

# COMMUNITY CARE TO SUSTAIN LIFE

*on migration and racism contexts*



AUTHORS:

ELENA TERÁN (NARET) | BAMBA NDIR | LOBNA DAHECH

SARA CUENTAS | GABRIELA RIPARI | ARLENE CRUZ

GELMA DE LIMA BRITO | FLORENCIA DI STEFANO | ANNE MARIE COLLINS

**COMMUNITY CARE  
TO SUSTAIN LIFE**  
*on migration and racism contexts*

AUTHORS:

**ELENA TERÁN (NARET) | BAMBA NDIR | LOBNA DAHECH  
SARA CUENTAS | GABRIELA RIPARI | ARLENE CRUZ  
GELMA DE LIMA BRITO | FLORENCIA DI STEFANO | ANNE MARIE COLLINS**

ENGLISH TRANSLATION:

**QUINNY MARTÍNEZ HERNÁNDEZ & ALEJANDRO RABELO GARCÍA**

# PARTICIPATORY DIAGNOSIS IN GIRONA, EL MARESME, BARCELONA, GRANOLLERS & TARRAGONA, WITH THE PARTICIPATION OF ACTIVISTS FROM ALL OVER CATALONIA.

**Edited by:** Red de Migración, Género y Desarrollo (Migration, Gender and Development Network) & Calala Fondo de Mujeres (Calala Women's Fund)

**Contact:** [www.redmgd.org](http://www.redmgd.org) / [conecta@redmgd.org](mailto:conecta@redmgd.org)

**Authors:** Elena Terán (Naret), Bamba Ndir, Lobna Dahech, Sara Cuentas, Mel de Lima Brito, Gabriela Ripari, Arlene Cruz, Florencia Di Stefano & Anne Marie Collins

**Design and layout:** Valentina Becker

**Illustrations by:** Helga Ambak

**Publication date:** May 2023

**English translation:** Quinny Martínez Hernández & Alejandro Rabelo García

This diagnostic study was carried out for Red de Migración, Género y Desarrollo, Red Antirracista de Tarragona (Tarragona Anti-Racist Network), Mika Sororidad Internacionalista, Asociación de Mujeres Migrantes Subsaharianas-ADIS, Collective Madrecitas and Diverse8M Girona with the active participation of 100 activists from Catalonia; of Fondo de Mujeres Calala y the support of the Catalan Agency for Development Cooperation.

The contents of this publication are the sole responsibility of Red de Migración, Género y Desarrollo and of Calala.

© The contents of this report may be shared always citing source y authorship.

## Participants:

RED DE MIGRACIÓN,  
GÉNERO Y DESARROLLO



## With support from:



# Acknowledgments

*This diagnosis would not have been possible without the active and protagonist involvement of the collectives Madrecitas, Asociación de Mujeres Migrantes Subsaharianas-ADIS, Tarragona Anti-Racist Network (Red Antiracista de Tarragona), Diverses 8M Girona and Mika Sororidad Internacionalista, who shared their knowledge and analysis on community care.*

*We would like to thank the colleagues involved in the different territories of Girona, Granollers, El Maresme, Tarragona and Barcelona who joined the sessions of participatory diagnosis and the 100 activists who participated in the reflective survey on community care.*

*Special thanks to the colleagues of the Itacat Agency, the first news and intercultural communication agency in Catalonia, promoted by women's collectives from other parts of the world, for their involvement in the dissemination of this report.*

*Thanks to the sisters who have preceded us in struggle and resistance from the territories of origin and who have bequeathed us community care in the defence and protection of the body-territory and the land-territory. To decolonial feminist action for allowing us to analyse and ponder on the impact of the colonial civilising process on community life from a holistic perspective.*

# Content

I. Introduction	<b>6</b>
II. Girona: community care is the defence of the commons goods	<b>8</b>
III. Barcelona: mothering from the periphery for sustain life	<b>15</b>
IV. Tarragona: caring for the eradication of racial capitalism	<b>19</b>
V. Maresme: taking care of the first territory to build community	<b>23</b>
VI. Granollers: breaking with racism to create community	<b>28</b>
VII. Catalonia: caring in community to overcome racism	<b>35</b>
Conclusions	<b>43</b>
Bibliography	<b>45</b>

# I. Introduction

Whenever we talk about Care, we immediately think of health or domestic and care work, the global care chain, and the care economy. We find it hard to imagine linking Care to the community, because we find it hard to think of ourselves in terms of community, because we live in a global context where life is individualised, where everything that is acquired is conditioned by a monetary transaction. We no longer talk about access to common goods or sharing, because housing, health, education, food, leisure, water, land, even oxygen and energy are now consumer products. And furthermore, the spaces we inhabit and work in, those we call cities, towns, neighbourhoods and streets, from their spatial consistency, are structured not in consonance with the non-human living environment, but totally alien to it; where cement with its great mortar, a product of the colonial civilising process, crosses from one end to the other the living territories and covers them as a symbol of private property, that which dissociates us from each other; because the fragmentation of spaces is naturalised and legitimised on a structural, spatial and mental level, where the communal doesn't exist, reinforcing more and more the idea of private space, where individualism and the fragmentation of the community are consolidated. While public spaces, apparently common, are governed by territorial fragmentation, the delimitation of spaces for public use to the community, they are essentially spaces devised and built without the active participation of the community, without really identifying whether they were necessary for the people. If not, when commu-

nity gardens or spaces where collective energy flows to implement activities not ruled by public administrations, far from their logic, emerge in cities, why they start to be sanctioned and even destroyed? Because it's considered a public expense due to the waste of land, which every square metre could be used to build flats; not to share among the homeless, but to sell or rent.

Thus, human life, in this yearning for civilisation/modernisation, is built within four walls, with less and less extension, where the so-called "optimisation of spaces", even from their architectural creativity, make us believe in an amusing way that we can sleep, eat, cook, rest, read, in one single place and feel happy. Besides, "with no one bothering us", with no one crossing our borders. We can spend hours and hours in a small space, connecting our lives in virtuality, feeling that "we have everything", that we don't need anything or anyone. This is where we are heading, because it will be increasingly difficult to sustain the economy in larger spaces and families will tend to shrink or cohabit in "Transformer Spaces", being unable to see beyond the wall of the opposite building. And we wonder, what does this have to do with Care? Are we really asking this question? Yes, we really are, because humankind has been socialised on this path of coloniality/modernity where life is being fragmented, optimised, subsumed and concentrated in the so-called urban centres in order to separate itself from the great living environment which, as a consequence of large predatory industries, will become more hos-

tile from the anthropocentric interpretation; because we fervently believe that the web of life belongs to us and that we must control it and, if we cannot, we have to protect ourselves. Thus, great droughts, floods, mega-storms, desertification, great heat waves, extinction of non-human living beings, burning of forests, disappearance of rivers, will be contexts that will make us fearful. Into a fragmented community, its only action will be to protect itself, with no more options than survival, than “every person for himself”.

How can we then naturalise Care in our lives if we are in the key of survival? When did we lose the awareness that, in order to sustain life, it was necessary to care for it? When did we stop thinking that the action of caring was collective and not individual, not relegated only to a part of humanity but an action inherent to our human condition and, therefore, a beautiful responsibility to be assumed by all humanity?

And the fragmentation is not only physical due to spaces and borders nor exclusively referring to having broken the link with the web of life but also a fragmentation of the human community. Yes, a division that maintains the hegemony of a humankind minority that, hungry to control, dominate, exploit, extirpate, invade, impose and destroy on its own behalf through its colonial mind, has perpetuated racialisation, racism, xenophobia, ableism, ageism, aporophobia, sexism, LGTBI-phobia, Islamophobia, fundamentalism, warmongering, capitalism, anthropocentrism, classism, among so many oppressive gears that allow it to exist with impunity at the expense of the vast human majority.

What does this hegemonic minority need? To impose a single way of life, an exclusive way of understanding the so-called human, economic, ecological, political, social and cultural development. By making people believe that homogenisation and hegemony of life is based on the concentration of wealth in the hands of a few so as to manage this single way of life. It thus delegitimises other ways of life, other ways of coexisting with the web of life. And this is how Care breaks down, along with the human and the non-human community.

It's therefore essential to take on individual and collective awareness and to bring back Care as community, for the community and to the web of life community. Through this participatory diagnosis, we aim to contribute to it by drawing on the local experiences of various collectives that have been mobilised by community care on our life journey.

The reflections, analyses, knowledges and senses of life that we share here respond to the following questions:

- What meaning does it have to care for each other? The practice of caring knowing that we need others to live, that we are community beings, even though we have our own individuality and autonomy.
- What does it mean to live in community?
- What experiences of collective care (among ourselves) do we have?
- Which of the care experiences do we consider essential?
- Do community actions of care exist in public policies?
- What do we need to incorporate community care into our lives?

These questions were answered in sessions of participatory diagnosis where women from different origins in Girona, Tarragona, El Maresme and Granollers were brought together. Their diversity of knowledges, trajectories and experiences have allowed us to de-territorialise the analysis and weave links to re-intertwine paths from local reflection towards collective analysis of community care in their territories.

In addition, in Catalonia, a survey was applied to 100 colleagues who are members of a diversity of collectives and activisms in order to make evident what is their perception of community care in relation to social public policies and to organisations made up of women of gender diversity and in conditions of migration and racialisation; as well as contribute to rethinking and reflecting on community care in the key of collective action and the role of the public administration. The survey results are the analytical framework of collective knowledges that underpins the knowledges shared in the sessions of collective diagnosis.

## *II. Girona: community care is the defence of the commons goods*





Girona is a territory where multiple experiences of women in a condition of migration and racialisation converge, coming from various territories: Central America, the Caribbean, South America, North Africa, Sub-Saharan Africa, among others. They all have very different experiences in their migratory journey; however, there is a common experience that runs through their lives: the context of racism, exclusion, discrimination and marginalisation that impacts them, due to the stigma, prejudices and stereotypes about their origins, their culture, their language, their ways of socialising, their skin colour, their way of dressing and their way of feeling.

The participatory diagnosis was carried out in Can Ninetes, a reference centre for community work, located in a neighbourhood characterised by its diversity. The participants in the diagnosis were fellow domestic and care workers, mostly migrant women from Morocco, Senegal, Tunisia, Honduras, Dominican Republic, Peru, Brazil, Colombia and Catalonia. The dialogue process we established was based on a decolonial feminist perspective because we were interested in contextualising that the problems that affect us, as well as having their causes in the territory where we live, also have more systemic causes from the way of life that is increasingly imposed globally: a single model of understanding modernity, through the enrichment of large industries –pharmaceutical, hydro-energy, arms, financial, mining, technological, textile, farming and food, among others– at the expense of the precariousness of hundreds of thousands of populations who are forced to leave their territories because life is becoming unsustainable. This is the colonialism that is imposed on us, where territories are destroyed, polluted and depredated, resources are overexploited, where we are forced to consume all that we don't need making us believe we do because it's the only way to concentrate wealth, from a few minorities who have the hegemony of the world economy.

## IT'S ESSENTIAL TO TAKE CARE OF OURSELVES

While we all shared a delicious couscous, prepared with big care and love by some of our colleagues, we began the dialogue, asking ourselves What it means

to take care of each other? We all agreed on the need for this type of space to reflect, to share knowledge and, above all, to listen to each other in order to find common solutions. Not for the sole purpose of collecting data but so that what we share is useful for making visible and denouncing what we experience. Precisely, collective care involves us all coming together, accompanying each other.

A key element is that we recognise ourselves as bearers of knowledge. Each one from her own life experience has an essential knowledge of what it means to live in a context of migration and racialisation. For this reason, every contribution was an analysis based on our own situated knowledge (our lived experience) for each of us.

***"They think that we don't know, that what we say has no value and they don't listen to us. They look at us as if we were strangers and view us with suspicion, as if we were coming to take away their peace of mind. And everything we've experienced has a great deal of knowledge behind it, of how to resist injustice and how, in the midst of so much suffering, we all support each other to get out of where we are. If they really took the time to get to know us, they would see how wrong their view is, blinded by racism".***

For Diverses8M Girona, as decolonial feminists, it was important to generate this space to reflect and evince how this system racialises us, violates us, causes precariousness in the territories of origin, and imposes violence here as well. Therefore, for us it was essential to relate the global reality with the local reality both in the territories of origin and destination and to demonstrate how community care contributes to overcoming.

One of the main reflections is that community care is a practice that we all already carry in our daily lives, even from our territories of origin. We cannot think about care without thinking about it from the community.

In the context of migration –when we arrive with not knowing anyone, not work, not papers, not enough money–, community care is fundamental. By migrating alone, carrying our backpacks of knowledge and wisdom, with the desire to generate our own economy to support our family, we decided to get together with others, not to be indifferent to what happens to them but to connect and strengthen ties. On this path of migration, precisely because of this collective outlook that we brought with us from our territory of origin, we ended up grouping together with others, to accompany each other, to support each other in the search for work, for a place to sleep. That’s caring, worrying about another companion –who isn’t your family–, looking out for her in case she needs something, explaining the formalities she has to do, or encouraging her to be organised so that she is not left alone. This is how we support each other to confront and resist racialisation, that stigma that divides us, that values some of us as subhuman with not rights, not recognition, and generates that others have privileges and rights, that they think and believe that they are above us, can treat us badly, discriminate against us and do violence to us. For this reason, yes, we take care of each other.

Care is a daily, everyday action for everyone. Caring is an individual and collective practice. It can’t be exclusively individual, because it loses the sense of community and breaks with the idea of community. Moreover, we all need each other, we all need to live well, to care and to be cared for. We do this with the intention of responding to each other’s needs and well-being.

***“Care encompasses multiple dimensions: the material, the bodily, the relational, the emotional and the affective. Which is why all people need to be cared for, whatever their life situation. We become strong in the collective action of caring, we become weak when we stand back and think that we don’t need anyone to care for us”.***

The health crisis of 2019 made clear to us the importance of care to sustain life. During this crisis, com-

munity care was necessary and essential to survive and overcome our fears and sad moments. In raising the issue of community care, many of the participants didn’t identify the term because we come from diverse backgrounds and community cultural practices, which for us is already part of our life, care is assumed to our way of life. Therefore, naming it was meaningful because, in addition, what you do as part of your life essence sometimes goes unnoticed and this was a space to do so.

## COMMUNITY CARE IN OUR LIVES

There are many ways of caring in community; however, it seems that the more “developed” a society is, the more individualistic, more closed, more selfish it becomes. Everything goes through the defence and protection of the private sphere because it doesn’t even think about sharing. And the fact is that the action of caring isn’t assumed as an indicator of modern society; on the contrary, it’s considered a thing of ancient populations, as if the communal aspect blurred individual undertakings. There are many identified cases of how community care is expressed in our lives: “When I was pregnant and my fellows accompanied me in the process, I felt cared for in community”. “I remember I was about to be evicted from my home and they all looked for ways to support me so that I wouldn’t be on the street”. “We were out of work and everyone moved around to see where I could find a place to job”. “How many times I’ve lacked food for my daughters and we’ve all helped each other to get it so that we wouldn’t go hungry”. “When someone has been abused by her partner, we’ve also seen how to generate a network of support to be vigilant. In some cases, we’ve confronted the abuser to stop the situation”. “There’s no awareness of the power of community; if it were known, we wouldn’t be talking about how important it is”. “If it weren’t for collective action, we would have been left homeless, died of starvation, slept in the street or been left without a job”.

Here we’ve also talked about the role of the public institution, which for us is very limited: Neither exist employment exchange nor is it promoted to create workplaces. The idea that migrant populations only

seek aid prevails. How much misunderstanding and also lack of knowledge there is in this regard! We don't want to depend on aid: we want to work and have our own economy.

***"I always live in fear of my daughters being taken away from me. Sometimes I have work, sometimes I don't, and if it weren't for the support of my colleagues, I wouldn't have anyone to leave my children with. I know cases where the public institution has found out that a mother does this and they take her children away from her because they consider her to be a bad mother".***

We also take action in the face of racism when someone has been raped in the street, in a public office or in a private establishment. We accompany them to see what has happened, we also indicate where to report it or we simply listen to their experience, because just listening to them is healing and recovering from the trauma they have experienced.

## THE IMPORTANCE OF COMMUNITY CARE

Living far from your family, having the condition of migration and racialisation, especially when we don't master the language, we don't have papers, we're devalued; when we're not well cared for in social services and we have to wait long months for a procedure to progress; also, when we are mistreated in medical centres or when we are insulted for wearing the hijab.

***"There is a lot of Islamophobia against our community, they look down on us, as if we had committed a crime. They don't want to give us work; if they give it to us, they take advantage because they pay us a pittance".***

For example, the action of supporting each other to look after our children while one goes out to work is seen by the public administration as an indicator of bad parenting, as if we're neglecting the family. Then,

they can take our children away from us, as they have already done with other colleagues. They separate the family, that's their solution, to break the community; because when you break the vital link between people, you break the community. We've to call a spade a spade, if we don't say it, we're accepting this oppression. We are forced to have the European way of upbringing, as if we had enough time, the conciliation, as European women with privileges have it because they have a work contract that allows them. Our reality is different, very different. It's a reality that public policies do not see; they only elaborate policies thinking of a single way of understanding women and their life trajectories, from a Eurocentric point of view. Because the motherhood that we have, from the collective accompaniment between women, from a shared upbringing, is not valued, it's sanctioned and penalised with the removal of custody.

Public institutions, which are limited only to generating palliatives and not solutions, which don't recognise the diversity of realities when proposing measures that contribute to overcoming discrimination, and which don't take into account the priorities, interests and needs of the populations based on their specificities, need to change the way they make policies. There's much talk about intersectionality in policies, which is interpreted only as an identifier of how violations or oppressions intersect and interact in people's lives. However, they are only read and interpreted from the problematisation of the affections and not from the strategies generated from our situated experience of the intersectionality of oppressions and how we create them to overcome this reality. Intersectionality shows that people have diverse realities, specificities and ways of life, diverse strategies to resist and to transform their own reality; but it seems that this view is absent from public policies.

Women who come from Morocco are seen as a group that is difficult to work with because we don't speak the language and because of the stigma of Islamophobia. Therefore, public policies and the institutions that manage them don't consider our own reality. On the issue of housing, for example, they aren't

aware of how many obstacles we have to accessing one. Housing policies aren't made in coordination with the people; they are only regulations that manage the issue of taxes or that regulate private property, when housing is a common good that should be shared. Policies should make it possible for all people to access housing, according to our own realities; to stop speculation with empty flats, to prioritize access for women with children, to make them apartments where we can live in dignity and not in unhealthy conditions. How can you have policies that talk about human rights and be indifferent when there are families who have nowhere to spend the night.

In order to build community, the intersectional view is important, because you see the differences and don't focus on interpreting them as obstacles, but as possibilities to create a new coexistence, as opportunities to grow as humanity. That mistrust that comes from the coloniser, who interpreted us as savages, subhuman without capacities, still persists here in the minds of European people, which is why there's no recognition and appreciation of our presence and what it can contribute to build community. On the contrary, they limit our participation by imposing the Law on Foreigners (Ley de Extranjería) on us, causing more than half a million people lose the right to have rights, limiting the recognition of our knowledges through the homologation of qualifications, imposing on us an epistemic logic that judges and devalues all the professional, technical and vital knowledge that we bring from our territories of origin.

Nobody cares about this devaluation and dismissal of us in the workplace, but they do care when they see that we occupy flats because we violate private property; they see us as social parasites because they interpret that we occupy in order not to pay for housing. Nobody sees the economic, political and social conditions imposed on us or the subtle and explicit racism as the main barrier to accessing a decent place to live. Where are we going to live? We ask ourselves. There's no awareness that housing is, and should be, a common good, not something private that is distrusted and belongs only to a group of people. When the public institution provides you with a place to live, it's violent, they put you with sever-

al people in a small space, overcrowded. As we say, these aren't solutions, they are palliatives, loaded with discrimination.

***"While I was in hospital, my lawyer called me to tell us that we had to leave the house. Despite the fact that the lawyer sent a medical report, the judge refused the appeal, claiming that the bank (the owner of the property) needed the flat. At night, I was bleeding more and more, and my baby girl was born at 08:00 in the morning in week 24. One hour later, the social services called me and told me that the eviction was suspended. My baby girl stayed in the incubator for a month, resisting, but then she died".***

***Fatima's harsh testimony has led us to reflect on how essential it's to create a solidarity network in the face of the ineffectiveness of public institutions. We've activated a community care network, through which support each other in different ways: maybe we can't provide a work contract or money, but we can take care of her, accompany her in the grieving process she is going through.***

When we activate community care networks, we often wonder whether we're doing the work for which white people working in social services are paid. Because that is precisely what social services are there for, to meet the needs of the population, a job for which the institution, as duty bearer, protects and enforces the guarantee and respect of human rights. Then, we meditate, and we realise that, on the contrary, the practice of community care should be a task for the whole society and, obviously, public institutions should assume it in a participatory way with the population. A very important thing we say to white feminists working in social services is that we don't want to be seen as "Oh, you poor thing!". No! "You have the privilege of being white, you have the privilege of being European, so what do you do with your privilege?" "You use it to transform, don't you?" Stop being accomplices of institutional violence.

Institutional violence is loaded with racism. It's a reality that we witness on a daily basis. It cannot be said that we are subjective or that we make it up, or that we are conflictive or that we don't know how to interpret how regulations work. We are very aware of how they work because we experience it first hand, in our own bodies. This situation is aggravated when you don't have papers, when the recognition of citizenship is conditioned to an administrative recognition that places you between legality and illegality. Where are the human rights? We ask ourselves. It makes us doubt whether there really are rights for all people because, as they stand, rights are privileges.

***If you're a carer for the elderly and the papers are being processed and the person dies, everything comes to a standstill and you have to start all over again. When nobody wants to rent a room, let alone a flat, to a person with not papers. It's in these situations that community care is an alternative to receive emotional or material support.***

In relation to those of us who are domestic and care workers, we notice that in this country, where there's so much talk about feminism, actually there's a great incoherence: white women, who declare themselves "super feminists", employ a carer without papers taking care of her mother or father; and they don't want to do the paperwork so that we can have papers. In this society, the responsibility for care has been transferred to women who come from other parts of the world. Many of us experience sexual abuse and violence in the places where we work, surrounded by a lot of impunity. Many of our colleagues who have been sexually abused have remained silent because they have no other option, because without papers you don't dare to denounce it.

When we talk about the condition of migration, obviously the reflection arises as to why we are here. What led us to migrate? Hardly anyone talks about the current causes of migration, the injustices, conflicts, violence, precariousness, destruction of territories that pressure us to make a forced displacement. We decide to migrate for many reasons, be they per-

sonal, social, political, economic or environmental. When we arrive, we're aware of how challenging this path will be; but even so we decide to walk. Even so, although no one cares the reason why we've migrated -for work, to improve our family's health, to escape from discrimination, to come to study, among others-, the important thing is that we've come to build community, not to destroy it. Because our desire is to improve our lives. However, how the society of our destination look at us? With contempt, suspicion, fear or simply don't look at us, we don't exist, there's no recognition of our lives, which are also human. We've all remembered how in our territories of origin, when a foreign person arrives, we welcome them with open arms. Why? On the one hand, in our ancestral communities, there was always a practice of vital connection that made all the people who arrived feel part of it, felt good, that they joined in building a coexistence in dignity and harmony. This happened, above all, in communities of Abya Yala and communities of Africa, of "The Munay", as our sister Sara Cuentas says, and of "The Ubuntu", as our sister Bamba Ndir points out.

We've always shared the idea of caring, especially for the younger and older generations. Because the former are the future of the community and the latter are the guardians of the community's memory and knowledges. Now, this awareness is lost on the threshold of time, a knowledge that could transform life, and yet it's forgotten. And so, we think of older people as surplus population, a burden on the colonial/capitalist system. From this grand model of development that is homogenising -as the trainers of the Feminist Decolonial School of the Migration, Gender and Development Network affirm-, a single way of life is imposed, of Modernity/Coloniality, where every step taken is to deify technologies, and people are seen as great masses of avatars who have no sense of existence, except through technology that virtualises life and breaks the link with the web of life. Human lives are individualised, made automatons, unable to develop their own capacities to imagine, dream, feel, think and share their environments, because everything is already given and constructed. Thus, everything becomes volatile, to be used and thrown away, even affective relationships.

So, this way of existing, from selfishness, of thinking only of myself and my people, in an exclusive and excluding way, is what breaks with the human community. Are we not aware that we inhabit this great house called Earth and that we are one big family? We should feel a sense of sisterhood, as when many of us arrive here and become sisters, regardless of whether we come from Morocco, Honduras, Senegal, Peru, Brazil, Algeria, Tunisia, etc. In the end, we recognise each other as sisters and we connect from our different realities to support and care for each other. Meanwhile, from Europe, they continue to bet on colonisation, they go to our territories to invest, to appropriate the mineral, water, agricultural and energy resources, to generate wealth and bring it back to Europe in the form of food, technology, medicine, etc. So why do they insist that we're coming to benefit from their countries, to take jobs, to generate expenses for the State, when we've been suffering the plundering of Europe for years.

## ORGANISED AND UNITED FOR COLLECTIVE CARE

One voice can be heard, many voices resonate louder, which is why collective organisation is fundamental for collective care. This is what those of us who have migrated have seen, because the loneliness of indifference, oppression and violence has had an impact on our lives. Being united and organised means forming a community, it means sharing our knowledges, capacities, strategies of resistance and energy to fight against all odds, because being alone we can be defeated together. We will manage to transform our lives, even if it's in our small spaces, which is already a great achievement. Diverses8M Girona is a collective support network, where we tell each other about the problems that affect us and see ways to solve them so that we all feel that we are not alone, that we have each other as a community. This network acts under the recognition that we are sisters, a big family of women with older, middle and small sisters who need each other. This is how we activate to become collectively aware and sustain our lives.

We always encourage each other: "Even if you don't have papers, it's important that you participate in the organisation, that we can all have an influence on pol-

icymaking, on elections, on organisations that claim to work for the wellbeing of people". At Diverses8M we are aware that having our own space, voice and representation is a factor that can make the difference between silence and having our voices heard in society. On the other hand, there are women comrades who have made their way, who arrived years ago and who sowed seeds of change and harvested organisational spaces. They didn't remain indifferent; on the contrary, they added to those who came after us and contributed to strengthening our capacities for collective action. We consider them to be benchmarks for community action, such as the Migration, Gender and Development Network, and their action has undoubtedly been fundamental for those of us who have come after them to have the confidence to organise ourselves.

The experiences of resisting violence generate individual and collective knowledge to activate and respond as an organisation, from our own ways of being and doing, to the problems we face in the context of migration and racism. Our position to claim with other women is not only to denounce but to heal the experience of pain and rage that comes with any oppression. For that reason, being organised is an action of community care: let no one say otherwise. Symbolically making women's circles, that is, coming together to talk, to share, to act together, means that we're doing acts of healing in the face of our experiences of pain. We are now involved in strengthening the organisation of Moroccan women in Girona, because we need our own voice and representation, which generate references based on their experiences, knowledges, life experiences and priorities. They've spoken out in the media, they're becoming more and more visible, they're now generating a collective transforming force, accompanying each other to highlight their priorities and needs and to defend their rights.

***Moroccan women need to highlight what is happening about obstetric violence, about our right to access housing, about how we are impacted by racism, specifically Islamophobia, because they see us with the hijab and think we are terrorists. We are tired of this reality, yet we are still united living in community.***

### *III. Barcelona: mothering from the periphery for sustain life*



The women members of Madrecitas, women domestic and care workers, women who don't have papers or live in conditions of migration, racialisation and precariousness, organised precisely to defend the right to care and to sustain life in the smallest community: family nucleus between mothers, children, sons and daughters.

Today, motherhood has adapted to the capitalist/colonial system, according to which parenting is linked to the possibility of guaranteeing access to "quality" goods and services for your children. White European mothers who have a job, a contract, privileges, in this modernity-coloniality, can reconcile their lives because they are within the formal labour market system. On the other hand, those of us who don't have papers, those of us who live in a condition of racialisation, have found ourselves in the need to occupy a flat to have a space to live in, we form care networks from which we support each other to look after our children, we work long hours to generate an economy that allows us to guarantee food and the main needs of the family, even if the money is not enough for leisure activities, buying brand name clothes or buying the latest technology for our children.

## **EUROCENTRIC MOTHERHOOD VS. DISSIDENT MOTHERHOOD**

The interpretation of good motherhood in Europe is that of a privileged motherhood, in which the mother works, pays for a nursery, buys the best clothes, books, has enough time to enjoy her children, and when she gets divorced, she has joint custody and/or an award of child support. However, mothers located in the periphery are sanctioned as "bad mothers" because, although we work, due to the long hours to get minimum resources according to the public institution "we abandon our children", "we don't feed them well", "we don't buy them clothes but we put them used clothes"; or when the fathers are European and the mothers are foreigners, they take away the full custody of the children or impose a few days a week custody, because the main custody is given to the European father, because "the migrant doesn't have the ability to be a good mother".

*Behind our dissident motherhood, that which distances itself from Eurocentric motherhood, there's a history of tireless struggle, of vital commitment to sustaining our lives and ensuring that the family community doesn't break up in order to maintain the emotional balance of our children, which has an impact on their physical and mental health. Public authorities don't care about fragmenting the community, so they start with us, by fragmenting our lives.*

No one takes into account that when custody is taken away or, in other words, when the vital bond between children and their mothers is broken, we generate an atrocious affectation, an emotional trauma that is difficult to recover from. Nobody consider that the public institution is committing a crime by separating us from the children, it's placing their emotional security and their future as a person in defenselessness. Instead of investing money in supporting foster homes -which are not at all homely as there's permanent mistreatment of our children in these centres- which receive resources from the State to function, opportunities for strengthen the economic autonomy of mothers should be promoted. We are not asking for aid; we are demanding employment opportunities.

European feminism argues that motherhood is a patriarchal oppression. How then are they alive? How then do they exist? We ask ourselves. No, ladies feminists: motherhood is not an oppression; what is an oppression is the way we've interpreted motherhood and fatherhood, and for whose benefit. Motherhood is a life-sustaining action, as is parenthood, inherently linked to sustaining life on our earthly home. Those of us who have decided to have children don't do so because we're oppressed, but because it's part of our human condition to expand life. We are also aware that it's an autonomous decision and should not be imposed. Deciding about our own body, our sexual and reproductive capacity is vital. Thus, some of us decide to have children and others don't, others decide to have an abortion, with total legitimacy. This



doesn't mean that some of us are better than others. They are simply decisions that lead us down different paths.

## **INSTITUTIONAL RACISM UNDERMINES THE RIGHT TO SUSTAIN LIFE**

Tirelessly we have denounced how the removal of custody impacts us, how institutional impunity operates in an act that seems cruel and inhumane to us. The removal of custody is an institutional violence that calls into question how unprepared the mechanisms of the State are to give a real response to the real needs and priorities of the population. Everything is solved by individualising the treatment of mothers and children; each one of us is a case, a number to be solved.

*There's no public policy related to child rearing that really thinks about the best interests of the child and takes into account community care. On the contrary, only the criminalisation of the mother is a constant that is repeated in the hundreds of cases we experience, where the vital bond between mother and child is broken.*

And what's the greater good? Do you ask our children if they want to separate from their mother? Who interprets the greater good? A person who has no situated knowledge of the fact of being a mother in an adverse context, who doesn't value the struggle and resistance of that mother, who doesn't ponder the social, political and economic conditions that we live in, and who finds it easy to decide to take custody away from us from her desk.

When the mother is in a condition of migration and racialisation, there's more impunity as well as permanent mistreatment throughout the previous process, where we feel watched to see what we do or don't do well; threatened because if we speak out and seek help to denounce this situation, we will be labelled as conflictive and diagnosed as emotionally unstable women who don't have the capacity to raise children. It's like an institutional gag that silences us, that

questions us, that makes us assume the guilt that we're not mothers enough to guarantee a dignified life for our children.

To break the vital link in our environment is to break with the sustenance of life, it's to break with the community. There's no awareness that when the vital link between children and mothers is broken, it generates an emotionally and physically unstructured childhood and youth, with an impact on our children that will be difficult to overcome over time. To sustain life is to bet on guaranteeing that human communities, from their smallest expression (the family nucleus), can have the possibility and the capacity to expand in freedom, autonomy and dignity.

Within the social public policies that manage the issue of the removal of custody, there's only a punitive and punishing look, from the stigma that interprets that those of us who live in precariousness are irresponsible people who bring children into this world to make them suffer. We've never been asked about our care networks, about how we have emotional support among several women who share the same reality. They only cut us off from those networks and criminalise motherhood that struggles to survive.

For example, women who are impacted by male violence are removed from their support networks, taken to shelters where they're even mistreated by the people who run these centres. If they are outside their community environment, we ask ourselves, how can they recover? How can they overcome the violence? Some of us have gone through this very painful process, which personalises this oppression and in which the community doesn't participate in the recovery process nor in getting out of the circle of violence. In the world of development, of the Welfare State that defends individuality, the white feminist movement has fought for women's rights based on individuality, not on community. This is how they arrive at public policies that don't contribute to overcoming oppressions. For this reason, it isn't strange that the very civil servants who see our cases assume themselves to be feminists and at the same time apply a punitive approach to dissident motherhood, that they consider the only solution to be the removal of custody.

## **WE CLAIM COLLECTIVELY FROM THE PERSPECTIVE OF DECOLONIAL FEMINISM**

We call on the feminist movement to support our demand. It's incoherent that they continue with their silence and only invite us to conferences, talks and making videos about us; however, when we have to be in the streets to express our demands, they leave us alone. We don't feel understood by European feminism but we do feel understood by our decolonial feminist sisters and fellows because they are there with us, making evident the institutional, colonial-racist violence that impacts on our lives and our children.

Decolonial feminism guides our demands because it questions the global system that imposes a single model of life on us, within which motherhood is individualised and upbringing isn't collectivised. We ask ourselves, why is it so difficult for the community to take charge of the raising of everyone's children? Do only a few children have the right to develop fully, leaving aside others who don't deserve it because they are the daughters of migrants and racialised people? The coloniality of being, as our sisters from the Migration, Gender and Development Network argue, is an indicator of how humanity has been alienated from its first territory, from its bodies, detached from the essential bond of community. No one seems to care about anyone's life; only when you are in danger, then you turn to the support and help of others,

and if you have, supposedly, your life guaranteed, selfishness becomes part of your daily practice. The coloniality of being has turned bodies into human resources, so that those who are born into this world are born without belonging to themselves because they belong to the system. Then, our children, from the moment they're born, are not part of our vitality because at any moment the system can take them away from us. This is how the bond of community is broken.

Madrecitas itself is a network of support for mothers impacted by racism and institutional violence. Here we have psychosocial and legal support for the defence of the cases, we have the skills of a migrant, Afro-Caribbean lawyer who is a wonderful person, the only decolonial feminist migrant lawyer registered in Catalonia. It's a great achievement for her and a treasure for us. We highlight her action in this engagement because in order to overcome institutional racism we must be legally prepared to defend our right to motherhood and to sustain our family community.

Therefore, being aware, from a decolonial feminist perspective, of the coloniality of being will open our eyes and emancipate first our minds and also our first territory and, from there, recover and strengthen the practice of community care and recognise that it's a legitimate part of our humanity on this planet.

## *IV. Tarragona: caring for the eradication of racial capitalism*



The antecedents of community care go back to the ancestral practices of the native communities for the care of Mother Earth, which they consider a living territory, where human life is one of the thousands of lives that make it up. Therefore, the original communities understood that Mother Earth had to be honoured, respected, protected and cared for. This action of vital link was assumed in a collective, reciprocal and co-responsible way, understanding that there's a relationship of interdependence between humanity and the web of life or Mother Earth. This is the origin of the practice of community care, which is collective and horizontal.

In our report "Lives that Matter" ("Vidas que Importan") we show the impact of Covid-19 on the community, explaining how structural violence is often more intense in its impact on communities living in conditions of migration and racialisation in Europe. We showed that the community is more fractured as a result of the global trauma because we were made to respond with fear and confinement applied by oppressive systems, in the midst of the struggle for scarce resources. That's why, today more than ever, it's essential that -at a time of collapse of existing models of community- we examine other models and alternatives of community to which we collectively aspire: good living, sharing common goods, caring for the web of life and recognising human diversity. Let's avoid the circle of the shock doctrine coming back into play. It's not possible that, every time there's a social crisis, neoliberal policies become more powerful and expansive.

## COMMUNITY PROJECTS WITHOUT A SENSE OF COMMUNITY

The pandemic showed how capitalism had weakened the need for care; likewise, it showed how the lack of resistance became stronger than prioritising a collective agenda that demanded more resources and made visible the need to "generate community". For now, what we have are many projects based on the tokenism of community action but which don't attack the roots of oppression in people and don't distribute resources in other ways. In other words, they consolidate the groups that already have privileges, while migrants and/or racialised people are

left at a disadvantage and without rights. This diagnosis calls into question the obstacles we encounter in making community care possible in the context of migration and racism. And how it impacts on our lives at the collective level because, whether we're aware of it or not, sustaining life implies promoting collective action in community

***In Tarragona, access to care is neither guaranteed nor a priority. The capitalism under which health systems operate makes it clear that racialised people have to pay to access care and guarantee the right to health services. There are increasing cases of migrants who are not attended to by the health system. Being a migrant and being unhealthy means having to pay for a private service to receive emergency care, despite the fact that healthcare is free.***

The participants in the diagnosis in Tarragona were concerned about the incoherence of social projects and their real impact on people's lives. There's a disconnection between the plans, projects and actions contained in government plans and the real needs of the people. The profound lack of concern on the part of local government and citizens regarding the material conditions of our communities is evidenced by the gradual increase in evictions after the pandemic. We lack any public policy or citizen practice that promotes mutual support that would have the capacity to redistribute/share resources, eradicate inequality and prevent this violence of racial capitalism from becoming permanent.

We also note that in many existing community projects there's no collective commitment to understand the conditions of migrant and racialised communities by the system. Is there a collective understanding of the forced displacement of the majority of these communities? Have we considered reparations to these communities? In November, the Anti-Racist Network, in collaboration with the Migration, Gender and Development Network, organised the Decolonial Feminist School to promote knowledge about the violence generated by coloniality/modernity that

impacts our territories of origin and that is extrapolated to the territory of destination, affecting the lives of the population in conditions of migration and racialisation, and about how essential it's to become aware of the global system that reigns, relegating thousands of people to live without access to justice and without rights.

***Community care means caring for each other as a community, knowing that we're interdependent and that we need each other. It means having empathy and being attentive to the needs and priorities of all the people who make up the community with reciprocity. It means seeking alternatives based on initiatives that strengthen community action to sustain life. Community care also generates global justice through collective self-organisation without which resistance to oppressions would not be possible.***

Community care is also between us, when we organise together to denounce and fight against this system; when we create a collective space that can promote initiatives, projects and innovative ideas for social transformation; through participatory spaces where we share an intersectional and inclusive look at our knowledges and analysis to subvert the capitalist system, as a light at the end of the road.

Collective care implies weaving networks and having an interest in getting to know each other. Often, we don't know each other in the neighbourhood, each person lives his or her own life, regardless of community life. We initiate networks outside our neighbourhoods, when it would be appropriate to build networks in the very territory where I spend my daily life, together with my neighbours, women and men.

In Tarragona, 22% of the population comes from other latitudes to live here. More than half of those registered in 2022 are migrants. A significant number of people have arrived from all over the world, while a large number of Tarragonans have moved out. The city is not aware of its human potential. Migration sustains the city's systems, sustains care work which

is mainly carried out by migrant women in very precarious working conditions.

## **A CITY THAT DOESN'T CARE**

The city lives with its back turned to the reality of the territory. It doesn't know how to take care of people, for example, there's still a lot of indifference towards people who need to start their registration procedures. Many people don't know how to apply for the arraigo (registration) and many others are even struggling against the tide of the administration to exercise their right to register. This is a reality that shows the abandonment of people who are in an irregular administrative situation.

Another element is indifference of the street language. Local people use hostile language to refer to migrant and city-dwelling bodies. And exclusion laden with the stigma of racialisation is the order of the day. It's important to emphasise that actions aimed at creating networks help to make visible what we migrants really are, from culture to gastronomy, from relational practices to knowledges. Networks create links and strengthen relationships with local people. It's clear how collectivising problems and their solution means an opportunity to be cared for and to take care of people.

Among collectives and organisations that fight for social justice, internal dynamics of collective care are implemented; albeit there's still a lot of incoherence because, in Tarragona, there're also social organisations where hegemonic practices prevail, for example, the fact of not wanting to cede spaces of representation is a recurrent practice.

Validating and giving legitimacy to other people's experiences comes from collectivising in an inclusive way, from having a community vision that all realities impact us as a community, to a lesser or greater extent than others. One example, which we remember, was when neighbours of the city came together to provide support in the midst of the pandemic to dozens of young migrants on the streets. This support was intended to meet their needs for care and access to vital services such as health care, registration and even access to water. Once again, it's clear who

are the people who suffer the most from rejection and inequality. Institutions are confronted on a daily basis as care for migrants is neither encouraged nor guaranteed.

## **NON-PARTICIPATORY SOCIAL PUBLIC POLICIES**

This reality shows how public policies are ill-founded, without taking into account the specificities of migrants and their families, without involving them in the construction of public policies and measures aimed at eradicating oppressions. Policy must address what happens on the streets, where the reality of what people need in relation to the social services that must sustain life is.

On the other hand, public officials lack a great deal of information, and this is evident in hospitals. While we hear in speeches that health care is a guaranteed right for all people, migrants are denied the right to be treated. Mutual support networks and community living are the closest resource we have today to move forward, and it's not taken into account by the administrations.

Living in community means sustaining life and for

this, solidarity and co-responsibility among all people must be put into practice. In the context of migration, networks are important: "when you come from abroad, having information and sharing information is vital... if along the way you meet people who support you by giving you information or indicating where to find it, that's living in community". Community also means meetings to reflect and build knowledges, like these sessions of participatory diagnosis.

"In the community, we seek the well-being of each person who makes it up. If we leave our countries, it's because we seek well-being here; therefore, our intention is never to break the community". Common feelings under the desire to be able to contribute to coexistence is also community.

Finally, from the Tarragona Anti-Racist Network, we believe that -regardless of the oppressions- there's hope for our struggles, from the construction of collective spaces such as our organisation, where we're building shared power together; from our own representation and voice to make community. Only in this way will community care become an indispensable factor in eradicating oppressions, modernity/coloniality, capitalism and its effects on people's lives.

## *V. Maresme: taking care of the first territory to build community*



Mika Sororidad Internacionalista is a transfeminist association based in Premià de Mar, Barcelona, which seeks to establish ties of cooperation and accompaniment with different collectives and movements around the world, especially in Latin America. Mika's project was born in 2018 with the intention of doing political advocacy, generating caring and loving spaces, facilitating workshops and meetings that strengthen us.

We support the decision to have an abortion in a careful and feminist way based on social justice, happiness, pleasure and enjoyment. We accompany agreed, free and self-managed abortions, as a political response to the oppressive system that violates our rights. That's why our intention is to continue weaving a network of accompaniment without borders. We promote self-care and collective care. We implement Comprehensive Sexuality Education, in all areas, as a universal right. We are defenders of sexual and reproductive rights (SRR).

We are currently involved in various local and international cooperation projects related to the defence of human rights. In this line, we decided to participate in this diagnosis as a learning experience for our daily struggle, with the perspective that our demands will be heard and addressed.

At Mika we have been working internally for some time on what care, self-care, healing, community mean to us... all of these are ideas that cross us and that we hear more and more every day in activist circles, in institutions, in homes, on public roads, etc. That's why we believe that it's worth stopping to reflect on our own experiences and our own bodies so as not to fall into empty words or repeat slogans that are not perceived in practice.

What is care? Who do we care for? Who cares for us? How do we care for each other? What are community care networks? What role does care play in our work as companions of abortion... companions of decisions? All of these questions that had already been on our minds, we were able to begin to address them as a collective when we carried out our first participatory assessment on the sexual and (non-)

reproductive health of women and pregnant people in the context of the Covid-19 pandemic, focusing on migrants, whose final report is called "Vidas que Importan" ("Lives that Matter"). It was an opportunity to revisit our practices, which we're still modifying after every action, every meeting with colleagues, every assembly, and also to revisit our individual and collective stories.

For all these reasons, we believe that community care responds to a network sustained by bonds of tenderness, which crosses political, cultural and even ideological borders. We confirm this every time we accompany a pregnant person who decides to have an abortion. It's the network that sustains this action, this tender, affectionate... caring accompaniment. It's the abortion community that defends the rights of pregnant people to decide freely about their own bodies.

## FROM EL MARESME

Because our collective has an impact on El Maresme area, we've decided to choose a space there where the community is part of the project to develop the participatory diagnosis on this issue. This space called Can Fugarolas is located in the neighbourhood of Havana, in Mataró, and is a sum of social, cultural, artistic and neighbourhood initiatives that are developed within this renovated building, a former car dealership and workshop. Getting to know the initiatives involved in this project and how they've been working together gave us a first insight into what is understood by community work and, therefore, community care in this territory.

For the development of the participatory diagnosis, we combined a two-hour focus group, carried out in Can Fugarolas, with individual surveys that we conducted in the neighbourhoods of Premià de Mar, on a sunny and cold afternoon walking the streets of our territory.

As Mika, this diagnosis has generated movement internally from the beginning, when we brought together the different collectives involved and put on the table what community care means to us. This initial approach set us on a long journey of learning and



deconstructing what self-care and collective care means. This report is, for us, a stop on that journey.

With this last reflection we want to convey that for us to get a sense of what community care means is a long term and constant work. In the meantime, we're learning to care for ourselves and to care for others, mostly with great success, although we also recognise that we don't always do so as we would like, as a result of the hostile context in which we live, which resists the well-being of individuals and communities.

## COMMUNITY CARE: A COLLECTIVE AND LOVING RESPONSIBILITY

Our determination consists of putting ourselves at the centre, without referring to selfishness, because it's not; we deserve to take care of ourselves and we deserve to be taken care of beyond blood ties and beyond the capitalist, misogynist, racist, violent system in which we live has taught us.

To give ourselves the opportunity to link up with others, to allow ourselves to caress care, beyond privilege; to lose fear, to keep smiling, to empower ourselves, to collectivise wounds, to invent other times to build/deconstruct the architecture of affection, to empathise with others and with ourselves, to learn and share knowledges, to insist that we also owe care to ourselves and to understand/undertake a path in which caring for others and caring for each other is healing and is also a collective and loving responsibility.

This definition was constructed by big words, which we asked the participants to say the first thing that came to their minds when they asked themselves "What does it mean to take care of each other". We also dare to define it in just one word: LOVE.

## LIVING IN COMMUNITY BASED ON COLLECTIVE RECOGNITION

When the questions of what it means to live in community and whether or not the territory is a fundamental part of the community was opened up, the conclusion was quickly reached that, albeit it was clear that living in community is more than just sharing the same neighbourhood or territory, it's difficult

to clearly express what it implies. Once again, there's a strong need to continue to explore these meanings and to do so collectively through these spaces.

The latter was one of the first conclusions of the focus group, right from the start of the dialogue: it's important to question and redefine community dynamics, and to apply care strategies across the board in community work. It was also concluded that spaces to talk about the issue, such as the focus group of the participatory diagnosis, are key to generate dialogue and draw joint conclusions.

It became clear that the community can be the way to give sustainability to neighbourhood initiatives and individual people, without sacrificing quality of life, although there's still work to be done to develop the "how", which it was concluded should be created collectively. In this sense, the participants in the focus group concluded that the first step was to work on self-care, as it has to do directly with respect for our first territory, which is the body.

***Living in community would first involve recognising our needs as individuals. Without this recognition, it would be difficult to contribute to and care for others and our communities.***

Here it's worth mentioning a very interesting comment that one participant opened up in the focus group: "Sometimes, allowing oneself to think about care is also a privilege". After collecting the echoes to this reflection during the focus group and the surveys we carried out on the street, we noticed that reference was made to the time factor, to the structural violence suffered by the participants, to the physical and emotional wear and tear that sometimes comes with promoting community initiatives and to the work dynamics that value sacrifice and dedication without balance, making invisible the emotional impact that community work has and leaving its approach to the individual sphere.

We would like to emphasise that, once this last issue was put on the table, it was concluded that finally living in community implies a paradigm shift in the ways

of doing, of communicating and, above all, of taking care of ourselves.

## OUR COLLECTIVE CARE

It was very curious to realise, in response to this question, that a lot of the care we provide are not identified as “collective care”. All the participants agreed that there was a before and an after the pandemic with regard to collective care; and we were all aware that only the other can save us, that collective care transforms realities.

Sharing our experiences, we realised that we do more than we think...recognising that sometimes it's a privilege having the time and the health to focus on the outside, i.e., working on our social conscience is biased by a person's privileged situation.

The networks between neighbours, being for the family, sharing our time with others, cooking for others, asking how you are, bringing loved ones closer to their families, mothering in a network, accompanying the decision to have an abortion, assisting here today...

## BEING PRESENT AND FEELING THAT OTHERS EXIST

Many experiences of collective care were shared during the focus group and individual surveys, although there was a strong need to include care practices in our daily lives that have to do with the emotional, with asking the people we relate to “how they are” and actively listening to their answers. Being able to connect with the other in this way allows community actions to take into account the individual moments of each person, which will later have an impact on the collective.

The participants spoke of being present for others, showing interest in their complexities and life situations. Here, however, reference was made to the times that are often not conducive to being present in other people's lives, and to the energy involved in being present.

*Collective care has to be bidirectional or multidimensional, i.e., we have to care for those who also care.*

Finally, within these experiences of collective care, reference has been made to self-knowledge as a key process for identifying our needs, and thus being able to understand the messages that our bodies are constantly sending us. We've already mentioned that the body is recognised as the first territory, from which other lines of action emerge. Knowing how to recognise our limits in terms of giving and being able to transmit them in an honest and caring way is an issue that most of the participants in the diagnosis highlighted on several occasions.

## THE CHALLENGE OF PUBLIC INSTITUTIONS

Collective care is a broad concept that can encompass a wide range of measures that contribute to well-being and resilience building. Those of us who are part of and work in organisations see the need and believe that it would be more effective for institutions to promote policies on self-care/collective care.

These are some of the reflections that resonated most:

- Difference between written protocols and practice with regard to care.
- Productivity and capitalist times always take precedence over care work.
- They do little and with no conscience: just to get medals.

## SHARING KNOWLEDGES ON COMMUNITY CARE

After opening up the subject of care in the community environment and reflecting on it internally, we concluded that we are at a time of change in the dynamics of what we do, really putting care at the centre. It was nice to listen to each other and to feel how these dynamics of care are affecting all of us, to know that we are accompanied in our pains and feelings, and to continue learning from our individualities as a collective.

We therefore conclude that deciding to put care at the centre is not just a matter of expressing it on a piece of paper or in an assembly. Care is intrinsic to us and, little by little, we must incorporate it as a

cross-cutting theme in all our work, especially in our community work. As a preliminary step, we've identified the need to name our individual pains, to share them with our communities and to start a healing process in order to be ready to care ourselves.

Likewise, care practices in activist or communal settings must be constructed by everyone, as there are no formulas, but rather these practices depend on the people who make up a given community. This also reflects a construction that doesn't have

to come to an end, but rather the objective is that it adapts to the needs of the group at a given moment.

Finally, we conclude that the structure doesn't contemplate care practices beyond mentioning them in protocols, manifestos and public acts. It's becoming more and more visible that the most immediate, effective and caring response to the adversities that affect us as communities is the network, the heartfelt linking and the joining of forces.

## *VI. Granollers: breaking with racism to create community*



We are ADIS, the Association of Sub-Saharan Migrant Women, who have been active in Granollers for more than a decade, with all that implies that black women from Sub-Saharan Africa have their own organisation, voice and representation, in a context of migration and racism, in which black lives -as evidenced in the report "Lives that Matter" ("Vidas que Importan")- don't seem to matter. Those of us who make up ADIS are convinced that it's essential that we make ourselves visible and that our demands are heard; that our reality is accurately known as it is, not from the stigma of racialisation or racist violence, but from our way of building community and acting collectively.

The Generalitat de Catalunya (Government of Catalonia) recently published a report on racism, in the process of which we participated in open dialogue spaces in all the provinces of Catalonia to reflect on what people understand about racism. Obviously, it was nothing new for us to observe and verify that stereotypes and prejudices still persist towards the communities in which we live affected by racialisation and racism. We black people are still thought of from the colonial mind, from the idea that our skin colour and physiognomy are not legitimate because they're outside the standard and recognition of the white hegemony that, with all its range of normative skin colours, qualifies people and structures the modes of social relations based on physical and genetic characteristics. This is how we are looked at, how we are valued and, consequently, how it's determined which bodies are valid in the current system. And in this racialising and consequently racist process, we consider it vital to identify who are the people affected and who are the oppressors, because it's there that we can sincerely acknowledge our discomfort and, from there, start a work of transformation; otherwise, by hiding it, keeping quiet, living this oppression in silence, we won't be able to overcome this reality.

You, as a white person, may have had ideas and attitudes that you never thought of as racism. And yet they are ideas and attitudes that have harmed, devalued and even violated other people. That's why it's necessary to begin to recognise and identify what we do and take responsibility for addressing them.

## BLACK, AFRICAN AND MIGRANT VOICES: A SELF-REPRESENTED COMMUNITY

Our voices, black African voices, are fundamental. And we want to express that blackness here in Europe has been made invisible and whitewashed by the logic of white hegemony for a long time. We were one of the first organisations, together with the Migration, Gender and Development Network, to take direct action against racism more than ten years ago, when migrant organisations were still working on the promotion of their native culture and organising actions to naturalise multiculturalism and promote interculturalism.

*Openly against racism, more than ten years ago, there were few of us and we were seen as conflictive. Even within white feminism, we had to debate and expose racialising and racist practices at the cost of being separated from many spaces and also distancing ourselves to avoid further tension. Yes, white feminists accepted us as long as we could "show gratitude" by welcoming us into their spaces or by never showing disagreement with their proposals.*

The issue is that black women have a voice, autonomy, our own criteria, we have our own proposals, actions, we recognised ourselves in decolonial feminism, not in white western feminism. That's where we started our resistance and decided that we should be united among collectives that shared the same realities, where we could be in a safe space of collective care.

The sisters who come from Abya Yala or known as Latin America (from the language of the coloniser) connected with us immediately, especially those of indigenous origins, the Andean women, those who keep in their bodies the historical memory of colonisation. And also, the Afro-descendants, those who had their African roots and whose ancestors, due to slavery, were forcibly taken to this great territory where, subsequently, new generations were born.

And with them we exchanged knowledges: a white Latin American woman in a condition of migration is not the same as a Latin American woman with indigenous or Afro-descendant roots, neither here nor there, because racialisation and racism also survive in their territories of origin.

And we, the black migrant women from Africa, realised that we still need to make that connection with the reality of black people who, adopted by European families, lived here in other types of experiences and contexts. It's true that now more black people are becoming visible at events, conferences and concerts and, for the most part, those who are claiming their blackness, having lived through a process of white-European upbringing. We think it's important and necessary for them to reclaim their roots. However, we are concerned that white society uses a practice of "colourism" to say that there's no racism in these events. That is, to accept the presence of black people and not just any people but those who didn't arrive as migrants or who are the children of black migrant families. This is an issue that is rarely talked about, and we raise it here because we're talking about community and community care. We're talking about privilege and disadvantage; we're talking about recognition.

Those who were adopted by white families are on their way to rediscovering their roots, they live a different path to that of our daughters and sons who, although they were born here, because they are daughters of an African migrant family, impose on them the legacy of being a perpetual migrant and the weight of racialisation is felt with greater impact, because we are not in "protected spaces" from white people. So, among the black population itself, there are different life experiences and specificities. Voice and representation have their nuances, and if we really want to act from community care, it's essential to recognise all realities in order to take the path that eradicates racism and builds community.

On the other hand, the reality of people who emigrate from different parts of Africa to live here in Catalonia, with all that this means for our lives, is very challenging and is not the same as that of a colleague who is

racialised, who comes to study for a master's degree or a doctorate. They are different realities, both in terms of recognition and in terms of ways of relating and opportunities. This doesn't mean that some are more than others, but rather that there's a diversity of realities that must be taken into account to know how and where we have to go in order to build community.

Our ancestral legacy is communal, where the family is important, the one that starts from your smallest nucleus and also the community, which is the larger family. Recognition, dialogue, listening, finding common solutions to problems, coming together to mediate conflicts is a natural part of our practice; so, to speak of community care is to speak of everything that being a community represents.

For us, to be angry at racism and to be outraged by all the oppression it generates is an act of resistance. But it's also an act of establishing spaces for dialogue, for solving problems and not just being angry. This is where our legacy of community action, of what we now call community care, is present. Humankind is diverse, it's a mixture of cultures, tastes, smells, ideas, feelings, knowledges and more, and this mixture should coexist naturally, not from suspicion or contempt, nor from hierarchies that establish who is better or worse, who dominates or who controls and who are violated with impunity. We should simply live in community from this great diversity because all lives count, we're all necessary. It is this way of looking at and feeling life that we have come to share.

To create community, it's important to be present, to participate from "all voices and all bloods", as our sisters from Abya Yala say. We were concerned, for example, that during the public consultations on racism promoted by the Generalitat there was almost no participation of black African women, they were not there. And then, when we asked some associations of African people, they told us that they didn't work on the issue of racism. We then asked them what they understood by racism and they replied that it was an attitude like when they say to you: "black, go back to your country". So, we started a dialogue because racism means discrimination, exclusion and violence in many realities, both in the labour system, in access

to housing, health care, access to education, recognition and representation. So, there's indeed a lot of exclusion and violence towards black communities from Africa and it was important to make it visible.

Africa is one big community, beyond each territory. That's why, when we arrive here, it's easy for us to take up the link. And we say: "here in Catalonia, too, there's our community"; but there's a factor that we want to reflect on. For example, here, when a person commits a minor offence and has no way to pay for it, very often the sentence states that they will carry out "community service", that is, said person may be cleaning the street for a period of time: doing a service for his/her community. But we realise that what is understood here in Catalonia as community service is not the same as what we understand when we talk about community and community care. When we say, "we are community", we do it from a totally African point of view, from which "I am and I exist because you exist for me and if you exist, it's because I exist for you". In other words, Ubuntu, I live because you live. It's what is called the bond of interdependence, according to which all people are essential for each other, recognising that we all need each other to exist.

*"When I am sick, the whole community is sick and looks for ways to cure me: that's the meaning of community and community care. It's not a service to the community, it's a collective action to sustain life and solve problems together".*

## BEING PRESENT IN THE COMMUNITY FROM THE REFERENTS

How do we want the neighbourhood community where we live to function? How would we like it to function? We ask ourselves. We found that there's no bond between people in the neighbourhood. There are only occasional greetings and it doesn't go beyond that. "In the staircase where I lived with my parents, they were nicer. Now that I am Muslim, I notice the change: they don't even want to get into the lift with me". This reality leads us to ask: must we renounce who we are so that the society where we

were born accepts us? "They look at us with different eyes, at school, in the street, and it's not that they tell you, you see it in their eyes; there are things that don't need to be said, the way they act in front of you tells you".

"I think it's not that they say, 'Go back to your country', as has been said in some cases, but that they say it with actions: you approach this person and she puts her backpack away as if I were going to steal it from her. I mean, as if I don't have enough economy to buy it." That's the action of racialization: They see us as different, but different in a negative sense, as if we don't deserve to be where we are, or to be interacting with white people in "their spaces". "They see us getting on transport and expect us not to sit next to them. They see us dressed differently and they look at us like we're weird characters. You want to rent a flat, they tell you it's already rented, it's not available, when they see your body." They have established ideas and stereotypes about the black community.

Many of us have reflected on how to act and what to do in these situations. We believe that there's a need for role models in different areas of society. For example, we must study at university even if they think we don't have the capacity. Now there's a boom of black girls at university and we believe that this is a fundamental step. To train ourselves, to open the way, to study and to begin to naturalise our presence which until now seems "abnormal".

This is what is called "intelligence that has no colour". In other words, intellectual capacity has no colour and we must get rid of the "coloniality of knowledge", which becomes a policy of resistance in order to confront those who don't accept us. "Because if I am a doctor, you will end up accepting me as part of this society because I might have to save your life. If I'm an accountant and you need me, too. So, it's through education and intelligence that we must fight".

In addition to education, we also have to emphasise and claim that we're from here, that we have children here, that our lives are built here. Besides, we have to be more present in all spaces of participation. "We talk about migration and racism, but the other day

I was in a talk with 70 people, and there were only three or four migrants. We don't occupy the spaces!". We also have to rethink how to be present. "I want to be in community, I want to be accepted as a Spaniard, to be accepted for my roots, but we avoid being in some spaces".

"I have often refused to occupy spaces where I've been invited by the City Council, because I speak the two autonomous languages, and I have often refused because I consider that I don't represent all migrants; there are many people who speak them and can represent themselves and the community". This reflection made us think that, if we don't support ourselves, if we don't assume our own self-recognition, we can't expect other people to support us. It's important to be in the spaces and make our voices heard.

## **PUBLIC POLICIES ARE RACIST, DON'T PROMOTE COMMUNITY CARE**

What can we do to change the minds of people who have always thought they are superior to others? In our case, we agree that we don't always act the same in different communities. We act differently with our neighbours, at the university, in the market, among friends and also with the Muslim community. In addition, the ways of making collectivity, that is, of making you participate in collective decisions, here have nothing to do with a criterion of transformation of our environments but of exclusion. "Recently, some neighbours asked me to sign a petition to get some homeless people off the streets and they had to sign collectively, of course, for this they're looking for collectivity". The issue of housing is a permanent problem for us; racism is so strong that, even if we have the economy to pay a rent, they will never rent us a flat because they think we will enter to occupy it, or damage it, that we have no conscience to take care of. Then, we become homeless and many people have no other way but to squat.

The Law on Foreigners (Ley de Extranjería) is a law that kills, it's a racist law that claims to regulate migration, but from a stigmatising perspective of what it means to be a migrant or a racialised person. First, it prevents us from being recognised as citizens; it im-

poses a long period of time for us to be recognised as subjects of rights. Because when you don't have papers, you simply don't have the right to practically anything. This Law doesn't allow us to have access to housing because, if you don't have papers, nobody rents to you. Besides, we add to this reality the colour of our black skin, which becomes an obstacle to accessing housing. This is where we've supported each other many times so as not to be alone, activists of the PAH have also accompanied us. When they've done so, we've felt that these practices generate community and are actions of community care.

The right to housing is only written on paper; in practice, nobody cares that you live on the street, not even the public administration. When we go to Social Services, they tell us that they are collapsed, but we know that there are many empty flats. Social Services, which claims to have a perspective of community action and now also intersectional, outwardly says they are there to help, but when we approach them, they say NO from the start.

***They tell us: "you only came here to work and not to stay to live", "you don't have a life project here" ... and they ignore us. For example, when we go to do paperwork at the Social Security, they dehumanise us, they treat us as if we have no idea what we're doing, they look at us badly, they check our documents as if they were badly done, they doubt our credibility, they don't listen to us. But they must attend to us!***

Many of us are afraid to go to the Social Services because they might take our children away from us. They see our reality and think that we are not responsible enough for our children and that we neglect them because we have precarious jobs, which are not enough to give our children a quality of life. So, we avoid going.

What is worrying is that the people who work in public offices don't recognise that their treatment of us is undignified. They are supposed to be people who must be prepared to work in contexts of challenging



realities, who are sensitive and understand social problems, and are there precisely to contribute to solving them. However, this is not the case. So, when this happens, many of us prefer to make a living for ourselves and we turn to the black African migrant community for support. We reverse the State's failure to guarantee our rights through community care. We observe that public administrations don't see the need to improve or change the way they treat us because we are migrants.

Another area where we've seen that racism has an impact on us is in schools. Schools should be spaces to help build community, so that children and young people learn to feel life in community, to respect, to value the other, to care in community. But no: you just go there, you go into the classroom and take out the books, and you learn the lesson that is not linked to real life. They tell us about history and make no reference to slavery or colonisation. They present us with books where there are only white children and not black children nor children from other origins. The teachers have racist attitudes and so do some students, who laugh, make fun of us, push us away, and the teachers do nothing. "I've suffered a lot of discrimination at school". It's a space we don't want to go to because they make us feel that it's not ours.

We ask ourselves, then, what's happening in educational centres, if they are spaces for socialisation, what kind of socialisation are we teaching the new generations: a socialisation for life, to respect and sustain life or to discriminate and allow violence. Racism is a violence that affects our emotional and physical health, that keeps us in permanent stress, and nobody sees it, how is it possible. Racism destroys coexistence, it destroys the community. "Catalonia is racist, full stop".

## COMMUNITY CARE IS ESSENTIAL TO SUSTAINING LIFE

We've asked ourselves: What commitments do we want to make to continue promoting community care? We answer that to continue to be united, to make policies of resistance without giving up, to be organised. We believe that it's essential to strengthen spaces for action and decolonial feminist struggle, which in it-

self is anti-racist. We need to be accompanied and in agreement with collectives such as the Migration, Gender and Development Network, to continue to be twinned, to work together to raise awareness among more people and also to contribute knowledges, as we're doing now with this participatory diagnosis, to be shared in all spaces in order to promote a process of change towards community care.

Just as every mother here fights for her children, our black children who were born here will also have to continue the struggle, because we see an even more difficult situation ahead, because they will always be questioned. So, we must accompany this struggle, share our knowledges to resist and build community. Strengthening the referents is a pending task to continue doing because the referents are key to strengthening the community.

*"As a black woman with a degree in philology, I can help other people. I don't see myself as a role model, but children see me as a black woman with a degree and they think about it, because they've never seen a black teacher before".*

We will continue our collective drive to strengthen women's economic autonomy, historically promoted in our great home Africa where, before colonial violence, women were the holders of both political and economic knowledges with the capacity to decide the future of the communities. The experience of "La Tontine" as a practice of community care in the women's economy has taught us that relating to money not from competition, nor from meanness, nor from accumulating and concentrating wealth, but from sharing to support the sister who needs it most, has been, is and will continue to be a way of sustaining life among women. Saving money autonomously and then distributing it periodically is a transformative experience that breaks with the colonial-capitalist logic of individualising the economy. Here no one is left behind, here we are all important, here all lives count. That's why we will continue to promote this initiative that has worked for years and that allows us to strengthen our economic autonomy.

Without community care, we cannot sustain life in community, nor can we sustain the life that surrounds us, our environment, or what the sisters of Abya Yala call Mother Earth. Community care is an alternative to all those policies of inclusion that are based only on incorporating those of us who “come from outside”

into their way of life, their only way of understanding human development. No, we want to build community collectively, from the multiple knowledges we have, from all our roots, origins, cultures, ways of thinking and feeling. Otherwise, it makes no sense.

## VII. Catalonia: caring in community to overcome racism



At the Migration, Gender and Development Network we've always considered it essential to highlight the reflections and knowledges located on the periphery, because that's where community is built and not from the Eurocentric academy. Building knowledge from otherness, from the non-legitimised voice, from the decolonisation of knowledge, that which doesn't conform to the rigidity of pure reason, but which feels and thinks about life from life experiences, those that make changes possible from the resistance to systemic oppression of coloniality/modernity and which are involved in order to transform; are sufficient foundations to make visible other knowledges such as that which we now share.

In this section, we share the results of a consultation we carried out with 100 activists from all over Catalonia regarding community care. Some of them participate in collectives of people in conditions of migration and racialisation. Others participate in social movements and civil society organisations that promote the defence of human rights. The participants range in age from 20 to 60 years old, from varied life trajectories and with diverse gender identities.

The idea was to show, from the situated experiences of people who are linked to social issues and problems, what perception exists regarding community care, what opinion they have about social policies that claim to have community action in their interventions, what position they have on the impact of racism on community building and how they perceive the collectives of diverse women, in conditions of migration and racialisation, who act to denounce and eradicate racism. In this way, we were also able to identify the alignment between the analyses of each collective in their territories and the perceptions of the respondents.

## WHAT DO WE MEAN BY COMMUNITY ACTION?

The responses were varied and coincided on key aspects related to what we mean by community action. Here are some significant and overlapping responses from a number of participants:

- When I think of community action, I think of interventions where a group of people who share a territory, customs, history, etc., work together and which are aimed at improving their lives.
- It's to promote initiatives that involve the community, without individualism, and above all those that involve solving problems collectively.
- It means organising from the community to solve problems together and also to generate initiatives that strengthen coexistence.
- It's an action that has to do with feeling and thinking of the other lives around you as a community, with whom you live and share a common territory, be it your street, your neighbourhood, the city, or even a country. Community action is the construction of a human community, a way of generating links beyond those defined by established canons such as family, friendships, etc. It's to rethink oneself as part of a great community: the human community.
- It's when people in a country, a village, a town, a neighbourhood or a street get to know each other and come together to improve their situation, to know that people are not alone.
- I've experienced community action as a political agenda that involves the community and analyses the vulnerabilities or social determinants that affect people so that, through proposals and actions, reality can be changed.
- Action of working collectively, where many people are part of community or neighbourhood and join together to do projects together. It's working as a community for a common good.
- From my experience, I can define it as a group of neighbours, educational institutes, community projects and families as spaces concerned with the well-being of the community. Thus, they create actions to solve problems, promote people's development, their participation, as well as strengthen community practices.

- Community action, in the first instance, should have a clear focus on listening and acting. Always hand in hand with the affected population. Collective, decentralised and based on solidarity. Mutual aid networks are an interesting example of community action, because it's the people involved who implement actions to solve their needs collectively.

It can be highlighted in the responses that **collective involvement** is the reference factor for community action to take place; in addition to the **commitment to improve the life** of the community and also to **strengthen the bond between people in the community** and, consequently, to **build community**.

Another fundamental element is the **common good**, i.e., to stop thinking individually or in closed groups within a community and to **act for the good life**. This means **opening up to the possibility of creating networks**, of acting in **an interdependent way**, from the awareness that **all people need each other**.

## HOW WOULD YOU DEFINE, FROM YOUR OWN EXPERIENCE, THE ACTION OF CARING?

As it was also an open question, it gave the participants the opportunity to explain how they interpret or assume the action of caring; obviously, it was explained to them that it was within the framework of community action so that they could contribute with reflections more related to collective care. Here are the significant responses and the common responses of several participants:

- Caring is thinking about and contributing to the well-being and good living of another life that you have in your common and uncommon territory. It's to resituate the practice of being well in a shared way, not only individually but also collectively. The action of caring not only for "your clan" but also for those who wouldn't be part of the established order.
- It's to contribute to "munay", that is, to the broad love of all life. That is, no matter where you come from, what language you speak, how you dress, what you

believe in, or how you express your humanity; the important thing is that you are here sharing in community and from the most expansive love, the inclusive We, from there we recognise and care for each other and protect each other.

- Protect, heal and cure in consonance with all the lives of the community, based on reciprocity and empathy, without which care is not possible.
- To put the intention outwards (without forgetting the inside, self-care), to be, to observe, to accompany, to pamper and to fight.
- It's the action of sustaining life among people, where every life is indispensable, regardless of where they come from, their skin colour, their language, their gender, their way of feeling or thinking, or their ability.
- The action of caring is to commit oneself to the good life of the other person and of yourself, and of all the people who are part of your environment.
- It's to feel that they care about you and that you care about other people, so that we are all well, happy and at ease.
- It's to be aware that we live in community, where the community is responsible for my care and I, as a member of the community, take responsibility for caring for the members of the community. And to do that, there must be physical spaces to assist and help overcome the impact that oppressive systems have on everyday life.
- Caring means sustaining life in its fullness, human and non-human life. Being able to understand that in the end we are going to die, but it has to be a dignified death, not one provoked by violence.
- To make life flow in harmony, to guarantee its existence in time, where we can generate a balance with the whole environment called nature.
- My experience is more focused on the family environment, where the action of care was directed towards elderly people. In education, as a pupil, I felt

that there was a care in teaching and for the well-being of the pupils; there was an attempt to care between the school and the parents.

- Caring starts with empathy for others, putting ourselves in the other person's shoes and knowing that we need each other to live.
- The action of caring is necessary in collective spaces. As we are people with different experiences and ways of doing things, the space for care is fundamental and for getting to know each other among the same people who are part of the collective space, so that we can know what makes us feel good and be safe, to know that it's a space for care.
- It's being attentive to the well-being of the other person and of oneself in order to create well-being between all of us.

The action of caring, according to the participants, focuses, first of all, on **having the awareness of caring for others**, taking into account **one's inner state**, of **being well with you**. It's an **intention and commitment to sustain life**, as an **act of love for all life in its fullness**. It's **harmony, empathy, tranquillity** and **security**. It's to **assist and heal** in the face of the impacts of oppressions, and also to **have a dignified death** unprovoked by violence.

## WHAT DOES COMMUNITY CARE MEAN TO YOU?

Linking the first two questions, we were invited to reflect on community care, in order to identify whether there were commonalities in the way community care was undertaken. This was also an open-ended question that elicited a variety of responses, the most significant of which are the responses of all the respondents:

- Community care is betting on what is essential, on what is close, on the neighbour, on food from nearby lands, on giving value to the knowledge of our ancestors, on exchange... Thinking in the long term, far from a logic of immediacy, resting, sharing with our links.
- It's the concern of all people for the well-being of the community to make life worth living until it no longer exists in this world.
- It's about generating a life in society where all people, including public institutions and other actors, can be aware that no situation where life and human rights are violated can be allowed. Community care is a system of life that invokes a rethinking of how we relate to each other in order to return to horizontal recognition, to recognise that we need all people in order to exist.
- It's a collective action, aimed at guaranteeing a good life for all the lives that are part of your environment and with which you create community. Caring is sustaining life in a communal way, involving all the people in the community.
- To promote, from our own common actions, the tranquillity, peace, harmony that we need and to make all people emotionally and physically healthy so that they can live together without fear, uncertainty, anguish or violence.
- Community care is the collective action to protect, heal and care for the impact of oppressive systems that impact on the health of the community. It contributes to improving the physical, mental, social, political and economic health of the whole community.
- To think that the problems that impact on the community damage its health, which translates into coexistence. Good coexistence tells us a lot about how healthy community life is. That's why care networks, organisations that fight for human rights, collectives that advocate for a fairer world, are forms of community care.
- Community care is organising to overcome problems, because it implies concern for the good life of the people, so that everyone has a dignified life, so that they can feel fulfilled for the realisation of their existence in the community.

- It's an action born from and for the community, where the centre of life is in care: we take care of each other and understand our interdependencies and different needs, to recognise that all are valid and can walk together for the growth and flourishing of all lives and of the planet itself.

- It's to be attentive to the well-being of all the people who form part of the community, and to do everything possible to ensure that the action of caring is a permanent and inherent practice of the human condition that makes possible and guarantees the permanence of life in our territories.

A more holistic sense of community care emerges from the responses: the **essential sense of Well-living**, of **sustaining life in dignity**, of **protecting human and non-human life**, of generating **healthy environments, free of violence**. The **collective recognition** to protect life, to **overcome the discomforts** that afflict the community and to enable **life to expand to its fullest**.

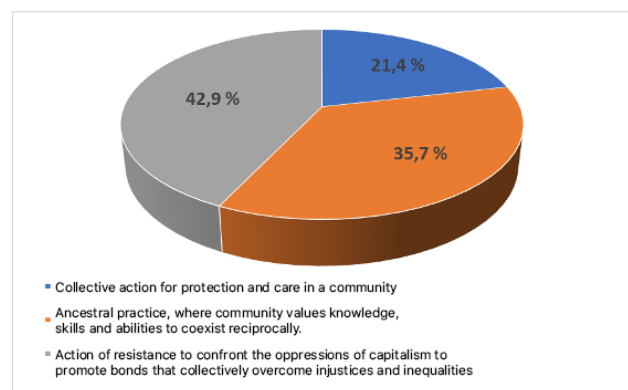
The political sense also emerges: **organising to overcome the problems (oppressions) that affect the community**, acting as a network to **ensure the health of the community (coexistence)**. **Defending human rights** and **caring for the social, political and economic health of the community**.

As a complement to this question, the participants were given definitions of community care that were previously reflected upon by all the collectives that promoted the participatory diagnosis, in order to see how consonant and reciprocal they were in relation to the reflections of the people surveyed.

**Figure 1** shows that 42.9% of the respondents agreed with the definition of community care as an action of resistance to confront the oppressions of capitalism and promote collective bonds that overcome injustices and inequalities.

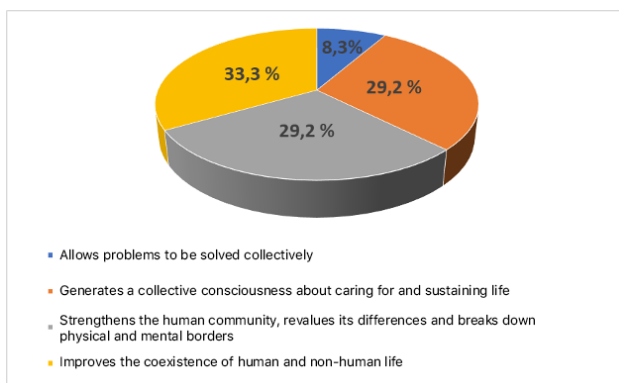
35.7% consider it to be an ancestral practice where knowledge, skills and abilities to coexist reciprocally are fundamental to be assumed in community. Thus, the coexistence that works is evidence of community care.

The most direct definition of protection and community care was endorsed by 21.4% of the participants. This implies a commitment to protect and care collectively, from each person in the community.



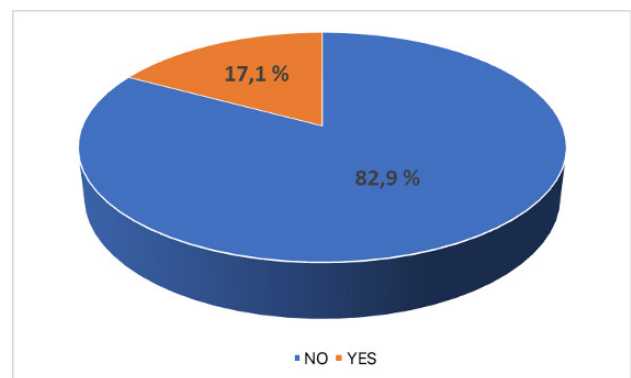
**Figure 1:** Definition of community care that you agree with. Source: Migration, Gender and Development Network - Community Care

Furthermore, it was asked how important community care is, as shown in **Figure 2**. The majority of the participants expressed that the importance of community care lies in improving the coexistence of human and non-human life (33.3%). Going beyond the androcentric perspective is the significance of this reflection. They were also inclined on the grounds that it contributes to generating a collective consciousness about caring for and sustaining life (29.2%). In other words, care is not thought from the perspective of individuality, but rather that care is collectivised. The same percentage was related to strengthening the human community, revaluing its differences and breaking down physical and mental borders. Undoubtedly, emancipating the mind from coloniality is a pending task, especially in order to build ourselves in diversity, without mental borders (stigmas, stereotypes, prejudices) or physical borders (private property, gentrification, evictions). 8.3% expressed that the importance of community care is due to the fact that it allows problems to be solved collectively.



**Figure 2:** Importance of community care. Source: Migration, Gender and Development Network - Community Care

We also wanted to find out what the participants thought about public social policies in relation to community care in Catalonia. They were asked whether they considered that community social policies exist and their responses are shown in **Figure 3**. 82.9% of the total number of respondents considered that community social policies don't exist. Only 17.1% responded that there are. It's significant and worrying to note that a large percentage of respondents consider that there are no community-based social policies in Catalonia, when many of the policies linked to the social sphere indicate that they are implemented at the community level. The collectives Tarragona Anti-Racist Network, Mika Sororidad Internacionalista, Diverses8M Girona, Madrecitas and ADIS have already shown that the community is not the essence of social policies.



**Figure 3:** Do community social policies exist in Catalonia? Source: Migration, Gender and Development Network - Community Care

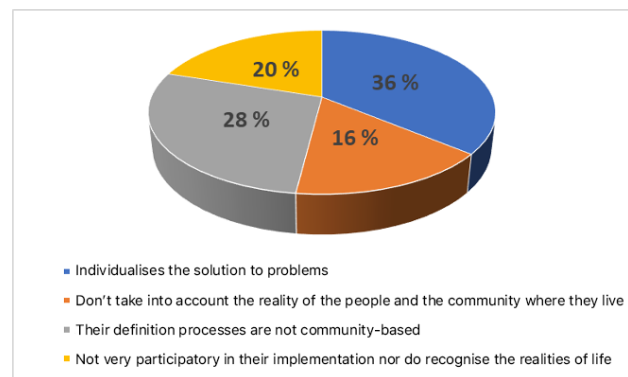


To complement the results of Figure 3, another question was asked: What characterises social policies in Catalonia? **Figure 4** shows that 36% consider that social policies individualise the solution to problems, i.e., that the solutions are personalised and are not built in community. 28% consider that their definition processes are not community-based. This refers to the way in which policies are designed from their conception, which, albeit they may be consultative towards individuals and social entities, there's no community practice for defining them. If we take into account that community action is the collective involvement, the commitment to improve life and strengthen the link between people in the community and, consequently, to build community, any policy that involves community action would have to be aimed at strengthening the community and the link between people. However, social policies, in essence, normalise ways of individualised attention, define protocols for action and management of problems from that of personalised and problematised cases, where the community is absent.

20% say that they are not very participatory in their implementation nor do they recognise the realities of life. This response tells us about the deployment of policies where the involvement of the community is excluded from monitoring, implementation and participation in order to redirect processes, for example, policies that deal with cases of male violence, as evidenced by the Madrecitas collective. The realities of

people's lives are not taken into account in the implementation of policies. A clear example is explained by Diversas8M Girona, with regard to the reality experienced by Moroccan migrant women in terms of access to housing.

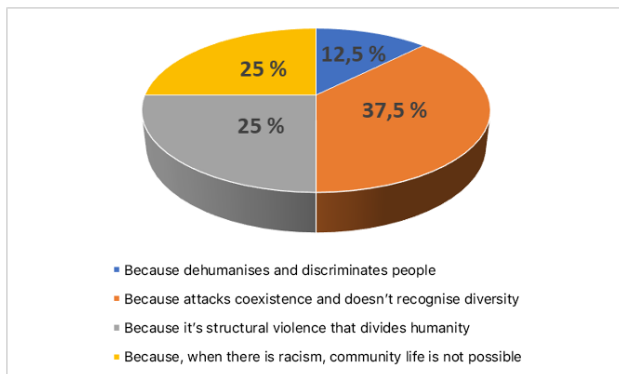
16% say that they don't take into account the reality of the people and the community where they live. Indeed, as the Tarragona Anti-Racist Network points out, in the case of registration, the reality of migrants wasn't taken into consideration.



**Figure 4:** What characterises social policies? Source: Migration, Gender and Development Network - Community Care

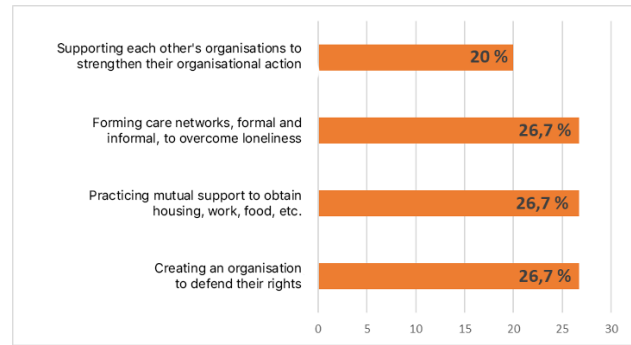
In the respective diagnoses of the participating collectives in Tarragona, El Maresme, Barcelona, Granollers and Girona, the problem identified as one of the main factors affecting community care was racism. For this reason, the survey sought to identify, from the activists' point of view, the reasons why racism is considered to fragment the community.

**Figure 5** shows that 37.5% of the participants consider that the reason for this is because it's an attack on coexistence and doesn't recognise diversity. A further 25% consider that it's structural violence that divides humanity. Another 25% of the participants stated that, when there is racism, community life is not possible; and 12.5% of the participants identified the dehumanisation and discrimination that it generates in people.



**Figure 5:** Why does racism fragment the community? Source: Migration, Gender and Development Network - Community Care

Finally, the participants answered about their perception of the actions carried out by women's collectives in conditions of migration and racialisation to reverse racism and whether they consider them to be community strategies. **Figure 6** shows three criteria that are equally valued with 26.7% each: first, because they form care networks to overcome loneliness; second, because they practice mutual support to obtain housing, work, food; and third, because they create an organisation to defend their rights. 20% say this is because they support each other's organisations to strengthen their organisational action.



**Figure 6:** Do migrant and racialised women's collectives have community-based strategies to reverse racism? Source: Migration, Gender and Development Network - Community Care

The results show the recognition of the work and collective action that there is towards women's organisations in conditions of migration and racialisation, considering their practices as part of community care. Certainly, in the participatory diagnosis sessions, each of the collectives involved shared and explained some of their community care practices: the "Tontine", which strengthens the economic autonomy, of ADIS; the support network of Madrecitas; the abortion community of Mika; the community space for shared power of the Tarragona Anti-racist Network; and Diverses8M Girona as a collective support network.

They all recognised that the formation of their organisations and the purpose of their existence is the result of the legacy they bring from their territories of origin and also from the imperative of collectively overcoming the problems that affect them, of being aware that oppressions will impact them with greater impunity alone and without being organised, that sustaining life is in community and not from individualism. For all the collectives, including the Migration, Gender and Development Network, community care has been the fundamental basis of their collective fabrics, of their decolonising sowings and their counter-hegemonic harvests.

# Conclusions

- Community care is an essential condition for sustaining life and generating all those processes for Good Living, stripping us of the colonial civilising process. Therefore, the action of caring in community is an ethical and political principle that goes beyond the diverse conditions, specificities and identities of people, which have to be assumed as knowledges and vital energies that strengthen the human community.
- Collective action is the basis of community care that requires people and institutions to enable a harmonious coexistence; it can never be thought of from the individualistic priorities of the capitalist Self. On the contrary, it's the inclusive "We" that is the driving force that generates the ecological, political, economic, social and cultural conditions of community care.
- Community care is born of horizontal relations, mutual recognition and shared power, obviously from the decolonisation of power, being, knowledge and care. It's an emancipatory process that breaks with the physical and mental borders that legitimise oppressions. It's the fruit of a feeling & thinking of community life in small and large contexts, territories and human groups.
- Community care doesn't have a single model, it's pluriversal, based on a multiplicity of ways of life, knowledges and feelings; based on situated knowledge that identifies strategies or policies of resistance in the face of discomfort, violence and systemic oppression of coloniality/modernity. They are alternative practices of collective coexistence that blur the colonial, capitalist, anthropocentric and heteropatriarchal system.
- Racialisation and racism are the factors of oppression that make community care impossible because they fragment the human community, divide it and relegate it to a condition of passivity and invisibility, where the community is only people who share a space or territory but who don't interact with each other to care for each other because they don't feel related nor do they recognise each other nor have a sense of interdependence, because in this interaction not all lives matter, because racialisation and racism, through racial hegemony, has legitimised "whiteness" as the only reference of what is human.
- As a life-transforming political action, community care always requires the affective responsibility and co-responsibility of all spheres of society, both the State and the community. Consequently, any regulation, policy, measure, programme or project aimed at improving the life of the human community must have at its core a community action to care for life. In this sense, any initiative that is generated within the framework of modernity/coloniality, from which racial capitalism is born, and is not questioned, no matter how much its disguised as community action, won't be community action. For a given action to be community care, it must re-signify the frameworks and systems that regulate public and private life for the common good.

- Community care, with its decolonial feminist practice, identifies the power structures that generate discrimination, injustices, inequalities and violence. As such, community care is not separate from the issues, but, on the contrary, its purpose is to eradicate, solve and overcome oppressive situations that break with the action of sustaining life. Racism, capitalism, anthropocentrism, LGBTI-phobia, anti-Gypsyism, ableism, ageism, heteropatriarchy, adultcentrism, classism, warmongering, fundamentalism, fascism, ecocide, terricide, epistemicide, among other mechanisms of oppression, are part of this great global colonial machinery that impacts us and that only community care can subvert if we rethink life.

- The action of communal care means recognising that we are interdependent beings who need each other, that we need other existences in order to live, that we care and that we are cared for. Albeit it can be interpreted as a democratic action, it's more a symbiotic-political action, which is an inherent part of the web of life (nature), of which humanity is a part.

- The shared power in human relationships, the recognition and revaluation of otherness, the feeling that you exist because the other exists from a reciprocal bond, defines the aptitudes and attitudes that must be cultivated individually and collectively to promote community care in public and private spaces, where what happens in both involves the whole community, each person who is part of it. Everyone is a caregiver and, at the same time, needs to be cared for, and everyone cares for the health of the community.

- Any public policy, regardless of whether it's of a social nature or not, in order to be truly community-based, must be defined from pluriversal approaches, where

intersectionality, human rights, awareness of the sex-gender system and, above all, feminist decoloniality, permeate its design and implementation process. They must take into account the communities' own strategies in the solution of problems, that is, not impose criteria for solutions that are born of academic experts but are born of the vital experience of the populations in order to strengthen these experiences from the public policies themselves, and with the involvement of professionals who are sensitive and conscious of sustaining life in the community.

- Care networks, organised collectives, spaces for collective participation aimed at transforming lives towards Good Living, give new meaning to community care because they are part of it, and are essential conditions for its sowing and subsequent harvesting. For this reason, it's essential to strengthen these initiatives and consolidate their existence in all spheres of society.

- Good Living is a life worth living; it means sustaining life and accompanying it until death, which should not be the result of violence, but the conclusion of a healthy and natural stage of existence, as part of the vital process of all life on planet Earth.

- The transformative duality territory-body/territory-Earth is fundamental to the impulse of community care. It doesn't make sense to think only of the human community and its Good Living because this is necessarily linked to the care of living territories, the protection of non-human lives and the consolidation of the vital link with ecological ways of life that make possible a healthy and wholesome environment to coexist in and with Mother Earth.

# Bibliography

Ndir, Bamba; Sara Cuentas & Arlene Cruz. Cuidar para sostener la vida (Caring to sustain life). Migration, Gender and Development Network and Interred Foundation. Barcelona, 2020.

Terán, Elena (Naret); Bamba Ndir, Lobna Dahech, Sara Cuentas, Gabriela Ripari, Arlene Cruz, Florencia Di Stefano & Anne Marie Collins. Vidas que importan (Lives that Matter). Migration, Gender and Development Network and Calala Fund. Barcelona, 2022.

Donoso, Claudia; Rayén Rovira Rubio & Verónica Boero Chancy. Biopolítica del cuidado en contextos neoliberales: reflexiones sobre el programa Chile Crece Contigo (Biopolitics of care in neoliberal contexts: Reflections on the Chile Crece Contigo program). Care and Public Policies in Latin America, 2017.

Gurrutxaga, Igor Ahedo. Cuidados comunitarios frente a la crisis de lo urbano (Community care in the face of the urban crisis). University of the Basque Country. 2022.

Vía Campesina. Colonialismo, comunidad y capital. Pensar el despojo, pensar América Latina (Colonialism, community and capital: Thinking dispossession, thinking Latin America), pp. 380-412 from Lo territorial, lo comunitario y los comunes frente al despojo extractivista en América Latina: aproximaciones al debate teórico-político de la CLOC-Vía Campesina (The territorial, the community and the commons in the face of extractivist dispossession in Latin America: approaches to the theoretical-political debate of the CLOC-Vía Campesina). January 2023.

Zorzoli, Facundo; National University of General San Martín. La Patria Grande Insurgente. Dignidad soberana del pensamiento plebeyo (The Great Insurgent Country. Sovereign dignity of plebeian thought), pp.177-188 from Desarrollo y Colonialidad: vigencia estructural de la colonialidad en el discurso del Desarrollo (Development and Coloniality: structural validity of coloniality in the discourse of Development). CIPPLA-UPMPM. January 2012

*“To be cared for and to take care of is an ethical and political act that frees us from the coloniality of being, knowledge, power and care, in order to guarantee the Good Living for the human community”.*

Migration, Gender and Development Network

