The V.O.I.C.E. Methodology

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Preface

- **About the V.O.I.C.E. Project - Why a Methodology on Gender and Care?**

V.O.I.C.E. - Vision, Opportunity, Inclusion, Community, Equality - is a European project that brings together partners from France, Italy, Spain, Romania, Lithuania, the Netherlands, and Belgium. Its starting point is simple yet urgent: the way care is distributed in families and societies still reflects deep inequalities between women and men. Across Europe, women remain the "default caregivers", often carrying the invisible weight of household and emotional labour while balancing professional responsibilities. Men's involvement is increasing, but cultural expectations, workplace structures, and limited policy support still hinder a truly equal sharing of care.

This methodology was created to help professionals, educators, and communities **understand, discuss, and transform** the gender-care gap. It builds on evidence gathered through dozens of local and international focus groups that brought together children, parents, young people, educators, and professionals across seven countries. Their experiences, frustrations, and hopes form the backbone of this guide.
V.O.I.C.E. is both a **process and a commitment**: a shared European effort to question stereotypes, challenge inherited norms, and promote the idea that caregiving is a shared human responsibility, not a female one.

Who This Is For (Facilitators, Educators, Youth Workers, Policy Influencers)

This methodology is designed for everyone who works to inspire change in communities:

- **Facilitators and youth workers** - to run inclusive and reflective sessions with young people.
- **Educators and school staff** - to integrate gender equality and shared caregiving into learning environments.
- **Parents and caregivers** - to explore family dynamics and support equitable participation at home.
- **Community organisations and policymakers** - to design initiatives and local policies that value care as a collective, not individual, duty.

It can be used as a practical handbook, a training reference, or a reflection tool for professionals and institutions.

Why to Use This Methodology

Across all participating countries, one message emerged: **change begins with awareness, but it must lead to action.** This guide helps practitioners:

- Facilitate meaningful discussions on gender and caregiving.
- Design workshops and interventions adapted to different ages and contexts.
- Use participatory and reflective tools to empower individuals and communities.
- Create bridges between families, schools, and institutions.

By combining lived experience, research, and practice, the V.O.I.C.E. Methodology provides a framework for learning and transformation - from **awareness to empowerment**.

1. Framing the Issue

Understanding the gender-care gap requires more than definitions or statistics; it requires listening to how people describe their everyday lives. This chapter introduces the unequal distribution of care work across Europe through the lived experiences collected in the V.O.I.C.E. focus groups, highlighting both shared patterns and meaningful national and regional differences.

Across all partner countries, participants recognised care as essential, exhausting, and undervalued. Yet the reasons why care remains unevenly shared - and the ways people justify or challenge this inequality - varied depending on cultural norms, institutional arrangements, socio-economic conditions, and generational perspectives.

1.1. Understanding the Gender-Care Gap

The **gender-care gap** refers to the unequal distribution of unpaid care and domestic work between women and men. Across Europe, women continue to perform significantly more unpaid care work, a reality that was confirmed in every V.O.I.C.E. focus group, regardless of age or country.

In Romania, parents and professionals repeatedly described mothers as the "default parent," responsible not only for tasks but also for anticipating needs and managing family life:

> "*Mom is usually viewed as the default parent. Dad is the second option and 'sometimes there' parent.*" - Parent, Romania (online focus group)

This pattern was echoed in Italy and Spain, where caregiving was often described as culturally associated with femininity, particularly in families influenced by traditional gender roles. Participants noted that men's involvement is still framed as help rather than responsibility.
In France and the Netherlands, participants reported greater social acceptance of shared caregiving models, especially in urban contexts. However, even there, women were described as carrying the bulk of coordination, emotional labour, and long-term planning.

Younger generations across countries showed greater awareness of inequality and a stronger desire for balance. In Spain, young participants explicitly rejected the idea that caregiving is innate:

> "*Care isn't something you're born knowing – it's something we should all learn together.*"
> Youth participant, Spain

Despite this emerging shift, participants across all countries stressed that without structural and cultural support, individual efforts toward equality remain fragile.

1.2. Root Causes: Culture, Religion, Institutions, and Media

Focus group discussions revealed that **the persistence of unequal care roles is shaped by an interconnected set of cultural, institutional, and symbolic factors**.

Culture and Tradition

In **Italy** and **Romania**, participants - particularly those with rural backgrounds - described caregiving as deeply embedded in tradition. Women are often expected to manage the home, while men are associated with paid work or protection:

> "*In my community, it's still common for the man to work and the woman to stay at home.*"
> Adult participant, Italy

Romanian participants highlighted stark differences between urban and rural contexts, as well as the role of education in shaping expectations around care. Several noted that girls are socialised early to observe and anticipate household needs, while boys require explicit teaching.

Religion

In **Romania**, **Spain**, and parts of **Italy**, religious narratives were described as reinforcing motherhood as a woman's primary role, often framing sacrifice and caregiving as moral obligations for women. Participants did not necessarily reject religion itself, but criticised how religious norms are mobilised to justify unequal divisions of labour.

Institutions

Institutions - particularly education systems and workplaces - were widely seen as reproducing rather than challenging stereotypes. Parents across countries reported that schools often assign organisational or caregiving tasks disproportionately to girls.

A structural factor that influences caregiving norms and gender roles across countries is the design of maternity, paternity, and parental leave policies. At the EU level, legislation sets a minimum of 14 weeks of maternity leave with at least two weeks compulsory, and at least two weeks of paternity leave for fathers or second parents. However, national implementations differ widely in duration and the extent to which leave is available to both parents. In several Member States, maternity leave can extend well beyond the EU minimum, reflecting stronger social protection - for example, in Spain paternity leave has been extended to 16 weeks, among the longest in the Union. By contrast, other countries offer the statutory minimum or moderately higher periods of paternity leave, and parental leave entitlements (which can be taken after birth by either parent) vary in length and compensation.

In several focus groups, participants noted that these policy differences shape how families organise care: longer and better-compensated leave available to both parents is associated with greater uptake by fathers and more equitable early caregiving roles, whereas minimal and non-transferable paternity leave tends to reinforce traditional divisions in which mothers shoulder the bulk of child-rearing responsibilities. While participants referred to different national contexts, a common perception emerged across countries: when parental leave is unequal, mothers consistently receive substantially more time than fathers, shaping expectations for both parents and employers.

Media

Participants across all countries emphasised the powerful role of media. In **Lithuania**, youth participants noted the double-edged nature of social media:

> "*Social media is both friend and enemy. It gives us power to challenge stereotypes but also spreads old ones faster.*" - Youth participant, Lithuania

The resurgence of highly traditional online narratives - such as idealised domestic femininity or hyper-masculine success models - was seen as undermining progress, particularly among adolescents and young adults.

1.3. Mental Load and Invisible Labor

Beyond visible tasks, participants repeatedly returned to the issue of mental load: the invisible, continuous effort of planning, remembering, anticipating, and emotionally regulating family life. All the logistical effort that keeps households functioning - often unnoticed and unremunerated. From remembering doctor's appointments to managing emotional climate at home, women reported carrying a "second shift" after paid work.

> *"It's not just about who does the tasks, but who's constantly thinking about what needs to be done."* - Parent, Romania (Local FG)

The **mental load** affects well-being, relationships, and productivity. Participants described exhaustion, guilt, and the feeling of never doing enough. In several focus groups, fathers admitted struggling to define their caregiving role beyond "helping their wives." Professionals noted that even when men want to be involved, social messages and institutional attitudes often marginalise them.

> *"Care isn't just about who does what at home, but who feels responsible for everything."*
> Adult participant, Italy

As one facilitator in France observed,

> *"Men who really want to be involved have difficulties defining their own role, not as a wife's assistant but as a real parent."* - Facilitator, France

This dynamic was identified as emotionally costly for women and limiting for men, reinforcing dependency and frustration rather than partnership.

1.4. Intersectionality in Care (Class, Ethnicity, Migration, LGBTQ+, Rural Contexts)

Care is not experienced equally. The intersection of gender with **class, ethnicity, disability, migration status, or sexual orientation** shapes how people live and perceive care roles.

- **Economic and Rural Inequalities:** Participants from rural Romania and southern Italy pointed to limited childcare services and lower wages, which push women out of the workforce. Grandparents often become primary caregivers, while children in low-income families sometimes assume care duties for siblings.
- **Migration and Language Barriers:** In The Hague, multilingual participants described how language barriers limit access to services and information. Immigrant mothers often face isolation and economic precarity.
- **Disability:** Mothers with disabilities shared experiences of institutional bias, including being questioned about their ability to parent. Their testimonies underscored the need to design inclusive, accessible caregiving systems.
- **LGBTQ+ Families:** Same-sex parents highlighted social and legal barriers: only one parent is often recognised as "the real one," despite equal caregiving roles.

"If care is reframed as a shared responsibility belonging to all genders, society could begin to dismantle the historical association between womanhood and domesticity." - Participant, Italy (Online FG for Professionals)

This intersectional lens reminds practitioners that gender equality cannot be achieved without considering diversity and structural inequalities.

1.5. Real Stories, Real Struggles: Voices from Across Europe

The strength of the V.O.I.C.E. project lies in its people. Each focus group opened a window into everyday life, revealing both shared patterns and unique cultural nuances.

- **Children (France, Spain, Italy):** Already aware of stereotypes, children associated caregiving mainly with mothers. Many girls voiced frustration at being told what they "should" like, while boys hesitated to cross gender lines. Yet, playful and reflective activities showed their capacity for empathy and change.

  "My daughter observed what needs to be done; my boy didn't. He had to be taught." - Parent, Romania

- **Teenagers and Young Adults:** Participants recognised progress but also backlash. Some expressed optimism about gender equality, others frustration about unequal recognition in sports, careers, and family life.

  "Care isn't something you're born knowing - it's something we should all learn together." - Youth participant, Spain

- **Parents and Professionals:** Across countries, parents described burnout, guilt, and the struggle for balance. Professionals called for better training and institutional reform to make workplaces, schools, and social systems more gender-responsive.

Together, these voices reveal a shared European reality: **care is central to social life, yet its value and distribution remain deeply unequal**. Addressing this gap requires cultural change, institutional reform, and spaces where people of all genders can rethink care together.

2. The VOICE Approach

The V.O.I.C.E. methodology is more than a set of activities. It is a way of working that connects awareness with action, reflection with participation, and individuals with their communities. It provides a shared language for partners, educators, and facilitators across Europe to talk about gender equality, caregiving, and change.

This chapter outlines the values, principles, and practical logic that underpin all project activities. It explains how the methodology is applied across contexts and how it supports participants of all ages to move from understanding to empowerment..

2.1. Values: Vision, Opportunity, Inclusion, Community, Equality

The name *V.O.I.C.E.* captures the five key values guiding every part of the project:

- **Vision** - seeing beyond current realities to imagine fairer, more balanced societies where care is shared.
- **Opportunity** - creating pathways for everyone, regardless of gender, background, or status, to engage in care and decision-making.
- **Inclusion** - ensuring that no one is left out or silenced, and that diversity of experience enriches collective learning.
- **Community** - strengthening the connections between families, schools, workplaces, and neighbourhoods as spaces of equality.
- **Equality** - recognising that fairness is not sameness, and that true equality means valuing all forms of contribution, visible and invisible.

Across focus groups, these values came to life in stories and reflections. Participants repeatedly linked equality to freedom of choice, to being able to share care without judgment, and to seeing value in everyone's role.

> *"Care shouldn't depend on gender. Everyone should be able to do it, and everyone should feel proud of it."* - Participant reflection, Online Focus Group

2.2. Methodological Principles: Participatory, Reflective, Inclusive

The V.O.I.C.E. approach is built around three methodological pillars: participation, reflection, and inclusion. Each principle translates into practical guidance for facilitators and educators.

Participatory

Change begins when people are invited to take part in it. All activities under the V.O.I.C.E. model are designed to involve participants as active contributors rather than passive recipients.

- **Learning through doing:** Workshops use games, creative expression, and dialogue to make abstract issues tangible.
- **Shared ownership:** Participants help shape discussions and activities, often co-creating outcomes or tools.
- **Empowerment:** The facilitator's role is to guide, not to teach. Each session values the knowledge and experiences participants bring.

In the words of one youth participant from France: ***"We learn best when we speak for ourselves, not when someone tells us what's right."***

Reflective

Reflection connects personal experience to social understanding. Facilitators encourage participants to look at their own lives, values, and emotions and to question what they take for granted.

- **Safe spaces for dialogue:** Sessions create trust and respect, allowing difficult conversations about stereotypes, guilt, or privilege.
- **Storytelling and empathy:** Sharing experiences helps people recognise common struggles and different perspectives.
- **Time to think:** Activities include moments for silence, journaling, or art, so participants can process before reacting.

As one adult participant from the online focus groups summarised, *"I never realised how automatic my thoughts were until I had to explain them to others."*

Inclusive

Inclusion means recognising that people start from different places. The methodology ensures that all participants can engage, regardless of their abilities, background, or comfort level.

- **Universal design:** Activities are adaptable to diverse groups, including migrants, LGBTQ+ participants, and people with disabilities.
- **Non-judgmental communication:** Language, images, and examples are chosen carefully to avoid reinforcing stereotypes.
- **Multiple ways to participate:** Visual, verbal, and physical expressions are all valid. Some participants may speak, others draw or move.

"When everyone feels seen, they also start seeing others differently." - adult participant in France focus group

2.3. Age-Appropriate and Context-Sensitive Design

The V.O.I.C.E. methodology recognises that gender roles are learned from early childhood and reinforced throughout life. For this reason, its activities are adapted to different **age groups** and **local realities**.

- **Children (6-12 years)** explore fairness and empathy through play, imagination, and storytelling. Games like *If I Were…* or *A Day in My Life* help them connect everyday tasks to ideas of equality.
- **Adolescents and youth (13-18 years)** work through discussion, media analysis, and creative expression. They are encouraged to challenge stereotypes and express personal opinions in safe, peer-led environments.
- **Young adults (18-25 years)** engage in deeper reflection about work, family, and relationships, often using dialogue circles, debates, or social media-based formats.
- **Parents and caregivers** participate in sessions focused on emotional load, expectations, and shared responsibility within families.
- **Professionals** (teachers, social workers, NGO staff) are trained to apply inclusive facilitation techniques and integrate gender awareness into their daily work.

Every country adapts the approach to its context. What works in an urban school in Madrid may differ from a rural community centre in Romania or a migrant neighbourhood in The Hague. The key is flexibility: facilitators are encouraged to localise content, examples, and language, while keeping the same core principles of equality, empathy, and shared reflection.

"We realised we don't need the same tools everywhere, but we need the same respect everywhere." - participant in Italy local focus group

2.4. Role of Partners and Stakeholders

The V.O.I.C.E. partnership brings together organisations with expertise in education, community work, human rights, and social inclusion. Each partner contributed unique perspectives and practices:

- **Community and Bellidée (France)** led work on social cohesion, family learning, and gender-sensitive facilitation.
- **Arci Solidarietà and APS European Campus (Italy)** brought experience in youth education, family support, and policy advocacy.
- **ASUR - Asociația Secular-Umanistă din România (Romania)** integrated science-based education, human rights, and critical thinking.
- **AY Institute (Lithuania)** integrated inclusion practices from rural and migrant contexts.
- **CCIS (Spain)** focused on engagement of children, teens, and parents through educational and business networks.
- **CESIE ETS (Italy)** provided pedagogical expertise and gender education for youth.
- **De Mussen (Netherlands)** contributed community-based learning models rooted in diversity and peer support.
- **VIF (France)** connected gender equality to health and physical activity.

Beyond the consortium, local institutions, municipalities, schools, and parent associations played an essential role by hosting activities and providing real-life feedback. These collaborations ensured that the methodology grew out of practice, not theory.

2.5. From Awareness to Empowerment: Theory of Change

The V.O.I.C.E. Theory of Change describes how participants move from awareness to action through a progressive learning process.

1. **Understanding** - Participants recognise how gender roles and care expectations shape their lives.
2. **Reflection** - They explore emotions, biases, and the impact of social norms.
3. **Dialogue** - Through group discussion, they see how personal experiences connect to broader social structures.
4. **Reframing** - Together, they imagine alternative narratives of care and equality.
5. **Action** - They identify steps for change, from personal habits to collective initiatives.

This cycle can unfold over a single session or over time, depending on context. What matters most is that each step is participatory, emotionally safe, and open-ended. Facilitators act as guides who hold space for discovery, not as experts with ready answers. The ultimate goal is empowerment: helping participants realise that equality begins with everyday actions and shared responsibility.

> *"We can't change everything at once, but we can start with how we speak, how we share, and how we care."* - Participant reflection, online focus groups

3. Working with Target Groups

The V.O.I.C.E. methodology was designed to reach people of different ages, backgrounds, and experiences, recognising that ideas about gender and care evolve throughout life. Each target group requires a tailored approach, language, and set of tools. This chapter offers practical guidance, grounded in field evidence, for working with five key groups: **children, adolescents and youth, young adults, parents and caregivers, and professionals**.

3.1. Children (6-12 years old)

3.1.1. Goals and Challenges

Early childhood is a decisive moment in shaping perceptions of equality. Children observe how adults behave and internalise what is "for boys" and what is "for girls." Across all countries, focus groups revealed that children already associate caregiving, tidiness, and emotional expression with mothers, while fathers are perceived as helpers or providers.

> *"At home, my mom does all the housework, but I think my dad should help more."* - Young FG participant, Italy
>
> *"Pink is for girls, blue is for boys."* - Young FG participant, France

Children are capable of empathy and fairness, but these values must be nurtured through guided play, positive role models, and inclusive learning. Main challenges identified by educators and facilitators include:

- Persistent stereotypes in toys, stories, and classroom interactions.
- Lack of male caregiving role models.
- Children's limited exposure to diverse family structures.
- Teachers' hesitation to address gender topics early.

3.1.2. Sample Activities and Tools (a lot of visuals)

Activities for children should be **play-based, visual, and collaborative**, encouraging curiosity and empathy.

- **"If I Were…" -** Children imagine themselves as objects, animals, or people ("If I were a toy, I'd be…") to explore identity and difference. Follow-up discussion helps challenge the idea that some choices are "only for girls" or "only for boys."
- **"A Day in My Life" -** Children describe or draw who does what at home. Facilitators gently question why certain tasks are assigned to specific family members, leading to reflection on fairness.
- **Four Corners Game -** The facilitator reads statements like "Only moms should cook dinner" or "Boys can't cry." Children move to corners labelled *Agree*, *Disagree*, *Not sure*, and explain their reasoning. This method invites reflection without judgment.
- **Story Circles -** Reading or creating stories about shared caregiving helps children identify positive examples and think critically about characters' roles.

3.1.3. Facilitator Tips

- Use concrete examples instead of abstract ideas.
- Model equality: show images and stories of both men and women caring, leading, and collaborating.
- Keep language simple but meaningful.
- Celebrate participation and kindness, not just correct answers.
- Use art, drawing, or movement for children who express themselves non-verbally.

3.1.4 Red Flags in Children's Responses

When discussing family roles and care, children may reveal concerning situations that require professional attention. Facilitators must recognise the warning signs and respond appropriately.

Warning Signs to Monitor:

- Violence normalisation: "Dad gets very angry if mom doesn't cook right"
- Extreme caregiving burden: "I take care of my siblings every day"
- Responses based on fear: "I'll be punished if I play with dolls"
- Emotional distress: Extreme anxiety, withdrawal when discussing family
- Control / isolation: "Mom isn't allowed to see her friends"

What to do:

1. Stay calm, listen without leading questions
2. Document exactly what the child said (use their words)
3. Follow your organisation's safeguarding protocol immediately
4. Report to safeguarding lead and/or authorities
5. Do NOT investigate yourself or contact parents without guidance

3.1.5 Involving Parents in Children's Sessions

Parents are essential partners in children's learning about gender equality. Their involvement reinforces positive messages at home, or undermines them. Effective parent engagement makes the difference between lasting change and resistance.

Before Sessions: Build Trust

- Send clear information explaining topics, goals, and age-appropriate approach
- Host optional parent orientation (informal, not lectures)

- Be transparent: "We're helping children think critically, not telling families what to do"
- Emphasize fairness, opportunity, and respect for diverse families

During & After: Keep Parents Informed

- Share brief updates with session highlights
- Provide "what we learned today" take-home sheets
- Offer simple home activities ("Interview a family member about their favorite task")
- Focus on what children gained: "Your child developed empathy and critical thinking"

Handling Common Objections:

"You're confusing children about gender" → "We're discussing gender roles (social expectations), not gender identity. Activities show that everyone can be caring and strong."

"Our religion/culture has different beliefs" → "We respect your traditions. This helps children understand that different families make different choices. Many faith communities embrace these goals. Would you like to observe a session?"

"This is pushing an agenda" → "We focus on helping ALL children - boys and girls - reach their full potential. When children can explore their interests and talents freely, everyone benefits. We're not telling families what to do or how to live."

3.2. Adolescents and Youth (13-18 years old)

3.2.1. Exploring Identity and Stereotypes

Teenagers are at a stage where gender identity and social belonging become central. They test boundaries and form opinions based on peers, media, and family. This age group often shows a mix of awareness and resistance: many are open-minded but still influenced by cultural norms and online trends.

“Social media helps us talk about equality, but it also spreads old stereotypes faster.” (Lithuania)

“Some boys think girls can’t play football, and some girls think boys can’t cry.” (Spain)

Adolescents often express frustration at seeing equality promoted in theory but not practised in daily life.

Discussions about fairness, relationships, and aspirations can be powerful starting points, especially when connected to real-life examples.

3.2.2. Activities for Schools and Youth Groups

Activities for teens should combine **critical thinking, creativity, and peer discussion**.

- **“Stereotype Busters” Quiz:** A set of provocative statements (e.g. “Girls are naturally better at taking care of others”) invites students to agree or disagree and explain why. Facilitators guide debate and highlight how beliefs are shaped.
- **“Media Detective”:** Students analyse social media posts, advertisements, or music videos to uncover hidden gender messages and discuss their impact.
- **“What Would You Do?” Scenarios:** Present short stories about unfair treatment or peer pressure, asking students how they would respond.
- **Traffic Light Game**: Students vote “green,” “yellow,” or “red” to show their level of agreement with statements such as “Men are more suitable for powerful positions.” This visual approach encourages participation and discussion.

3.2.3. Addressing Resistance or Bias

"We learn best when we speak for ourselves, not when someone tells us what's right."
- Young FG participant, France

Facilitators must be prepared for disagreement or defensiveness. Some participants may question the existence of inequality or feel personally attacked by gender discussions. Strategies include:

- Reframing conflict as curiosity ("That's an interesting point-why do you think that?").
- Using humour and examples from everyday life.
- Connecting abstract ideas to personal experiences.
- Ending each session with reflection: "What did I learn today?" rather than "Who was right?"

3.3. Young Adults (18-25 years old)

3.3.1. Work-Life Balance, Career, and Relationships (include something about mother of young age)

This group stands at the threshold of independent life. Many are entering university, work, or starting families, and must reconcile new responsibilities with inherited norms.

Focus group discussions across countries revealed that while young adults support gender equality in principle, they face strong social and economic pressures that reproduce traditional roles.

"Both partners have to work, but care still falls on women." - participant in local FG, Spain
"Freedom of choice matters. Everyone should be able to choose traditional or modern roles, as long as it's a real choice." - participant in local FG, Romania

Key topics include:

- Career expectations vs. family planning.
- The economic and emotional cost of caregiving.
- The influence of social media: the "trad wife" trend and the parallel masculinity movements (e.g. "trad husband", "manosphere", "alpha male ideology", Andrew Tate & Co influence etc).
- The need for male allies and shared responsibility.

3.3.2. Tools for Dialogue and Critical Reflection

- **Peer Learning Circles -** Small groups discuss real situations: unpaid internships, care duties, or moving out of the family home. Participants explore what equality means in practical terms.
- **Journaling or Audio Diaries -** Participants reflect on a "typical day" and where care, help, or emotional labour appears in it.
- **Mini-Workshops on Relationships -** Discussions about communication, consent, and boundaries help connect equality to everyday life and intimacy.
- **Policy Debate or Simulation -** Groups represent different stakeholders (families, employers, government) and negotiate family policy reforms. This deepens understanding of how systemic change happens.

Facilitators should balance personal reflection with social analysis, ensuring that sessions remain respectful and inclusive.

"Care isn't just about who does what at home, but who feels responsible for everything."
- Adult participant, Italy

3.4. Parents and Caregivers

3.4.1. Navigating Expectations

Parents and caregivers are often caught between evolving social norms and enduring cultural expectations. In nearly every country, mothers spoke of exhaustion, guilt, and the constant pressure to "do it all," while fathers expressed uncertainty about their role or felt excluded by institutions.

> *"He wants to help, but society still treats him like he's just helping me."* - participant in FG, France
>
> *"I want my son to learn that caring is not weakness, but love."* - participant in FG, Netherlands

Discussions with parents revealed key tensions:

- Unequal division of emotional and household labour.
- Lack of flexible work policies and affordable childcare.
- Judgement of stay-at-home fathers or career-focused mothers.
- Emotional fatigue and "mental load."

3.4.2. Peer Learning Circles and Testimonies

V.O.I.C.E. sessions for parents work best when they are conversational and empathetic. Parents value being listened to and discovering that others share similar struggles.

- **Story Circles:** Small groups share personal experiences and identify common barriers or coping strategies.
- **"A Day in My Life" Exercise:** Participants map their daily routines, marking tasks they do alone, share, or wish to share differently.
- **Men's Perspective Sessions:** Encourage fathers to discuss caregiving openly, addressing social pressure and identity.
- **Family Action Plans:** Each family identifies one small, realistic change to make together (e.g., alternating childcare tasks).

3.4.3. Addressing Burnout and Emotional Load

Facilitators should acknowledge fatigue and avoid moralising. The goal is to create solidarity, not guilt.
Useful practices include:

- Guided breathing or mindfulness moments during workshops.
- Sharing information about local support networks.
- Encouraging families to celebrate small steps toward balance.

> *"Sometimes it feels like I'm running a marathon that never ends."*
> - parent participating in local FG, Romania

3.5. Professionals (Educators, Social Workers, NGO Staff)

3.5.1. Creating Safe, Non-Judgmental Spaces

Professionals are key multipliers of the V.O.I.C.E. approach. Their challenge is to facilitate discussions on sensitive topics while ensuring participants feel respected, safe, and heard.
Many professionals reported that participants open up only when they feel seen without judgment.

"People share more when they feel there's no wrong answer."
- participant in FG, Belgium

Practical steps include:

- Setting clear ground rules for confidentiality and respect.
- Using inclusive language and examples representing all family models.
- Encouraging self-reflection without blame.

3.5.2. Tools for Institutional Change

Beyond workshops, professionals can apply the methodology within their own institutions.
Actions include:

- Reviewing internal policies for gender bias.
- Offering flexible working hours and parental leave equality.
- Integrating gender awareness into staff training and evaluation.
- Using inclusive communication materials (images, pronouns, examples).

3.5.3. Capacity-Building Workshops

Professionals benefit from training that blends theory and practice:

- **Role-Play Facilitation:** Practice responding to challenging remarks or emotional moments.
- **Equity Lens Checklist:** Use a simple tool to verify that each activity reflects diversity and accessibility.
- **Collaborative Reflection:** After every session, facilitators meet to discuss what worked and what can improve.

"When we stop teaching and start listening, people begin to think differently."
- youth professional, participant in FG, France

4. Educational and Reflective Tools

This chapter presents the practical core of the V.O.I.C.E. methodology: tools and techniques that help facilitators turn dialogue into learning, awareness into action, and reflection into change. All tools can be adapted to different ages, group sizes, and cultural contexts. More tools like this can be found in the V.O.I.C.E. Toolkit.

4.1. Activity Design Framework

Every activity in the V.O.I.C.E. model follows a simple design logic. It ensures consistency across contexts while leaving space for creativity and localisation.

1. Objective - What is the main goal of the activity? (e.g., challenge stereotypes, explore emotional load, build empathy).
2. Group & Duration - Who is it for, and how long will it take?

3. Materials - Keep it simple: paper, pens, cards, visuals, or common objects.
4. Process - Step-by-step facilitation flow, from warm-up to reflection.
5. Reflection Questions - Help participants connect experience to meaning.
6. Follow-Up - How to apply insights in daily life or other sessions.

> *"We realised that a simple game can open deeper conversations than a long lecture."*
> - youth professional, France

4.2. Tool Examples from the Field

Below are sample tools used successfully during the project. Each reflects the participatory, reflective, and inclusive spirit of the methodology.

4.2.1 "If I Were…" (for children)

- ***Goal:*** *Encourage self-expression and challenge gender norms.*
- ***Group:*** *Children (6-10 years)*
- ***How it works:*** *Children complete sentences such as "If I were a toy…" or "If I were a job…" and draw or describe their answers. Facilitators guide a conversation about why they chose what they did and whether any answers are considered "only for girls or boys."*
- ***Reflection:*** *What makes something feel gendered? How can we make choices more open?*

> *"I chose to be a superhero who cooks dinner."* - participant in local FG, Spain

4.2.2 "Stereotype Busters" (quiz or visual game)

- ***Goal:*** *Expose and rethink stereotypes.*
- ***Group:*** *Teens or mixed groups (12+)*
- ***How it works:*** *Participants see short statements like "Boys don't cry" or "Girls are better at multitasking." They stand, vote, or move to corners of the room to indicate if they agree, disagree, or are unsure.*
- ***Reflection:*** *Which statements surprised you? Where do these ideas come from?*

4.2.3 "A Day in My Life" (journaling and empathy building)

- ***Goal:*** *Understand invisible labour and caregiving roles.*
- ***Group:*** *Adults or families.*
- ***How it works:*** *Participants map a typical weekday, noting who does each household task. They use colours to mark tasks they do alone, share, or wish to share differently.*
- ***Reflection:*** *What could change if care was divided equally?*

4.2.4 "Story Circles and Dialogues"

- ***Goal:*** *Promote empathy and connection.*
- ***Group:*** *Any age (small groups).*
- ***How it works:*** *Participants share a short story or personal experience on a theme such as "a time I felt supported" or "a moment I challenged a stereotype." Others listen silently. After all stories are shared, the group reflects on common patterns.*

- ***Reflection:*** *What connects our experiences? What gives us hope?*

4.2.5 "Policy Simulation and Debate Games"

- ***Goal:*** *Explore systemic change and collective responsibility.*
- ***Group:*** *Young adults and professionals.*
- ***How it works:*** *Participants play roles (parents, teachers, employers, policymakers) and debate how to design a fair parental leave system.*
- ***Reflection:*** *What compromises are needed for equality to work in practice?*

4.3. Adapting Activities to Local Realities

V.O.I.C.E. activities can be used in classrooms, youth centres, NGOs, or municipalities. Adaptation is not only allowed but encouraged. Tips for localisation:

- Use **local examples** and media references.
- Translate materials into simple, accessible language.
- Adjust timing for group energy and cultural norms.
- Replace text-heavy tools with **visuals** for children or multilingual groups.
- Test and adjust: what works in Palermo may differ in Bucharest or The Hague.

> *"We changed the story characters to reflect our community, and suddenly everyone saw themselves in it."* - professional, Netherlands

4.4. Inclusive Language and Imagery Guide

Language shapes thought. Using inclusive, respectful words makes all participants feel seen.
Key principles:

- Avoid gendered assumptions ("mothers" → "parents" or "caregivers").
- Represent diversity in examples and images (gender, ethnicity, disability, family type).
- Encourage the use of neutral pronouns where appropriate.
- Refrain from judging language; guide and model alternatives gently.
- Use visuals showing both men and women as caregivers, and children of all backgrounds playing and learning together.

> *"When people recognise themselves in the materials, they start listening more openly."*
> - professional, Italy

5. Implementation Guidelines

This chapter offers practical advice for planning, organising, and delivering sessions that are effective, safe, and inclusive. Facilitators, teachers, and organisations can use it as a roadmap for implementation.

5.1. Designing Your Intervention

1. **Define your goal** - What change do you want to see (awareness, skills, policy)?
2. **Identify your audience** - Age, background, familiarity with the topic.
3. **Select the right tools** - Choose or adapt activities from Chapter 4.
4. **Plan timing and flow** - Combine energisers, main activities, and reflection.
5. **Prepare materials** - Keep it low-cost and flexible.
6. **Set clear ground rules** - Respect, confidentiality, participation, and no judgment.

Always start small: one well-facilitated session can have more impact than an overloaded programme.

> *"We started with one conversation and it grew into a community project."* - professional, France

5.2. Engaging Diverse Communities

To reach people meaningfully, facilitators must go where the community already is - schools, parent meetings, youth clubs, or local centres. Building trust takes time and empathy. **Tips for engagement:**

- Collaborate with **local mediators** or community leaders.
- Use **existing events** (sports days, festivals) to introduce short activities.
- Offer sessions in **accessible formats** (language, schedule, space).
- Acknowledge and celebrate diversity rather than treating it as a challenge.
- Follow up with participants to maintain continuity.

> *"People join when they feel it's about their real lives, not a theory."* - professional, Spain

5.3. Collaborating with Local Institutions

Sustainable change happens when multiple actors work together. Schools, municipalities, NGOs, and businesses each have a role to play in creating equitable care environments.
Examples of effective partnerships:

- **Schools and NGOs**: integrating gender equality workshops into regular curricula.
- **City halls**: co-hosting community dialogues on shared caregiving.
- **Employers**: offering flexible schedules and visibility for fathers taking parental leave.
- **Healthcare professionals**: including fathers in prenatal and postnatal care.

Formal agreements, such as local memoranda of understanding, can help secure support and continuity.

> *"When schools, families, and city halls work together, change feels real."* - professional, Italy

5.4. Working Across Generations

Gender norms pass from one generation to the next. Creating intergenerational spaces helps expose and transform these patterns.
Ideas for intergenerational workshops:

- "Then and Now" storytelling sessions comparing care roles over time.
- Family-based projects where parents and children co-create posters or photo stories on equality.
- Community exhibitions showing "A Day in Our Lives" from different generations.

"My grandmother and my daughter laughed seeing how similar their days looked."
- parent and youth professional, participant in FG, Romania

5.5. Monitoring and Navigating Sensitive Topics

Discussions about gender, religion, or family roles can trigger strong emotions. Facilitators must handle them with care.

Do:

- Create safety and confidentiality.
- Listen more than you speak.
- Validate feelings before challenging ideas.
- Use neutral language and avoid generalisations.
- Offer breaks or grounding activities when needed.

Avoid:

- Confrontation or debate as competition.
- Making participants feel judged or labelled.
- Overloading sessions with statistics without human connection.

"It's easier to change minds when people feel respected, not corrected."
- participant in online FG, Belgium

5.6. Working in Hostile Environments

Not all the communities welcome discussions about gender equality and shared care. Conservative values, religious beliefs, or institutional barriers can create significant resistance. In some contexts, the term "gender equality" itself is seen as intrusive or dismissed as "Western propaganda". Strategic adaptation is therefore essential: facilitators must communicate through universal values and language that resonates locally, without compromising core principles. This section provides strategies for working effectively where opposition is anticipated or encountered.

Do:

- **Adapt language, not values.** Examples: Instead of "gender equality", use "opportunities for all children"; Instead of "challenge stereotypes", use "help children discover their talents"; Instead of "break traditional roles" use "expand choices for everyone"; Instead of "women's empowerment", use "family's well-being and prosperity".
- **Start small, build trust:** Begin with less controversial topics (fairness, helping others, respect). Focus on universal values (child well-being, opportunity). Accept incremental change.

- **Find local allies:** Identify respected voices who support equality (teachers, progressive parents, community leaders). Engage male champions (fathers, grandfathers) Partner with trusted organisations already working locally.
- **Emphasize freedom of choice, not imposed roles:** Frame your work as expanding options, not as "breaking traditions". Make it clear that families choose what works for them, whether traditional, modern, or hybrid arrangements. The goal is informed choice, not pressure to conform to any single model. Focus on removing barriers to choice (economic, social, legal) rather than prescribing specific outcomes. Respect that equality looks different across families and cultures.

Avoid:

- **Using confrontational or imported language.** Don't lead with terms like "patriarchy," "feminist," "gender ideology," or academic jargon that triggers defensiveness. Avoid framing the work as correcting or fixing "backward" communities.
- **Dismissing or belittling local values.** Don't position equality as incompatible with tradition, religion, or cultural identity. Avoid "us vs. them" framing (modern vs. traditional, progressive vs. conservative, Western vs. local).
- **Lecture or blame.** Don't position yourself as the expert teaching "ignorant" people. Avoid making participants feel judged, attacked, or shamed for their current beliefs.

5.7. Male engagement strategies

Achieving gender equality in care is not possible without the active involvement of men. Yet across countries and contexts, men are often underrepresented in gender equality initiatives related to caregiving. This absence is not due to lack of interest alone, but to a combination of cultural expectations, institutional barriers, and emotional discomfort. Engaging men as partners in change therefore requires intentional, thoughtful strategies that build trust rather than resistance.

Why Male Engagement Matters

When men are not involved:

- caregiving continues to be framed as a “women’s issue”;
- boys lack visible caregiving role models;
- women remain overburdened with emotional and organisational labour;
- institutions (schools, workplaces, services) adapt slowly or not at all.

Conversely, when men are meaningfully engaged, care becomes more visible, shared, and socially valued.

Common Barriers Identified in the V.O.I.C.E. Project

Focus groups and implementation experiences highlighted several recurring barriers to male participation:

- **Cultural and social norms:** Care work is often seen as incompatible with dominant models of masculinity. Men who engage in care may fear ridicule or loss of status.
- **Psychological barriers:** Many men expressed uncertainty about their role in caregiving and lacked language to talk about emotions, vulnerability, or mental load.
- **Structural barriers:** Invitations and communications are frequently addressed implicitly or explicitly to mothers, reinforcing the idea that caregiving spaces are not meant for men.

- **Fear of judgement:** Men may avoid gender equality spaces if they expect to be blamed, corrected, or positioned as “the problem.”

What Works in Practice: Lessons from the Field

Across V.O.I.C.E. activities, male engagement proved most effective when grounded in **trust, peer connection, and emotional safety**.

- **Peer-to-peer approaches:** Men were more likely to participate when invited by other men - fathers, educators, coaches, or respected community figures - rather than through generic calls. Seeing peers openly reflect on care helped normalise involvement and reduced defensiveness.
- **Role models over rhetoric:** Positive male role models, whether from the local community or familiar public figures, were more effective than abstract messages about equality. Men responded better to examples that framed care as competence, responsibility, and relational strength.
- **Safe, non-judgmental spaces:** Creating spaces where men could speak openly about care, fatigue, fear, or uncertainty - without being corrected or compared - was essential. In these settings, men were more willing to reflect on their own upbringing, internalised norms, and current practices.
- **Starting from lived experience:** Sessions that began with everyday realities (“a typical day,” “what stresses me most at home”) were more engaging than those starting from theory or norms. This allowed men to recognise inequality themselves, rather than being told it exists.

Practical Strategies for Facilitators and Organisations

Do:

- **Invite explicitly and repeatedly:** Address communications to "parents and caregivers" (not just "mothers"). Personal invitations from facilitators or other fathers. Emphasize: "We need fathers' perspectives" and "Dads wanted!". Focus on benefits for children and fathers, not guilt;
- **Frame care as strength, not weakness.** Challenge narrow masculinity and its costs (emotional suppression, isolation). Connect caregiving to leadership and responsibility. Use positive male role models from media and community;
- **Build partnerships and find allies.** Collaborate with male-focused orgs (men against violence networks, fatherhood programs, positive masculinity programs). Partner with sports clubs, faith groups, or workplace networks as entry points. Engage male community leaders (fathers, grandfathers, coaches);

Avoid:

- **Centering men in women's work:** Men are partners, not the main focus. Don't let them dominate the discussions.
- **Don't praise excessively for basic tasks** ("hero dad syndrome"). Fathers shouldn't get applause for what mothers do routinely. Normalize, don't celebrate basic caregiving.
- **Don't blame or lecture.** Men will disengage if they feel attacked. Avoid "you're the problem" framing.

The goal of male engagement in the V.O.I.C.E. methodology is not to shift attention away from women’s experiences, but to expand responsibility and ownership. Men are not invited as guests in caregiving conversations, but as equal stakeholders. When men are engaged through trust, peer learning, and safe dialogue, they are more likely to move from passive agreement to active participation - and from individual change to collective impact.

6. Evaluation and Feedback

This chapter explains how to check if the activities work and how to improve them based on feedback. Evaluation in the V.O.I.C.E. methodology is not a separate step but an ongoing process. It helps facilitators and organisations understand what participants learn, how attitudes shift, and how methods can be improved.

6.1. Learning Outcomes and Impact Indicators

Learning outcomes are expressed in simple, human terms rather than technical metrics.
After participating in a V.O.I.C.E. session, individuals should:

- Recognise stereotypes and question them.
- Express empathy and respect for different experiences.
- Value caregiving as a shared responsibility.
- Show willingness to act for equality at home or in the community.

Possible indicators of impact include:

- Increased participation in discussions.
- Positive shifts in language use.
- Self-initiated follow-up actions (school campaigns, family changes).
- Feedback from participants and partners.

> *“After the session, my students started noticing gender bias in our schoolbooks.”*
> - professional from Lithuania, reporting after the focus groups

6.2. Pre/Post-Activity Tools

Simple reflection tools can capture change without complex evaluation systems. Examples:

- **Before/After Cards:** Ask participants to write or draw what caregiving means to them before and after the session.
- **Emoji Scale:** For children or multilingual groups, use faces or colours to show feelings about fairness or equality.
- **Word Clouds:** Collect one word from each participant at the beginning and end of the workshop.
- **Quick Polls:** Use stickers or show-of-hands to gauge shifts in opinion.

> *“At the end, everyone saw they had moved a little - even those who disagreed at first.”*
> - professional participant from Spain

6.3. Participatory Feedback Methods

Feedback should mirror the project’s participatory spirit. Encourage participants to reflect together rather than fill out anonymous forms.
Options include:

- **Talking Circles:** Each person shares one insight or question.
- **Post-it Reflection Wall:** Participants leave thoughts or drawings anonymously.
- **Feedback Collage:** Use images or words to create a collective summary of the session.
- **Voice or Video Messages:** Participants record short reflections, allowing emotional depth and authenticity.

"Hearing myself speak about it made me realise how much I've changed."
- participant in local focus group, France

6.4. What We Learned (Partner Reflections and Iterations)

Throughout the V.O.I.C.E. project, partners continuously reflected on what worked and what needed adaptation. Several common lessons emerged:

- **Local context matters:** Cultural sensitivity determines success. Activities must reflect community realities.
- **Flexibility is essential:** The same activity can have very different outcomes depending on facilitation style.
- **Safe spaces take time:** Trust grows through consistency, not just one-off sessions.
- **Men's involvement must be intentional:** Inviting fathers, male teachers, and community leaders strengthens impact.
- **Youth creativity is a driver of change:** Campaign ideas, videos, and discussions led by young participants created strong ripple effects.

"We didn't expect such honesty from participants. Once they felt safe, they said everything that needed to be said." - professional reporting on local activities, Romania

6.5 Comparative Insights from Focus Groups

6.5.1 Local Focus Groups – Cross-Country Comparison

Across the **38 local focus groups** conducted **in 6 countries**, involving **more than 400 participants**, several patterns emerged alongside important contextual differences between countries and communities.

Needs: Participants consistently expressed the need for more practical support structures around caregiving, including accessible childcare services, flexible work arrangements, and community-based support. In some countries, these needs were particularly acute in rural or economically disadvantaged areas, while in others, participants emphasised institutional gaps rather than absence of services.
Expectations: Expectations around gender roles in care remain strongly influenced by cultural norms. In many rural areas and in small cities, caregiving is still widely perceived as a primary responsibility of women, while in urban contexts, there is a growing expectation of shared responsibility, especially among younger participants.
Taboos: Several topics emerged as sensitive or difficult to discuss openly, including men's emotional vulnerability, unequal division of labour within families, and the pressure on mothers to "cope" without complaint. In more conservative contexts, discussing redistribution of care roles was sometimes perceived as a challenge to tradition or family stability.

Awareness of Gender Stereotypes: Awareness levels varied significantly. In France, participants—especially youth—demonstrated higher awareness and critical thinking regarding stereotypes. In contrast, in Romanian contexts, stereotypes were more often normalised or internalised, particularly among older generations.
Perception of Gender Roles: Across all countries, the perception of women as "default caregivers" remained dominant, although the degree of acceptance differed. While some participants viewed this as natural or inevitable, others explicitly questioned and challenged it. A generational divide was evident: younger participants were more likely to advocate for equality, while older participants often referred to tradition or practicality.

Overall, local focus groups highlighted that while the gender-care gap is a shared European issue, its manifestations are shaped by local socio-economic conditions, cultural norms, and institutional frameworks.

6.5.2 European Online Focus Groups (T2.2) – Cross-Country Comparison

The **7 European online focus groups** brought together **over 120 participants** from more than 10 countries, creating a space for transnational dialogue and comparison. Unlike local groups, these discussions revealed stronger convergence in perspectives, particularly among professionals and engaged participants.

Needs: Participants emphasised the need for systemic change at European and national levels, including equal parental leave policies, workplace reforms, and recognition of unpaid care work. There was a clear shift from individual-level needs (seen in local FGs) to structural and policy-level expectations.
Expectations: Across countries, participants expressed a shared expectation that caregiving should be recognised as a collective societal responsibility. There was strong support for the idea that both men and women should be equally involved, although participants acknowledged that current systems do not fully support this ideal.
Taboos: While the online format allowed for more openness, certain taboos persisted, particularly around masculinity and men's roles in care. Participants noted that men often lack safe spaces to discuss caregiving, emotional labour, or identity without fear of judgment.
Awareness of Gender Stereotypes: Awareness was generally higher compared to local focus groups, especially among professionals and participants already engaged in social or educational work. Participants demonstrated the ability to critically analyse stereotypes and link them to broader systemic issues such as media representation, policy gaps, and labour market inequalities.
Perception of Gender Roles: A more critical and reflective perspective on gender roles emerged at the European level. Participants consistently described traditional roles as socially constructed rather than natural, and emphasised the need to actively redefine them. However, they also highlighted the gap between attitudes and practice, noting that even in more progressive contexts, women continue to carry the majority of mental load and coordination responsibilities.

In summary, European online focus groups provided a space for aligning perspectives across countries, revealing a shared understanding of the problem and stronger orientation toward systemic solutions, while local focus groups offered deeper insight into how these issues are lived and negotiated in everyday contexts.

7. Annexes

Annex 1. Sample Workshop Templates

Purpose: Provide facilitators with ready-to-use session structures aligned with the V.O.I.C.E. methodology, adaptable across countries and age groups.

Template A: Introductory Workshop on Gender and Care (90 minutes)

Target group: Adolescents (13–18) / mixed groups

Objectives:

- Increase awareness of gendered care expectations
- Encourage reflection on stereotypes
- Create a safe space for dialogue

Structure:

1. Welcome & Ground Rules (10 min)
2. Icebreaker: “A Day in My Life” (15 min)
3. Core Activity: Stereotype Busters (25 min)
4. Reflection Circle (20 min)
5. Closing & Take-Home Question (10 min)

Key facilitation tips:

- Start from lived experience, not theory
- Avoid “right/wrong” answers
- Encourage peer exchange

Template B: Parents & Caregivers Peer Learning Session (90 minutes)

Target group: Parents, caregivers, mixed-gender

Objectives:

- Make invisible labour visible
- Reduce guilt and defensiveness
- Promote small, realistic changes

Core activity: “A Day in My Life” mapping

Outcome: Each family identifies one shared action to try at home

Template C: Male Engagement Session (60–90 minutes)

Target group: Fathers, male caregivers, mixed groups

Objectives:

- Normalise men’s involvement in care
- Create a non-judgmental space
- Encourage reflection on masculinity and care

Key elements:

- Peer-to-peer invitation
- Story-based discussion
- Focus on benefits, not blame

Annex 2. Checklists for Inclusive Practice

A. Equity & Inclusion Checklist (for facilitators)

Before each session, ask:

- ☐ Are examples inclusive of different family models?
- ☐ Is language gender-neutral where possible?
- ☐ Are activities accessible to people with different abilities or literacy levels?
- ☐ Are men explicitly invited and welcomed?
- ☐ Are participants offered multiple ways to express themselves?

B. Safe Space Checklist

- ☐ Ground rules agreed collectively
- ☐ Confidentiality explained clearly
- ☐ No participant is pressured to share
- ☐ Emotions are acknowledged, not corrected
- ☐ Facilitator intervenes if judgment or ridicule appears

Annex 3. Male Engagement Quick Guide (Facilitator Tool)

What helps:

- Peer invitations
- Male role models
- Starting from everyday experience
- Emphasising care as competence and responsibility

What hinders:

- Blame-based language
- “Hero dad” narratives
- Over-theoretical framing
- Allowing men to dominate mixed spaces

Core principle:

Men are partners in equality, not guests and not the problem.

Annex 4. Glossary of Key Terms

- **Bias (implicit / unconscious bias) -** Automatic assumptions or attitudes that influence how we interpret people’s behaviour or roles, often without realising it. In care discussions,

implicit bias can appear as “mothers are naturally better at caregiving” or “fathers are less competent with children.”

- **Care / Caregiving -** Activities that sustain daily life, well-being, and human relationships. Care includes practical tasks (feeding, cleaning), emotional support, coordination, and responsibility for others’ needs (children, elders, people with disabilities, family members).
- **Care work (paid / unpaid) -** Care work can be:
    - **Unpaid**: domestic tasks, parenting, emotional support, community care done without remuneration.
    - **Paid**: care as a profession (teachers, nurses, social workers, childcare providers, eldercare workers).
- **Care economy -** The system of paid and unpaid care that makes other economic activity possible. When unpaid care is unequally distributed, it impacts labour markets, income, health, and social equality.
- **Care infrastructure -** Services and systems that support caregiving, such as childcare, after-school programmes, eldercare services, parental leave, flexible work arrangements, public transport, and accessible healthcare.
- **Default caregiver / default parent -** The person assumed to be responsible “by default” for organising care, responding to children’s needs, and coordinating household life — typically mothers in many contexts.
- **Domestic work / Household labour -** Physical tasks needed to maintain a household (cleaning, cooking, laundry, shopping, repairs, organising). Domestic work is often gendered and undervalued.
- **Emotional labour -** Work involved in managing emotions (one’s own and others’) to maintain relationships and household stability. This includes comforting, anticipating conflicts, remembering celebrations, smoothing tensions, and maintaining family well-being.
- **Equality vs. Equity**
    - **Equality**: everyone receives the same resources or opportunities.
    - **Equity**: resources and opportunities are adapted so people can participate fairly, recognising different starting points and barriers (e.g., migration, disability, poverty).
- **Gender (as a social concept) -** Social expectations, roles, and norms associated with being a woman, man, or non-binary person. In this methodology, “gender” refers primarily to how societies assign roles and value contributions, especially around care.
- **Gender norms -** Informal rules about what is considered “appropriate” behaviour or responsibility for different genders (e.g., “women should care,” “men should provide”).
- **Gender stereotypes -** Simplified, fixed beliefs about what women and men are “naturally” like or should do (e.g., “women are nurturing,” “men are not emotional”). Stereotypes shape expectations at home, in schools, in workplaces, and in institutions.
- **Gender-care gap -** The unequal distribution of unpaid care and domestic work between women and men, including differences in responsibility, time, mental load, and social recognition.
- **Hostile environment (for gender equality work) -** A context where gender equality, caregiving discussions, or related initiatives are perceived as threatening, political, or “imported,” and may trigger resistance from institutions, communities, or participants.

- **Intersectionality -** A lens recognising that gender roles and inequality interact with class, poverty, ethnicity, migration, rural/urban context, disability, sexual orientation, and other factors. Intersectionality helps facilitators avoid “one-size-fits-all” approaches.
- **Invisible labour -** Work that is real and time-consuming but often unnoticed by others, such as planning, organising, anticipating needs, emotional regulation, remembering schedules, and maintaining social ties.
- **Masculinity norms (traditional masculinity) -** Cultural expectations that define “being a man” in narrow ways (e.g., strong, unemotional, provider). These norms can discourage men from engaging openly in care work or emotional conversations.
- **Mental load -** The continuous cognitive labour of managing household and family life: remembering, planning, coordinating, anticipating, and monitoring what needs to happen. Mental load is often carried disproportionately by women, even when tasks are “shared.”
- **Non-judgmental facilitation -** A facilitation stance where the goal is reflection, not correction. The facilitator supports participants to explore assumptions and experiences without shame, blame, or moralising.
- **Parental leave (maternity / paternity / parental) -** Time off work related to childbirth and early caregiving:
    - **Maternity leave**: leave connected to pregnancy and childbirth (typically for mothers).
    - **Paternity leave**: leave for fathers/second parents around birth.
    - **Parental leave**: additional leave that can be taken by either parent (depending on national rules).
    - Design and uptake influence early caregiving patterns and social expectations.
- **Participation (participatory approach) -** An approach where participants are active contributors, not passive recipients. Participants shape discussions, share experiences, co-create outputs, and interpret meaning together.
- **Peer learning / peer-to-peer approach -** Learning that happens through exchange between participants with similar roles or identities (e.g., fathers learning from other fathers). Peer learning often builds trust and reduces defensiveness.
- **Power dynamics (in groups) -** How status, confidence, gender, age, education, or social position affect who speaks, who is listened to, and whose experience is treated as valid. Facilitators manage power dynamics to ensure inclusion.
- **Psychological safety -** A group climate where people feel safe to speak honestly, ask questions, express uncertainty, or share personal experience without fear of ridicule, punishment, or humiliation.
- **Role model (positive caregiving role model) -** A person who visibly demonstrates equitable caregiving behaviour and helps others see new possibilities (e.g., fathers who take leave, male teachers who normalise care, boys who engage in domestic tasks without stigma).
- **Safeguarding -** Policies and practices that protect children and vulnerable participants from harm. In V.O.I.C.E., safeguarding includes recognising warning signs (violence, coercion, exploitation), documenting carefully, and following organisational protocols.
- **Second shift -** The experience of finishing paid work and then doing a second round of unpaid domestic and caregiving work at home—disproportionately experienced by women in many contexts.

- **Shared responsibility (in care) -** A framing that caregiving is not "helping" one person (often the mother) but a collective responsibility that belongs to all caregivers and family members, regardless of gender.
- **Socialisation -** The process by which children and adolescents learn expected behaviours through family patterns, school, peers, media, and institutions (e.g., girls learning to "notice" care needs earlier than boys).
- **Structural barriers -** Institutional conditions that limit equal care roles: inflexible work schedules, lack of childcare, unequal leave policies, gendered school expectations, low social support, or poverty.
- **Theory of Change -** A practical explanation of how an intervention leads from activities to outcomes. In V.O.I.C.E., the cycle is: understanding → reflection → dialogue → reframing → action.
- **Tokenism -** Superficial inclusion that looks diverse but does not change power or participation (e.g., inviting fathers but not adapting the format so they can engage meaningfully).
- **Unpaid care work -** Care and domestic work done without compensation. It sustains households and communities and is central to gender equality because it shapes who has time, energy, and opportunity.
- **Universal design (inclusive design) -** Designing activities so they work for diverse participants from the beginning—rather than adapting only when barriers arise. This includes language simplicity, multiple participation modes, and accessibility.

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  → Evidence-based analysis of care distribution and work–life balance.
- ***UN Women (2025)***
  Gender gap report
  https://www.unwomen.org/en/resources/gender-snapshot
  → Global context on care, gender inequality, and structural barriers.
- ***ILO – International Labour Organization (2018)***
  Care Work and Care Jobs for the Future of Decent Work

https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm
→ *Foundational report on the care economy, paid and unpaid care work.*

- ***Council of Europe (2024)***
  Gender Equality Strategy 2024-2029
  https://www.coe.int/en/web/genderequality/gender-equality-strategy
  → *Policy framework relevant for education, caregiving, and institutional change.*

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