

SUMMARY REPORT

HEALING & MIGRATION: A LEARNING JOURNEY

In early 2022, Hispanics in Philanthropy's (HIP) Migration & Forced Displacement department engaged the Institute of Women and Ethnic Studies (IWES) to collaborate with nine HIP grantee organizations with services spanning health, housing, language, legal, networking, and policy and advocacy initiatives: Al Otro Lado, Americans for Immigrant Justice, Asylum Seeker Advocacy Project (ASAP), Black Alliance for Just Immigration (BAJI), Comunidades Indigenas en Liderazgo (CIELO), Comunidad Maya Pixan Ixim, Haitian Women for Haitian Refugees, Kino Border Initiative, and Justice in Motion. The goal of this collaboration was to collectively learn about the healing justice efforts taking place within the migrant service provision landscape and contribute to a deeper understanding of defining healing justice and the healing needs of both migrants and service providers. Healing & Migration: A Learning Journey was an effort to center the voices and experiences of providers and communities that have been oppressed by systems, institutions, and policies through two structured surveys, 28 one-on-one conversations, and three peer-learning meetings. This summary report highlights the main takeaways and learnings from the full report and shares recommendations for the field of philanthropic that emerged from this research.

TRAUMATIC IMPACTS OF MIGRANTS: EMOTIONAL EFFECTS AND BORDER POLICIES

Populations served by participating organizations face profound mental health impacts as a direct result of racism and colorism present in the national narrative, abusive interactions at the border, separation of families, and pervasive systems of exploitation and persecution. From the severe and persistent threat of violence or lack of access to basic needs, to the severance of the relationship of what is familiar and the task of navigating the landscape of a country determined to oppress, the process of migration touches every corner of the life of the migrant person. Providers explained that the United States' border systems are not structured to facilitate successful migration, but are rather designed to be adversarial and exclusionary, with roots in histories of oppression, racism and colonization.

Once in the United States, migrant populations are often faced with continued discrimination, systems that are extremely difficult to navigate and lack of access to services and resources that facilitate basic survival and healing. Migrants often struggle to find linguistically, culturally, and experientially appropriate services, as access to mental health providers with shared lived experiences, lingual fluency and lack of biases is extremely limited in the United States. Providers discussed injuries inflicted on Indigenous communities through the current and historical practices of Indigenous erasure, colonization and Latinidad, while also pointing to the centuries of racism and anti-Blackness that have shaped the United States' border policies and have left Black migrants to suffer some of the harshest impacts.

There is an understanding among providers of the dichotomy between the oppression imposed upon migrant communities by the systems in place and the need for providers to help clients obtain needed rights within the United States by providing support within the constraints and deadlines set by the system itself. According to the providers, American society, media and philanthropy tend to focus on single events or issues, which ignores the multilayered and multigenerational experiences and support needed to meaningfully companion migrant populations. This disparity indicates the importance of shifting collective perceptions of migrant communities and using a critical lens to examine current structures of power and privilege.

ORGANIZATIONAL UNDERSTANDINGS OF HEALING JUSTICE

Providers were asked how they would define healing justice within the context of their organization’s work. Each of the following five pathways to healing justice, as indicated by the providers themselves, are underscored by calls for togetherness and underscoring the importance of gathering in order to promote healing.

<i>Healing Justice Terminology</i>	<i>Collective Organizational Definition</i>
<i>Trauma and Healing</i>	Healing justice is helping communities and individuals work through past and intergenerational trauma in a way that understands its layers and does not cause further harm.
<i>Spectrum of Culturally Appropriate Services</i>	Healing justice through service provision is being able to support what healing means to each person, recognizing the uniqueness in how that individual or their community chooses to practice healing. Culturally appropriate care provision is honoring the diverse values, feelings, beliefs, and experiences of each client.
<i>Provider/Client Relationships</i>	The provider/client relationship should be mutually trusting and non-victimizing in order to bolster the healing process for clients. Incorporating the principles of client autonomy and cultural appropriateness, providers should aim to center the individual in the healing process. Clients express deep appreciation when service providers are a part of the same identity as, or have similar shared experience with, the client.
<i>Advocacy/Self-Advocacy</i>	Aligning advocacy work and client autonomy can occur through the client advocating for themselves, a group of clients and providers collaborating to meet a certain goal, or another organizational form of collective action like organizing, advocacy.
<i>Systems Change</i>	There is great need for a system overhaul because the current immigration processes and wider cultural landscape surrounding migration ultimately harm migrants and further their trauma. The system needs to be adapted to work from a healing-centered approach.

THE CURRENT STATE OF PHILANTHROPY-GRANTEE RELATIONSHIPS

PARTICIPATORY ENGAGEMENT

Providers felt overlooked from engagement and decision-making efforts.

Some shared that invitations to participate (e.g. land acknowledgements) should be genuine, not something to “check off” as a deliverable, and translate to policy change.

HISTORIES

The history of US immigration excludes Haitians, Africans, and other Black communities from the conversation.

Providers generally feel that funders are not fully aware of their people’s histories of origin, trauma, and solidarity.

TRUST

Providers shared there is a distrust of Indigenous and Black communities to lead organizations and programming, and manage funding.

CULTURE & HERITAGE

Some Indigenous providers stated organizations or funders are not fully understanding of their customs and protocols which is harmful and can lead to a “negotiation” of one’s own identity. Indigenous providers are carrying on their legacy by preserving their culture through their organizational efforts.

**INDIGENOUS
AND BLACK
PROVIDER
EXPERIENCES**

MEASURING IMPACT

Providers shared stressors of finding a balance between quality and quantity when discussing funders' metrics for success. Providers also shared success takes time and can't be quantified.

RESTRICTIVE FUNDING

The majority of providers considered restrictive funding for a specific cause or theme to interfere with their mission and progress within their programming. Also expressed was the inability to perform more holistic or healing duties or services because it did not fit within their funding purview.

QUICK CHANGE

Relatedly, providers were quick to note the constant shifts in programming based off what the community needs, dependent on systems out of their control like border policies and COVID-19. This was especially relevant for legal and shelter providers.

FOLLOWING TRENDS

Over a third of providers referred to funders "following trends" when determining their prospective funding initiatives and how this can be disconnected to the reality of what providers see related to community needs.

PHILANTHROPIC GUIDELINES & FUNDING PRACTICES

SITE VISITS

Some providers mentioned they wished funders would conduct site visits to better understand programming and build meaningful relationships with their organization.

IN-PERSON MEETINGS

Providers expressed the value and benefit to meeting funders and organizations in-person in a safe and appropriate manner, which COVID has made difficult to do.

BREADTH OF ORGANIZATIONAL PLANNING

Providers wished funders could comprehensively be aware of and understand their overall organizational programming, both of what they fund and beyond.

PHILANTHROPY GRANTEE INTERACTIONS

APPLICATION PROCESS

Providers feel there should be more streamlined processes for grant applications, rather than creating burden for applicants.

DECISIONS AROUND GIVING PATTERNS

Providers are curious around philanthropic giving patterns and the decision making thought process behind it when it comes to funding or re-funding initiatives or institutions. One reason is because other larger funded organizations can “referral dump” on smaller, less-funded ones.

BUREAUCRACY

Providers spoke to the bureaucracy and non-transparent nature of philanthropy which leaves grantees feeling scrutinized and unheard.

PHILANTHROPIC TRANSPARENCY

HOLISTIC

Providers felt there should exist more opportunities for holistic client healing and navigation without having to bridge them to other potentially traumatic agencies or systems where they may be unable to receive certain services.

HEALING SUPPORTS

Providers stated a lack of available healing-centered services and supports focused for providers, especially those with lived experience or shared identity.

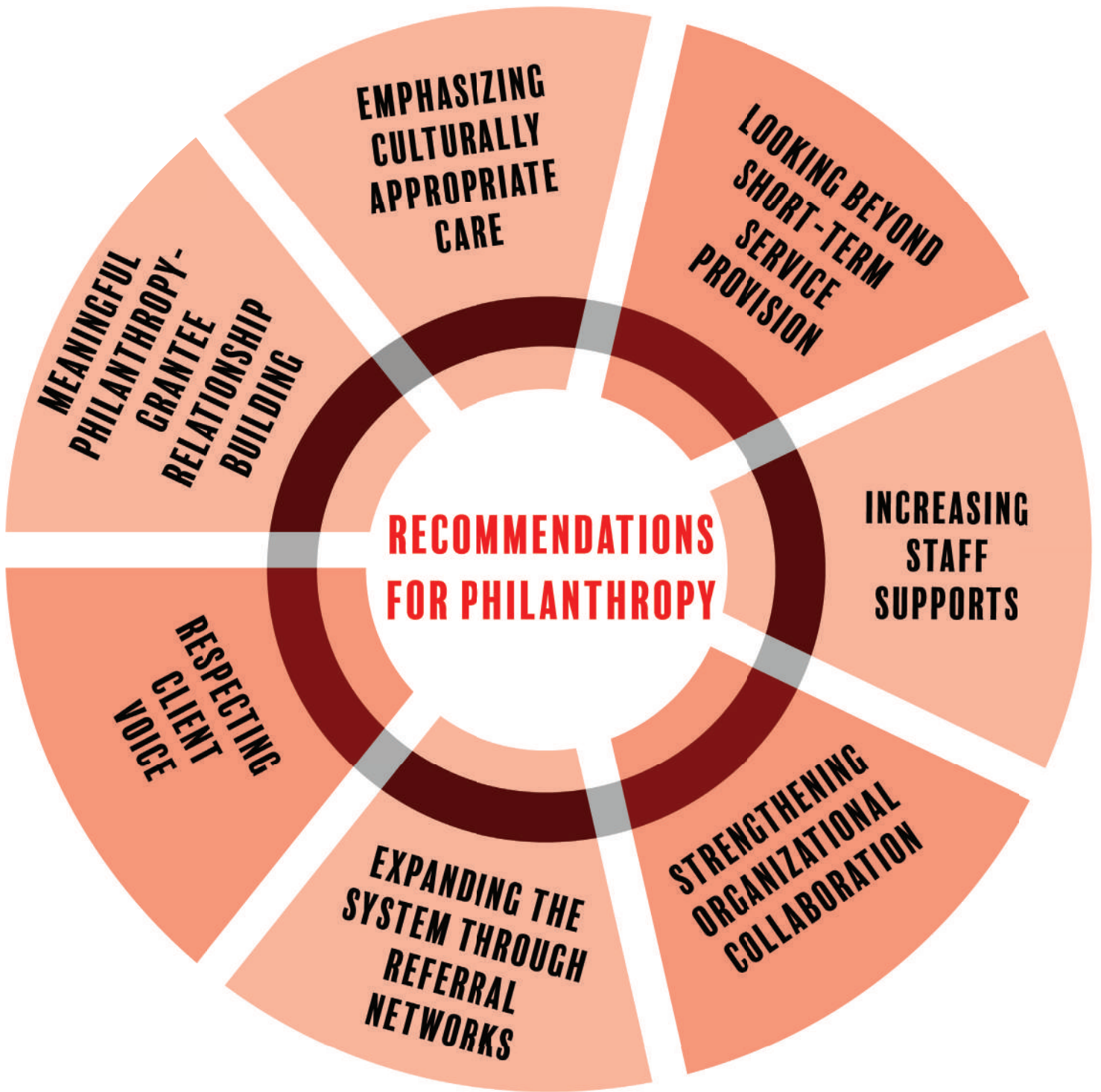
COMPENSATION

Some providers spoke to their passion and drive fueling the work and interpretation they do despite not being compensated at a liveable wage, if any at all.

FLEXIBILITY

Providers raised points about inflexibility with deadlines, quotas, and other programming metrics which creates a layer of pressure and stress.

TRAUMA-INFORMED PHILANTHROPY





EMPHASIZING CULTURALLY APPROPRIATE CARE

Lift up the power and utility of traditional healing practices and natural remedies to support Indigenous groups and use education of Indigenous practices and wisdom to heal (i.e., supporting intentional recruitment of staff from Indigenous backgrounds who speak Indigenous languages).

Provide funding and support for organizations to create resources in multiple languages to reduce interpreter burden and allow migrants to better navigate the system.

Collaborate with migrant-serving organizations to create and fund community healing spaces for individuals with shared lived experiences to come together.

LOOKING BEYOND SHORT-TERM SERVICE PROVISION

Provide flexible funding to migrant-serving organizations to meet client needs and initiate long-term meaningful change that also addresses the budget line items lifted up by organizations.

Flexible funding should consider multi-year and appropriately-allocated funding to prevent generalization and allow for focus on holistic health in service provision.

Re-evaluate philanthropic and organizational metrics for success to reduce pressure when finding a balance between quality and quantity in order to meet certain objectives or deliverables.

Consider Developmental Evaluation as an approach to capturing metrics for success and assisting initiatives in complex or uncertain environments, allowing organizations the flexibility to implement new measures as their goals evolve.

INCREASING STAFF SUPPORTS

“Recovery means
taking care of
yourself”

Include budget line items in grants to address the healing needs and secondary traumatic stress providers endure; implement work-place programming to reduce psychological burden on staff.

Provide organizations with flexibility in funding and tools to enhance employee compensation and benefits and hire new full-time employees.

Provide grantees with technical support on incorporating healing-centered engagement and healing justice concepts into their organizational strategies or framework

Increased guidance for long-term organizational infrastructure (finance, leadership, human resources, management, etc.) as organizations expand to meet growing needs.

STRENGTHENING ORGANIZATIONAL COLLABORATION



Invest in the creation and maintenance of healing justice and peer-learning spaces for clients, providers, and organizations to facilitate collective action and provide clients with a sense of community, security, & compassion.

Support the development of a transnational coalition or collaboration of migrant service providers to amplify a larger conversation around healing justice.

Hold listening sessions with providers to strategize launch of a future collective initiative.

EXPANDING THE SYSTEM THROUGH REFERRAL NETWORKS

Conduct resource mapping and allocation planning to create a referral network where providers refer and accept referrals based on the needs of their clients and their capacity to support them.

Provide more funding for historically oppressed service areas such as organizing, mental healthcare, case management (to support employment and housing needs).

Create a philanthropic humanitarian fund to support in the event of unplanned situations or tragedies experienced by clients.

RESPECTING CLIENT VOICE

Supply organizations with resources and toolkits necessary to provide (or refer clients to) educational opportunities, resources, and/or safe spaces for learning and independent healing.

This could take the form of an ongoing training or workshop series on topics relevant and desired by providers.



MEANINGFUL PHILANTHROPY-GRANTEE RELATIONSHIP-BUILDING

Transform the historical transactional nature of philanthropy-grantee relationships to deepen the connection between provider and philanthropy.

Regular check-in meetings with staff at various levels of philanthropy and grantee organizations.

Increase philanthropy's awareness of the grantee organization's goals and overall programming, while sharing capacity-building opportunities across a range of programmatic themes with providers.