the care infrastructure, we created a game that addresses the 4 dimensions (self-management, sustainability over time, spatiality of care, and relationship with the State) that we worked on throughout the project.

## ACTIVITY #2



The first stage of this methodology corresponds to the implementation of Workshop 5. This fifth workshop was held to complement the previous workshops and in preparation for the last one, and it was fundamental for establishing the basis of the future project. On this occasion, we only developed the external dimensions of the board.



In workshop 6, we finished the center of the board.

*This game was made in collaboration with the Cooperativa Ciudadanas Cuidando.
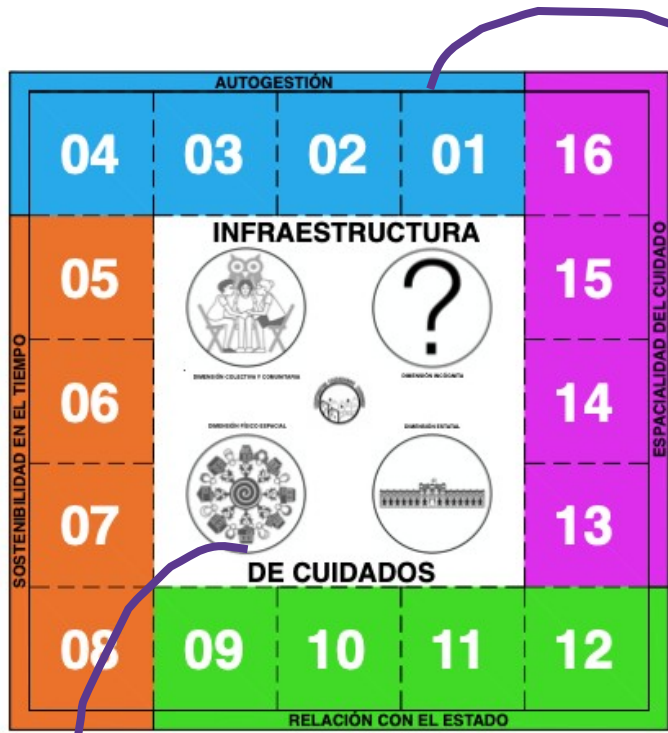@cooperativaciudadanascuidando



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# Self-management and Sustainability Over Time of my Care Network
## What Care Infrastructure Do we Need in our Neighborhood?

# INSTRUCTIONS

1. At a table, spread out the board and choose the oldest person to start.

2. The oldest person starts by rolling the dice, and, according to the result, they must draw the card with the corresponding number on the board and answer the question.

3. The answer to the question should be discussed among all the members of the team, and the ideas should be written down on the sticky notes and posted in the appropriate box.

4. Once the round is over, the person to the left of the person who started the round continues the game. The idea is to answer all the questions.

5. Once all the questions have been answered, the team will hold a plenary session to evaluate how their care infrastructure is doing, according to the dimensions shown in the center of the board.

6. There is an unknown dimension, which is there for you to propose if you consider it convenient.

7. You can use the infographic to review the concepts and if you have any doubts, please contact us.

8. Let's play!

## MATERIALS

# GAME COMPONENTS

**1 board**

**16 cards**

**8 pencils**

**Sticky notes**
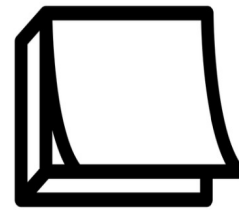
**5 dice**
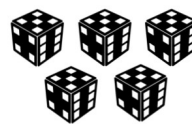
# PLAYERS

**MINIMUM** 2

**MAXIMUM** 8

# Self-management and Sustainability Over Time of my Care Network
# What Care Infrastructure Do we Need in our Neighborhood?



**Some results...**
The attendees reflected together on care in different dimensions. During the implementation of this short workshop, it was possible to promote narratives and visions on care that could be very useful for institutional decisions and that could strengthen the dialogue, interest, and interrelation between social actors.

For more information, download our free infographics for Workshop 1 from Google Drive:
https://drive.google.com/drive/u/1/folders/140dihuNp8J6Ozneg3e_3tkY5ix3HG2g5

# FINAL REFLECTIONS

## 01 Recognizing Oneself as a Caregiving Person and Community - Living From a Caregiving Perspective

Exploring the neighborhood care infrastructure made it possible to account for the existing social organization in the neighborhood and the importance of surveying the caregiving experiences of its inhabitants. In this sense, approaching the workshops as a space for feedback facilitated the promotion of a caring community, since when care is provided collectively, the burden of the work as such on the individual caregiver is somewhat reduced, because there is an effort of support and recognition with the other, a body-emotional work, a work in terms of empathy and a care effort that becomes collective. With it we can recognize ourselves in the pain of the other and, in a certain way, manage our own pain, because care also carries a great physical and mental burden that cannot be worked on alone. This is also an important part of this project that has managed to strengthen this part of the care infrastructure in the social sphere, in the sphere of community recognition, in the sphere of connection, in the political sphere for the recognition as caregivers. Many people did not recognize themselves as such before or talked about it within the community. What was always part of the intimate and private sphere—experiences and feelings—is now shared in the public space, where it is also understood that providing care cannot be only linked to women.

This was identified through the implementation of the project, where people connected emotionally with others and built new knowledge to facilitate the care of others and realize that there is community activism around care. In the workshops aimed at thinking about the existing care infrastructure in the neighborhood, participants reflected on community self-management for care, realizing the potential of this in their daily practices. The role of the community is extremely important because it allows us to contextualize how the community deals with the issue of care, which not only involves people, but also the neighborhood, self-care, and how every actor in the community comes together.

From the participatory mapping that we developed together, the neighbors clearly recognized the importance of the material dimension and the aspects that facilitate or hinder their living, which influence their experience and such concrete things as whether or not to leave the house. Despite the lack of care infrastructure and the deterioration of the existing one, there is attachment to the public spaces that have been disputed and occupied, such as the Juanita Aguirre park (Socometal square), which has been co-created by the neighbors.

# FINAL REFLECTIONS

## 02 Relationship Between Academia and Care

It is also important that academia has been able to get involved. It has also been possible to understand through experience that knowledge can be built locally, so this goes beyond theorizing; it is experiencing care, it is understanding and putting oneself in the place of the other person and being able to identify that there are strategies that can be built collectively to strengthen this infrastructure of neighborhood care that is needed, it is recognizing oneself in the small territories that people build in terms of their relationships and their identity and the history that is also there and how they begin to link and strengthen themselves.

## 03 Organization and Role of the State in Care

From the review of the public offer related to care, it can be concluded that there is a lack of a comprehensive and territorial approach among the different institutions and programs offered, as well as a lack of knowledge on the part of the community and often of the municipalities themselves. Its presence is not found in all communes, and there is a lack of funding and supervision on the part of the corresponding ministries in terms of how this service is provided at the local level. Also, many of the services offered must be applied for and the availability is limited, resulting in competition and exclusion, and often they are provided for a determined period of time, so the benefit must be requested again. Therefore, there is no universal access, and the care system that the Government is currently working on should be reviewed.

# CONCLUDING REMARKS

It is suggested that the territorial and spatial dimension should be included, and the community and the local government should incorporate that experience and participation in the decision-making through technical roundtables or other mechanisms so that the current offer can be better suited for the target population. Also, the collection of data, and social, health, geographic characterization, among others should be shared, and the plans that can be common among programs and ministries should be unified, since currently work is done in a segregated manner, and, in the territories, a person or family may receive different benefits that another does not due to multiple factors that are not carried out efficiently and effectively.

Therefore, this project based on experimental and participatory field work, carried out in a specific neighborhood should not remain only as a set of methodologies. It is important that it is sustainable in order to promote public-private partnerships and redefine the role of each actor in society, such as ministries, regional governments, municipalities, companies, services, foundations, social organizations, neighborhood councils, universities, and families, for the promotion of caring communities.

# PUBLIC OFFER OF CARE
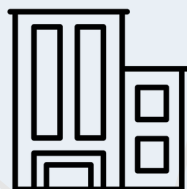
In-person procedure that is then attended at home

Procedure only attended in the corresponding institution.

*To find out if this program is available in your commune, contact the corresponding municipality.

## SOCIAL

-Local Support and Care Network
-Home Care
-Transition to Independent Living
-Habitability Program

-Disability Credential
-Inclusive Local Development Strategy (EDLI)
-Friendly Cities for the Elderly (Ciudades Amigables con las Personas Mayores)
-Chile Grows with You (Chile Crece Contigo, ChCC)
-Technical Assistance
-Day Care Centers
-Long Stay Facilities (ELEAM)

## HEALTH

-Home Care Program (PADI)
-Home hospitalization
-Palliative care
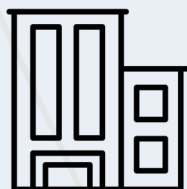
Family Health Centers (CESFAM)
-Community Family Health Centers (CECOF)
-Mental Health Center (COSAM)
-Community Rehabilitation Center (CCR)
-More Self-sufficient Elderly People
-Community Support Centers for people with dementia

## INTEGRAL

- Ricarte Soto Law
- National Dementia and Cancer Plan-Housing programs, regeneration of neighborhoods, precarious settlements, and small towns.
-Caregiver payment stipend
-Labor inclusion and entrepreneurship
-Franchising and import

-Single Family Allowance (SUF)
-Mental Disability Subsidy (SDM)
-Basic Solidarity Disability Pension (PBSI)
-Solidarity Disability Pension Contribution (APSI)
-Drinking Water Subsidy (SAP)
-Social assistance (diapers, food, payment for medicines, etc.)
-Regional Social Action Organization Fund (ORASMI)

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Colectivo Ciudadanas Cuidando seeks to foster a caring community and city, promoting and recognizing care and encouraging its articulation in different territories, highlighting the work of caregivers of people with disabilities and the elderly.

GRRIPP
Gender Responsive
Resilience and Intersectionality in
Policy and Practice

GENERAL JOSÉ DE SAN MARTÍN - FUNDADO 7 DE MAYO DE 1971
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