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DISC

"DISC: Drama-based Interventions Challenging Gender Stereotypes and Encouraging Care Sharing"

Work package WP5 – Communication and Dissemination of results

Deliverable 5.2.

Policy brief

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Credits

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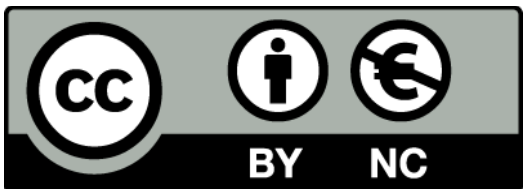

Contents

Introduction

The project **"DISC – Drama Pedagogical Interventions for Gender Stereotypes and Equal Sharing of Care"** is implemented by the Hellenic Network for Theatre in Education (TENet – GR) and the Diotima Centre within the framework of the CERV-2024-GE Program, running from November 2024 to October 2026, with co-funding from the European Commission. Associate partners in the project are the Municipality of Athens and the Hellenic League for Human Rights (HLHR). The aim of the project is to challenge gender stereotypes and raise awareness about gender inequalities in care work through the use of drama-pedagogical interventions.

The main objectives of the DISC project are, first and foremost, to enhance awareness among informal carers, adolescents, and the wider public regarding the multifaceted impacts of the gender care gap. Secondly, to develop an arts-based educational methodology for adults and adolescents that challenges gender stereotypes in the field of care. Furthermore, DISC seeks to foster recognition of care as an equal, mutual, and solidary activity, to challenge stereotypical social roles by promoting gender equality in caregiving responsibilities, and to support informal carers in demanding fairer care practices in their daily lives.

In this context, Work Package 5, in addition to raising awareness among informal carers, adolescents, and the general public across Greece regarding the gender gap in care, specifically aims to broadly disseminate the perspectives and proposals of those who actively participated in the DISC project regarding ways to address the gender care gap. The project strives to ensure that these "bottom-up" proposals reach advocacy groups, decision-makers, and other stakeholders who support policy change. Moreover, DISC aims to communicate and disseminate project results to peers, professionals, and the general public at both national and European levels, facilitate the utilisation of results by potential users across national and European levels, and initiate public dialogue among professionals, policy makers, and the general public to foster democratic engagement regarding balance in care.

From the aforementioned perspective, this **Policy Brief first links care directly to gender equality policies.** It treats care not as a secondary issue that can be resolved merely through measures such as parental leave or work-life balance policies, but as a primary and tangible barrier to the equal and active participation of women—and all individuals with care responsibilities, in the labour market, as well as in social and political life. Consequently, gender equality policies must incorporate measures to address, or at least alleviate, the gender care gap. Secondly, within the framework of this Policy Brief, **care is treated as an integral component of economic policy**, i.e., within the scope of a care economy, and not merely as a domain of social policy, given that production cannot exist without ensuring the functioning of social reproduction.[1] Care is therefore conceived not as a cost but as an investment, while the care economy is considered just as critical as the green and digital transitions, as it secures the sustainability of life itself. Finally, within this report, **care is approached as a new social contract** requiring a shift in the social organisation of care. It

[1] For a feminist theory of social reproduction, the reader may refer to Report on the State of the Art for the Gender Care Gap in the European Union and in Greece, produced within the framework of the DISC project by A. Vouyioukas and k. Sergidou and published in May 2025 (See Deliverable 2.1).

goes beyond merely expanding welfare facilities, aiming to move towards a state and society that collectively organises care, ensuring equality and justice for all.

In this light, it is crucial to integrate **care mainstreaming** into the core of public policy as a horizontal necessity, mirroring the integration of gender mainstreaming and climate mainstreaming.[2] The concept of care mainstreaming presupposes that every public policy across every state sector must be designed and evaluated by addressing a central question: *"How does this policy affect care labour and care time?"* And furthermore: *How do public policies care for all members of society, prioritising the most vulnerable social groups?*

This implies that no state intervention is care-neutral. For instance:

- *Does a transport policy increase or decrease the time an individual spends transporting dependents?*
- *Does a housing policy facilitate the creation of community-based care infrastructure, or does it isolate individuals?*

This horizontal approach and the necessity of embedding the care dimension across all public policies is not merely a theoretical exercise; it is a vital necessity arising from the massive systemic gaps experienced today (e.g., familiaristic care models, deficient welfare state, unpaid and unrecognised care labour, lack of an intersectional and inclusive lens, etc.). Finally, care mainstreaming requires a radical shift from a system of "organised loneliness", which offloads the responsibility of survival onto the individual, to a new political ethic where collective well-being and interdependence lie at the core of community and state planning.

According to the International Labour Organization report (ILO, 2023) focusing on care mainstreaming and climate change, public care policies should incorporate three processes (the 3 Rs):

I. Recognise: Recognising the value of unpaid care work and highlighting it, as well as accounting for its contribution to the functioning of society, the economy, and the environment.

II. Redistribute: Redistributing care fairly across society as a whole (including the state and the market), as well as within households between men and women.

III. Reduce: Reducing the time spent on unpaid care work through the provision of social infrastructure, the expansion of care systems, and the coverage of public services.

The policy surrounding these three processes and the need for their expansion is addressed in the first section of the Policy Brief.

This Policy Brief is structured into three (3) main sections. The first section comprises a methodological note detailing the sources and participatory processes that informed the policy proposals. The second section sets out theoretical and socio-political considerations

[2] For a deeper exploration of care mainstreaming policies, the reader may refer to *Mainstreaming Care Work to Combat the Effects of Climate Change* by the International Labour Organization (ILO, 2023), as well as Maria Karamessini, *From Work-life Balance Policy to the European Care Strategy: Mainstreaming Care and Gender in the EU Policy Agenda* (2023).

regarding care, emphasising its conceptualization beyond the private sphere, the systemic crisis of care and social reproduction, the feminist proposal for a transition to a care or purple economy, and the connection of the new care paradigm to feminist transformation and labour rights. The final section, *"From Invisible Labour to the Economy and Democracy of Care,"* gathers the key directions and policy proposals for transitioning towards a fairer, collective, and inclusive care model.

1/ Methodological Note

The goal of the DISC project was to ensure that the Policy Proposals included in this report (Policy Brief) are evidence-based and stem directly from the individuals who participated across all project activities (training workshops, Forum Theatre performances, the documentary). These participants contributed and shared both their lived experiences and their specialised knowledge.

This approach aligns with the tradition of participatory and "bottom-up" policymaking methodologies, which recognise policy subjects as knowledge generators rather than merely passive recipients (Chambers, 1997; Cornwall, 2008). It continues a lineage tracing back to Freire's emancipatory pedagogy (1970) and subsequent feminist participatory action research, which maintains that policy knowledge generation must be co-created with those who directly experience the inequalities the policy addresses (Maguire, 1987; Reason & Bradbury, 2008).

In this context, multiple sources and types of data were utilised both to conceptualise the different dimensions of care and to synthesize the policy proposals:

- **Quantitative data** from pre- and post-questionnaires completed by adult workshop participants, designed to monitor potential shifts in perceptions regarding gender equality, care, and inclusion practices.
- **Ethnographic field notes**[3] from Diotima Centre researchers-trainers during pilot and main workshops, documenting narratives, attitudes, emotions, micro-dynamics of the participatory process, and interactions among participants.
- **Detailed observation notes and journals** from facilitators at the Hellenic Network for Theatre in Education, alongside feedback forms completed by the trainers, enabling reflective assessment of methodological choices and group dynamics (adults and adolescents) during and after the workshops.[4]
- **Responses to selected sections of workshop evaluation questionnaires** concerning the participation experience, care practices, and lived inclusion.

[3] The choice of this method is linked to the feminist epistemological tradition that views knowledge as inherently "situated" and dependent on the standpoint of the subject producing it (Haraway, 1988). It also draws on feminist standpoint theory, according to which the experience of marginalised groups provides a privileged starting point for understanding social power relations (Harding, 1991; Hill Collins, 1990).

[4] This reflexivity constitutes a foundational principle of feminist research, requiring the researcher to recognize her own positionality, the power dynamics formed in the field, and their impact on the knowledge-production process itself (Oakley, 1981; Reinharz, 1992).

- **Data analysis from the digital platform** capturing audience responses to questions and proposed scene substitutions from 1,700 attendees (700 adults and 1,000 adolescents) who watched the Forum Theatre performance entitled *Carefull*.[5] Specifically, the research field generated during the performances and audience discussions proved particularly illuminating regarding the care gaps experienced by significant population groups in Greece. The Forum Theatre method, as developed by Boal (1979) within the "Theatre of the Oppressed," constitutes a "bottom-up" knowledge-production practice in itself, converting the audience from passive spectators into active "spect-actors" co-creating potential solutions to oppression, a principle widely utilised in feminist pedagogy and research.
- **Statements and insights** from nine (9) participants featured in the documentary by Diotima Centre entitled *"Without Days Off: The Care That Keeps the World Upright"*.[6]

Utilising this range of sources grants distinct methodological value to this Policy Brief. Rather than merely recording static attitudes or perceptions, it documents how individuals actively involved in the DISC project reflect, experiment with alternative solutions, and transform their views through collective and interactive experiences.

This approach is consistent with **the feminist methodological principle of source and method triangulation** (mixed methods), which seeks to highlight the complexity of lived experience while avoiding reductionism to a single perspective (Reinharz, 1992; Hesse-Biber, 2012).

It is also crucial to emphasise that theatre arts, combined with a radical feminist approach, serve not only as awareness-raising tools but also as instruments of knowledge production for policy formulation. This logic falls within the broader field of **arts-based research**, where artistic practice is recognized as a valid, equal way of knowing alongside traditional quantitative and qualitative methods (Leavy, 2015).

Finally, analysing empirical data through this lens can itself constitute a distinct policy proposal: integrating participatory cultural methods grounded in feminist approaches into the "bottom-up" co-creation and evaluation of policies for care and intersectional gender equality.

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[5] At each performance, the audience engaged in pre- and post-show polling via Mentimeter and subsequently took to the stage to substitute characters and test strategies for change addressing widely acknowledged care injustices. These two tools functioned complementarily: the former revealed audience perceptions of care, while the latter highlighted proposed solutions to the issues raised. Findings draw from a heterogeneous audience of 1,700 participants, consisting of both adolescents (aged 15–18) and adults. Data regarding stage substitutions derive exclusively from adult audiences.

[6] The documentary—directed by Maria Louka, Natasa Kefallinou, and Niovi Anazikou—featured the following individuals: 1) Sonia Ntova, DISC Project Coordinator, Hellenic Theatre/Drama & Education Network, Choreographer & facilitator of physical practices, 2) Anna Vouyioukas, Social scientist and researcher, Head of Advocacy at Centre Diotima, 3) Marilella Antonopoulou, Journalist, Director of *Ladylike, 4)* Patti Vardami, Art theorist and curator, activist, 5) Anna Kouroupou, Trans activist, Director of Red Umbrella, 6) Dimitra Kyrillou, Civil engineer, member of Proud Seniors Greece, 7) Lena Rammou, Management and consultancy advisor in the audiovisual sector, 8) Angeliki Marinou, Actor, creator of the Gender Stereotypes Observatory for Parents and Others, 9) Lyo Kalovyrnas, Psychotherapist and mental health consultant, author, translator and 10) Natassa Giamali, journalist, narrator.

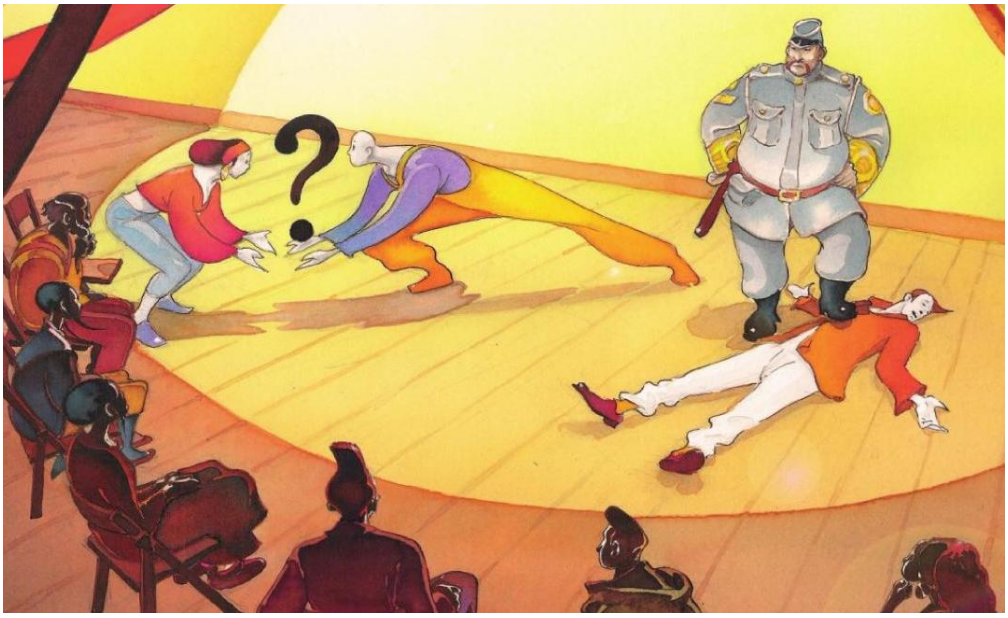


Image 1. Forum Theatre, artist, καλλιτέχνης, Silvio Boselli

2/ Theoretical and Socio-Political Considerations

2.1. Conceptualising Care: Beyond the Private Sphere

In feminist theory, care is detached from the narrow confines of private/family obligation and from approaches that treat care as a naturalised, stereotypical female duty or "inclination". Instead, it is elevated to a fundamental political concept and a primary principle of social organisation.

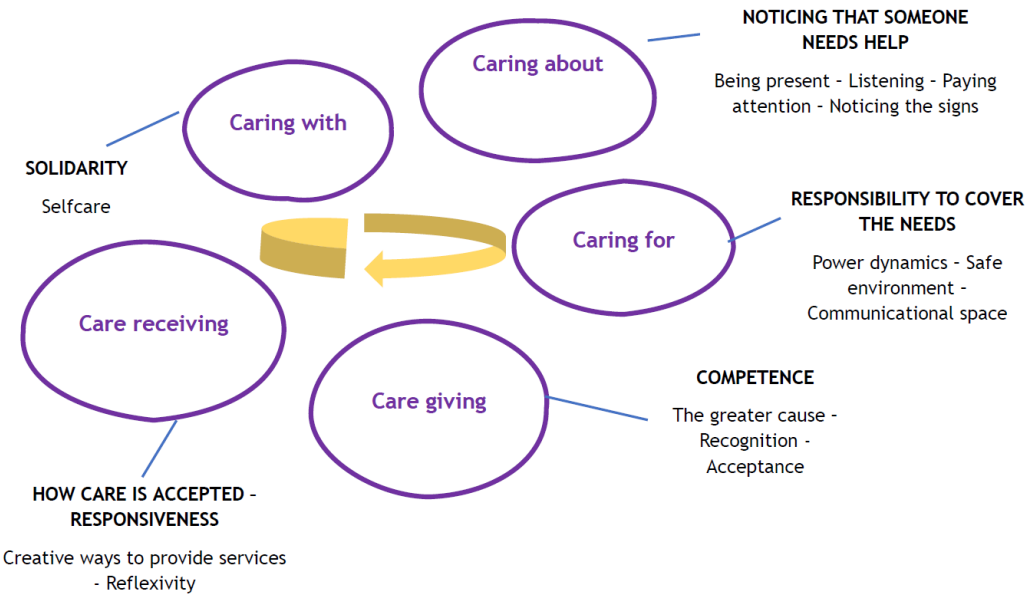
The quality of a democracy is no longer judged solely by its formal institutions, such as elections or the rule of law, but by how it chooses to organise and value the care of its members. This model of democracy is defined as a **"Care Democracy."**

Empirical data from the DISC project confirm how deeply rooted the perception of care as a "natural" or "female inclination" remains, highlighting the mechanisms through which inequality is naturalised and entrenched.

Within the framework of the Forum Theatre performance *Carefull*, when audience members were asked to record the first word that comes to mind with the word "care," emotionally charged terms dominated: *"love," "hug," "mom," "family"*. In contrast, terms such as *"fatigue," "inequality,"* or *"labour"* appeared only in more informed adult audiences.

This trend underlines the precise gap that feminist theory seeks to bridge: care is experienced primarily as a "compulsory" and/or affectionate emotion before it is recognised as labour and a political issue. As succinctly noted in the documentary *Without Days Off*: *"Care is not spontaneously recognised as work; this conceptual confusion is the deepest structural barrier."*

DIAGRAM 1. Aspects and dimensions of Care – J. Tronto (2013)



Joan Tronto (2013) offers a multidimensional analytical framework that deconstructs care into five interconnected ethical and practical dimensions:

- **Caring about:** Moral attentiveness and awareness of the needs of the Other, which requires the capacity for active listening and recognizing signs of need.
- **Caring for:** Assuming responsibility for meeting these needs. Power relations emerge at this stage, making the creation of a safe communicative space essential.

DISC Data: Findings from *Carefull* demonstrate how deeply gendered this assumption of responsibility remains: when asked which family member typically assumes care for children, the elderly, and household chores, an average of **72% of the audience answered "the woman"** (with adult audiences reaching up to 100%), compared to less than 6% for men.

This asymmetry is also confirmed through lived experience:

"We assume it's only natural for the mother to spend more time caring for the baby because the baby needs its mother simply because she's the mother. But that's not true. What a baby needs is care. Who provides that care depends on who is available at that moment. […] And who is available at that moment depends on who has been raised and conditioned to be available, who has been taught that it's their responsibility to provide that care." (Documentary *Without Days Off*, testimony by Lyo Kalovyrnas).

This formulation deconstructs the very naturalization that Tronto challenges, demonstrating that "who cares" is a matter of training and availability, not nature.

- **Care giving:** The material and practical work of care, which demands competence, creativity, and ongoing reflection.

In the same spirit, findings from *Carefull* show that even when stage participants advocated for an equal sharing of tasks, they frequently used expressions such as *"he helps me"* to describe a partner's involvement, a phrase revealing how deeply internalised the perception remains that domestic work is a female obligation and any male contribution is a "favour" rather than an equal sharing of responsibility.

- **Care receiving:** The active stance and responsiveness of the person receiving care, recognising the relationship of dependency as a normal aspect of human existence.
- **Caring with:** The dimension of collective solidarity and self-care, within which care becomes a shared objective based on mutual recognition and acceptance.

DISC Data: According to the *Carefull* data, this dimension is the least available in practice. When audience members were invited to propose solutions on stage, interventions operated almost exclusively on an individual and interpersonal level without addressing collective or institutional remedies, even though these same collective solutions appeared abundantly when the question was posed abstractly via Mentimeter as a political demand. Thus, "caring with" currently appears to remain more a field of declared desire than of lived practice.

Characteristically, at the close of each performance, the phrase most frequently chosen by the audience to complete the sentence *"We demand a world where care..."* was *"is shared"* - a declared collective desire that, as the on-stage interventions show, has yet to find its institutional counterpart.

In summary, shifting care from the private sphere to the centre of political and social organisation redefines the structure of modern society. Tronto's analytical framework demonstrates that care is not a passive, gendered obligation, but a dynamic, collective process requiring moral attentiveness, practical competence, and mutual solidarity. Ultimately, transitioning toward a "Care Democracy" presupposes embedding these dimensions into public life, transforming human interdependence from a condition of vulnerability into a cornerstone for a fairer, more inclusive democracy.

2.2. Conceptualising Care – Mapping Shifts

During the implementation of the DISC project, the research team recorded significant conceptual shifts, particularly during the three-day workshops. According to the researchers' ethnographic notes:

"Screening forms of resistance from the feminist movement in Spain and Latin America regarding the feminist strike functioned as an empowering experience for

participants. Specifically, the graffiti featuring the grandmother or 'Manolo' provoked laughter, but it also created a space for discussion where participants could reflect on the concept of care as labour, ultimately de-romanticising invisible work."

Image 2. *Graffiti from the city of Buenos Aires.*

The graffiti reads: *"What they call love is unpaid work."*

Image 3. *Snapshot from the Feminist Strike in Spain, 2018.*

The central slogan on the placard reads: *"Manolo, tonight you'll make your own dinner!"*

Thus, while participants initially equated care with individual/family responsibility within the private sphere, their participation in the workshops shifted this concept. **Many came to recognize care as a collective, political act that should be provided by state, municipal, and other public structures, as well as an arena for community cooperation.**

As M. Antonopoulou notes in the documentary *Without Days Off*:

"Because, in the end the primary caregiver shouldn't be an individual. It should be the welfare state."

This realisation does not preclude understanding that care has its own movement genealogy. As A. Vouyioukas points out:

"I think the genealogy of movement-based care, the traditions of collective care we can draw inspiration from is incredibly rich. It includes social grocery stores and social/community pharmacies, collectives supporting women who are gender-based violence survivors [...] to digital care and crowdfunding [...] It is also worth thinking about the ethics of "promiscuous care" […] moving beyond ourselves and considering the lives of others."

Significant shifts were also recorded in deconstructing an essentialist approach that naturalises gender inequalities on the basis of biological difference. Specifically, findings from the performances indicate that while many women initially described care as a "natural" trait, they gradually challenged this essentialist perspective. They recognised that assuming care responsibilities is a socially imposed and internalized expectation of patriarchy that reproduces inequality. Reflections from participants in the documentary align with this direction.

According to L. Kalovyrnas:

"The care work women take on, supposedly because it's "in their nature," when in reality it's something they've been socialized into from a very young age, does have consequences for every other area of their lives. […] It's not as though women are thrilled at the prospect of changing a baby's diaper or caring for an elderly relative. It's not something they necessarily do with enthusiasm."

Furthermore, the reflection recorded during the field research functioned as a destabilizing force, deconstructing gender stereotypes as well as the idealisation of motherhood.

As A. Marinou notes in the documentary:

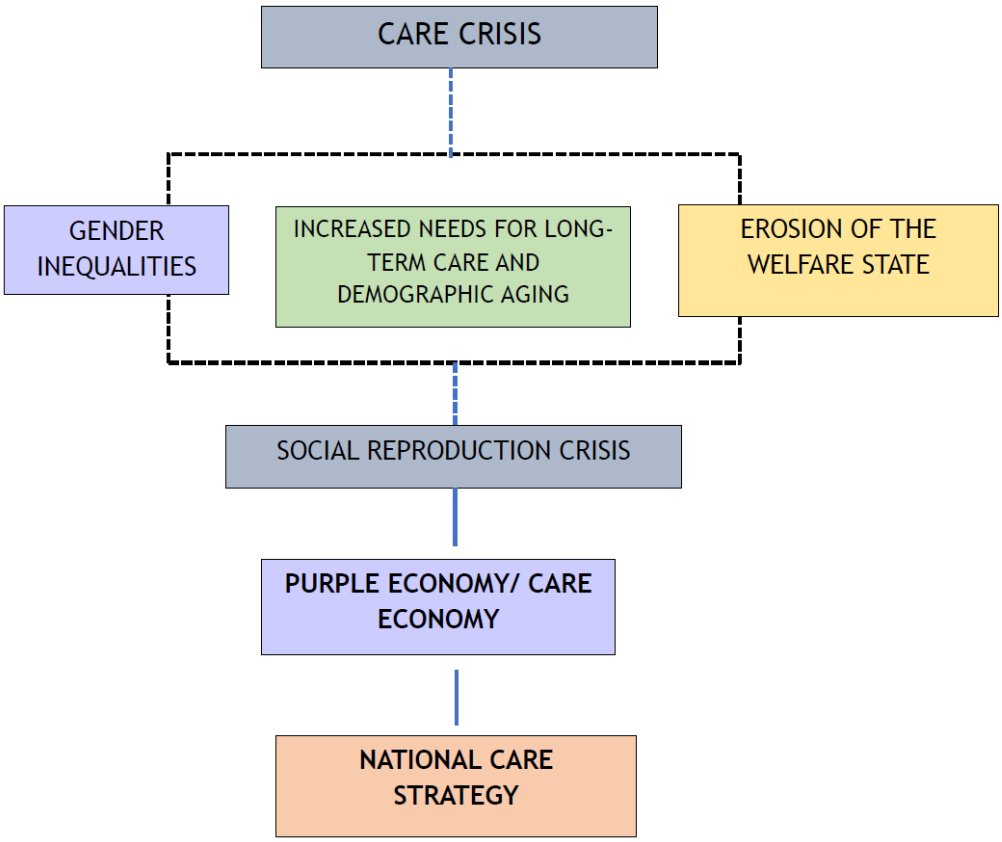
"Sometimes, late at night, I get caught up watching all these tips on how to be perfect and how to do everything perfectly, and I end up thinking: "I don't do any of that. I'm not doing any of that! […] I think: that's it! They keep piling guilt onto us. At the same time, you don't see those kinds of videos aimed at fathers, telling them how to do everything perfectly. Somehow, all that pressure falls on mothers I think they're carrying an enormous amount of stress because of that. […]

This places an enormous burden on women. There's also this idea, the "superwoman" myth, that we sometimes end up taking pride in, without realising just how exhausting and damaging it really is. Then, little by little, the burnout starts to set in. Women stop feeling happy, fulfilled, or satisfied with their lives. When there's not enough time to rest, relax, enjoy yourself, or simply take care of yourself, it takes a serious toll. In this case, women can end up feeling deeply unhappy and depressed."

2.3. The Systemic Crisis of Care and Social Reproduction

The current "care crisis" is not an aggregate of individual failures or a simple lack of family solidarity. From a feminist perspective, it represents a **structural and systemic crisis of the dominant economic model**, which exploits and relies upon the unpaid, invisible, and undervalued labour of women and informal carers.

DIAGRAM 2. The Systemic Crisis of Care



This crisis is fueled by three central pillars:

- **Gender Inequalities:** The historical and ongoing dependence of society and the economy on women's unpaid labour for social reproduction (household maintenance, care of children, the elderly, persons with disabilities, etc.) leads to compounding gender inequalities across multiple domains of public and private life.
- **Rising Long-Term Care Needs and Demographic Aging:** The traditional family-centered long-term care model in Greece, with its near-exclusive reliance on informal family assistance, has reached its limits, making radical restructuring imperative (Karamessini, 2025). Demographic aging portends a sharp increase in the needs of the elderly population over the coming decades. At the same time, the rapid rise in labour market participation among women over the age of 50 drastically reduces the family's capacity to serve as the primary care provider. If the state fails to intervene immediately to address accumulated care deficits, the country faces an unprecedented "care crisis." Such a development would shift disproportionate burdens onto families and exacerbate gender inequalities, trapping women in an exhausting role dictated by traditional patriarchal stereotypes.
- **Weakening/Erosion of the Welfare State:** The degradation of public infrastructure due to austerity policies. In Greece, this issue is exacerbated by the heavily familialistic nature of the welfare state, which systematically offloads the burden of social care onto the family, and specifically onto women.

The convergence of these factors leads to a profound **Crisis of Social Reproduction**. According to the feminist framework, a radical reorganization of the ways in which society reproduces itself is urgently required.

2.4. The Feminist Vision for a Transition to a Care or Purple Economy

The Purple or Care Economy overturns traditional economic theory, which recognises as "productive" only that labour which yields direct market profit. The Purple Economy places care and social reproduction at the core of economic sustainability and gender equality.

Transitioning to a care-centered society requires a coherent **National Care Strategy**. As a tool for evaluating and transforming public policies, a more innovative framework is proposed, one that draws from and enriches the **4 Rs of Care** (*Recognise, Reduce, Redistribute, Reward*), as formulated by D. Elson (2017) and subsequently adopted by the International Labour Organization (ILO, 2018), UN Women (2018), and the Organisation for Economic Co-operation and Development (OECD, 2019).

To these four dimensions, the DISC project proposes adding a **fifth R (*Represent*)**, concerning the representation and active participation of individuals with caregiving responsibilities, and a **sixth R (*Repoliticise*)**, addressing the repoliticisation of care. These two additional dimensions emerged directly from the implementation of the project.

The critical questions posed within this framework address the following:

1. **Recognise**

Is care recognised as actual, productive labour rather than a stereotyped and naturalised gender duty of women and female-identifying individuals? The goal is to lift the invisibility of social reproduction.

2. **Reduce:**

Is the disproportionate, exhausting burden carried by women and carers being reduced? The goal is to relieve carers through public infrastructure.

3. **Redistribute:**

Is caregiving responsibility redistributed fairly, both between genders and between the family and public institutions? The goal is a fair division of responsibilities between state and family, as well as on a gender level.

4. **Reward:**

Is care labour compensated with dignity? Are the labour and social security rights of care workers protected? The goal is to eliminate the wage undervaluation of care professions.

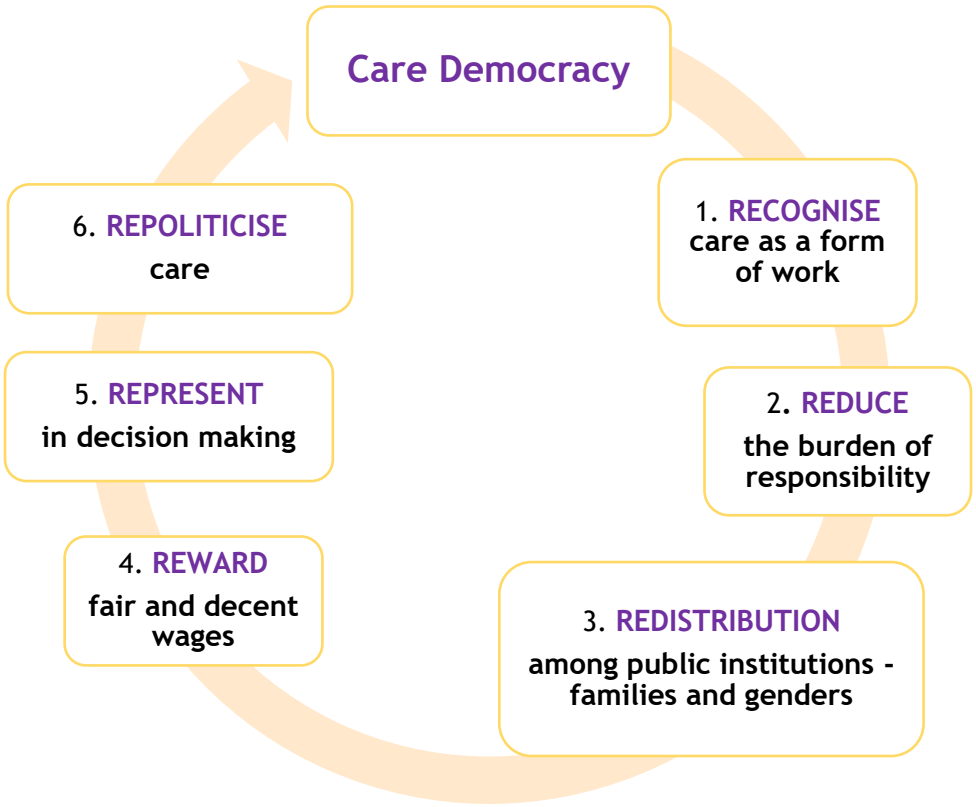
5. **Represent:**

Do carers themselves participate in decision-making bodies? The goal is to ensure democratic participation and union representation for care workers.

6. **Repoliticise:**

Is the lived, invisible, and private experience of care transformed into a public, collective, and political demand? The goal is to shift from individual remedies to collective claims.

DIAGRAM 3. The 6 Rs of Care



2.5. Towards a New Paradigm of Care: Feminist Transformation and Labour Rights

A comprehensive feminist approach to care (as analysed by Torres Santana, 2020) must recognise its multiple dimensions. Within this framework, the axes of a **Radical Feminist Care Policy** encompass and recognize the following:

- **Care as a Universal Right:** Receiving and giving care constitute fundamental rights that generate individual, collective, and institutional obligations, protected under the non-discrimination principles of the EU Charter of Fundamental Rights.
- **Connection to Precarity and the Ecosystem:** Under conditions of structural crisis, sustaining life becomes a high-risk activity. A radical policy highlights the organic link between social reproduction and the sustainability of nature and ecosystems, which are exploited by the modern neoliberal capitalist model.

- **Politicisation of Emotion and Community:** Discussions on care must not be limited to the concept of "affection," as this conceals unequal power relations. Care is politicized collectively within the community, acting as a bulwark against the commodification of bodies and patriarchal social norms.
- **Visibility of Intersectional Inequalities:** Whether paid or unpaid, care work remains feminised, undervalued, and reliant on the exploitation of migrant and working-class women, exposing deep class and racial inequalities within the system. Overcoming these inequalities requires robust public policies backed by substantial funding to deliver resources in the form of services, time, and subsidies.

Therefore, transitioning to an inclusive and sustainable care society is not merely a matter of piecemeal reforms, but requires a radical transformation of existing social and economic structures. This transformative process is tied to the following interconnected and dynamic shifts, which establish the framework for the policy targets of this Policy Brief:

STARTING POINT	→	TARGET
From care as:		**Towards care as:**
• a private matter • women's responsibility • invisible labour • an individual choice • a cost		• a public good • a collective responsibility • economic infrastructure • a social right • a social investment

In this context, ensuring high-quality, accessible, and affordable care services for all individuals depends directly on the existence of decent jobs free from precarity and discrimination. At the policy-making level, standards for fair working conditions must constitute an integral criterion for funding care systems, while the institutional recognition of all categories of workers and the genuine strengthening of social dialogue are imperative.

To address vulnerability, targeted, cross-sectoral measures are required to protect domestic workers and migrant populations, combating intersecting forms of discrimination related to gender and migration status, as well as discrimination based on gender identity, sexual orientation, language, disability, etc. Concurrently, key priorities must include professionalising the sector, recognising formal qualifications and required "emotional labour," reducing workloads, and establishing strict frameworks to prevent violence and harassment. As emphasised by the International Labour Organization (ILO, 2022), these policies must be deeply inclusive, encompassing migrant women, informal economy workers, and LGBTQI+ families, with the ultimate goal of building a more equal world of work.

The central objective is to prevent the commercial "colonisation" of care and to secure its institutional recognition as a public good. In this effort, civil society and particularly trade unions are called upon to play a leading role. Organising all workers - from domestic cleaning staff to personal assistants and healthcare workers - is essential to winning social recognition, decent wages, and full labour market integration for the individuals and migrant populations who sustain social reproduction.

3/ From Invisible Labour to the Economy and Democracy of Care

3.1. From Economic Invisibility to Collective Action and Participatory Governance

The care economy forms the backbone of social reproduction and sustainability, encompassing paid and unpaid labour provided in households, public and private structures, and civil society. Although it frequently remains invisible and undervalued, its contribution is enormous: informal, unpaid care work in Europe is estimated to account for 3.63% of European GDP (approximately €576 billion), while if women's unpaid healthcare labour were compensated, it would reach 2.35% of global GDP. However, this economy relies disproportionately on women, as well as on migrant populations, frequently reproducing systemic inequalities, low wages, and precarious working conditions.

Reversing these inequalities requires strong and targeted investment in the care economy, which must be recognised as a public good and a strategic social infrastructure. According to the European Care Strategy (European Commission, 2022), investments in this sector not only improve quality of life, but also have the potential to create millions of new, high-quality jobs (up to 8 million in the EU). At the same time, the recognition, reduction, and equitable redistribution of unpaid labour represent the only sustainable path toward bridging the gender pay and pension gaps, releasing women from the double burden and promoting their economic independence.

However, transitioning from mere economic management to substantive social change, as previously noted, requires establishing a **"care democracy"** and moving toward a **"care society."** This presupposes redefining care not as an individual burden or the product of a "system of organised loneliness," but as a universal, collective, and political responsibility rooted in interdependence. As highlighted by radical feminist theory, society must develop a new "social imaginary" in which solidarity, intersectionality, and emancipatory ethics lie at the absolute center of democratic choices and public policies.

A genuine care democracy relies on participatory governance, where directly affected subjects co-shape/co-create policies. Solutions must be developed from the bottom up (grassroots), with the active participation of informal and formal carers, care recipients, and local communities, ensuring that exclusion is avoided. The

ultimate goal of this democratised approach is a world where care is shared equitably, without guilt and without gender stereotypes, constituting a common collective right for everyone.

The audience participating in the DISC project's Forum Theatre performances of *"Carefull"* articulated very specific demands: *"That housework be paid at minimum wage"* and that *"Pension contributions and social security coverage be provided for individuals remaining at home to care for children or the elderly,"* while also demanding a *"Basic monthly income provided to every person unconditionally and for life."* In the realm of infrastructure, citizens propose *"More nurseries and eldercare centers with free access"* and the establishment of community solidarity structures through *"Collective intergenerational care facilities and 'care neighbourhoods—community solidarity instead of individual solutions."*

Furthermore, the demand *"to recognise and protect the labour particularly of migrant women and racialized workers"* was emphatically raised.

The final conclusion of the participants is encapsulated in the observation: *"The audience knew what it wanted. It also knew what it needed. What it lacked, at least for now, was the framework - institutional, political, social - within which sharing the responsibility of care can be transformed from hope into reality."*

Concurrently, within the documentary *"Without Days Off,"* a series of proposals were formulated. For example, Pati Vardami highlighted the need for equal pension rights and access to citizenship, given that uninsured work deprives migrant women of their basic civic rights, forcefully setting the framework for migrant women's demands: *"This pension is mine, and I am screaming with rage [...] it seeks to express our determination to do everything we can to secure this pension, because this pension rightfully belongs to us."*

Similarly, Dimitra Kyrillou proposed a central policy direction from the state: *"A good starting point for creating truly inclusive public services and especially care services, not just in name but in practice, is for the state itself to establish a clear roadmap that addresses the issues faced by LGBTQI+ people, and especially older LGBTQI+ people. This way, won't depend on the goodwill of each individual professional, employee, or support worker to decide how these situations are handled."* She also proposed creating care shelters for young LGBTQI+ individuals rejected by their families, so they do not end up on the street.

Anna Kouroupou demanded meaningful access to and state assistance for gender-affirming care for trans people noting that *"Gender transition is as essential as the oxygen we breathe. […] and in all its forms from beginning to end, is practically non-existent, there is nothing truly in place."* while highlighting the irreversible consequences of the absence of care for elderly trans individuals through examples of people who lost their lives to starvation: *"It is tragic to live an entire life hunted, marginalized, stigmatized, and to face this treatment even in death. Look, Vangelio's case is nothing unique; unfortunately, it is common."*

Additionally, the documentary highlighted the concept of self-care, which according to Lena Rammou *"is clearly a necessity, not a luxury. And the older you get, the more essential it becomes. I was forced to put myself first, to take care of myself when I became ill. Overnight, I went from the world of the healthy to the world of the unwell."*

Finally, Sonia Ntova favours an experiential approach and the participation of directly affected individuals, pointing out that: *"For me, it's incredibly important that solutions and ideas come from the community itself, because that's where the roots of the problem lie. This is especially true when it comes to care. […] I believe that the people most directly affected are the ones who need to be at the centre of imagining and sharing ideas about how things can be done differently. […] It does not come top-down; it is grassroots, meaning it comes from below, from where the problem actually exists and where real solutions can be developed."*

The twenty-three (23) policy proposals that follow draw from this rich research material, seeking to contribute to the broader dialogue on transitioning towards the care economy and care democracy, structured across eight (8) policy axes.

3.2. Eight Policy Axes and Twenty-Three Policy Proposals

Policy Axis 1.

Recognition of Care as a Public Good and Fundamental Social Function

Goal: The institutional recognition of care as a collective social responsibility and a core pillar of social protection, moving beyond the perception of care as a private or exclusively family obligation.

Policy Proposal 1. Adoption of a National Care Strategy

The state must develop a comprehensive National Care Strategy that integrates policies currently implemented in a fragmented manner across different sectors. Indicatively, this strategy should link early childhood education and childcare, long-term eldercare, support for persons with disabilities, protection for informal carers, healthcare, psychosocial support, and work-life balance policies. Care must be treated as a horizontal public policy with clear targets, stable funding, and monitoring mechanisms.

Implementing bodies: Ministry of Social Cohesion and Family, co-competent ministries, Regions, Municipalities, social partners, and civil society organizations.

Policy Proposal 2. Establishment of a Universal, Rights-Based Care System

A universal care system must be developed to ensure access to quality services for all individuals, regardless of gender, race/ethnic origin, gender identity, sexual orientation, income, age, marital status, disability, place of residence, etc. This system must rest on four fundamental principles: a) universal access, b) affordability, c) service quality, and d) continuity of care throughout the life course. Transitioning to a universal care system will reduce social and gender inequalities, as care needs will no longer depend primarily on the unpaid labour of family members.

Policy Proposal 3. Recognition and Measurement of the Contribution of Unpaid Care

Public policy must institutionally recognise the economic and social value of unpaid care. This requires, among other measures: systematic gender-disaggregated data collection on unpaid care work, time-use surveys, monitoring and evaluation of access to care services, and the integration of care indicators into social and economic planning. Producing reliable data is a prerequisite for evidence-based policies and effective intervention evaluations.

Expected Impact: Recognising care as a public good will contribute to reducing reliance on women's unpaid labour, strengthening social protection, increasing the visibility of care work, fostering more equal social relations, and building a sustainable care economy.

Policy Axis 2.
Redistribution of Care Responsibilities and Promotion of Gender Equality

Goal: The equitable distribution of caregiving responsibilities among genders, institutional bodies, and communities.

Policy Proposal 4. Institutionalisation of Equal and Non-Transferable Parental and Care Leaves

Parental leave policies must be designed to encourage equal care participation across all genders from the start of a child's life. This requires equal parental leave entitlements for all parents, non-transferable leave for each parent, measures encouraging leave uptake by men/fathers, and protection against workplace discrimination stemming from family obligations. Care leave must not serve as a mechanism reinforcing the perception that the woman is the "primary carer". Instead, it should act as a tool for redistributing responsibilities. Paternity and

parental leaves must be independent, adequately compensated, and structured to enable men's genuine participation in care.

Policy Proposal 5. Active Promotion of Men's Participation in Care

The state must develop targeted policies that challenge the association of care with femininity and foster new models of male participation. Indicative actions include awareness campaigns on equal fatherhood, highlighting positive role models of male carers, workplace interventions encouraging leave uptake by men, and education regarding gender expectations and the division of domestic work. Change involves not merely increasing men's quantitative participation in care, but transforming social perceptions about who can and should provide care.

Policy Proposal 6. Integration of Gender Mainstreaming in All Care Policies

All care-related policies must be evaluated for their impacts on gender equality. Implementing gender mainstreaming tools must ensure that public interventions do not reproduce existing gender or other inequalities. They should also assist in identifying who provides and who receives care, while accounting for the time and labour costs borne by different social groups and actively contributing to the redistribution of responsibilities.

Expected Impact: Fair redistribution of care is expected to limit the disproportionate burden borne by women, enhance their economic independence, increase male participation in household management and family life, reduce gender stereotypes, and contribute to a more equal social model.

Policy Axis 3.

Development of Universal, Accessible, and Quality Care Infrastructure

Goal: The creation of a publicly supported care service system that reduces reliance on informal family care and ensures quality services across all life stages. Transitioning to a universal care system presupposes the defamilialisation of care, shifting part of the responsibility from the family to the state and the community.

Policy Proposal 7. Expansion of Public Care Services Across the Life Course

A comprehensive network of public services must be developed to cover the diverse care needs of different population groups:

- *For children:* Universal access to quality early childhood education, free nurseries, extended operating hours, and free educational/creative activities.
- *For older adults:* Public long-term care services, community eldercare centers, and home-based support services.
- *For persons with disabilities or heightened support needs:* Personalized services, (semi-)independent living support, and accessible social infrastructure.

Services must be guided by principles of universality, quality, and geographic equity.

Policy Proposal 8. Development of Support Services for Informal Carers

Individuals providing care within a family setting require systematic support. Proposed measures include: respite care services, psychological and social support, advisory services, caregiving training, and financial assistance where necessary. Supporting carers constitutes a preventive social policy, as it reduces exhaustion and protects their health and social participation.

Policy Proposal 9. Creation of Local Care Ecosystems

Local government can play a crucial role in coordinating services and community actions. Proposed actions include establishing neighbourhood care networks, intergenerational structures, community solidarity initiatives, and partnerships among municipalities, social services, and civil society organisations. Community solutions do not replace state responsibility; rather, they reinforce the collective dimension of care.

Expected Impact: Strengthening public care infrastructure will reduce reliance on unpaid family labour, improve the quality of life for carers and care recipients, boost women's labour market participation, curb social and geographic inequalities, and contribute to a sustainable social care system.

Policy Axis 4.

Protection of Informal Carers and Transformation of Working Conditions in the Care Sector

Goal: Ensuring that all individuals providing care - whether within the family or as care professionals - possess adequate rights, recognition, protection, and support.

Policy Proposal 10. Strengthening Labour Rights for Informal Carers

The state must ensure that individuals with care responsibilities can reconcile work and care without losing financial security or employment rights. This requires: paid care leaves, flexible working arrangements available to all genders, protection against discrimination due to family or other duties, options for temporary reductions in working hours during periods of increased care needs, and equal application of rights across public and private sectors. Flexible work forms must be designed to promote equality rather than becoming a mechanism that exacerbates the double burden on women or carers in general.

Policy Proposal 11. Creation of a Comprehensive Support Framework for Informal Carers

Institutional recognition of informal care must be accompanied by a cohesive social support system. This framework should encompass: psychological and emotional support, advisory services, information regarding rights and available services, caregiving training, respite care services, and financial support where caregiving creates a significant economic burden. Carers must have the right to rest, personal life, and sustained social participation.

Policy Proposal 12. Upgrading Working Conditions in Care Professions

The quality of care services directly depends on the working conditions of sector employees. Policies are needed to ensure decent pay, stable employment relationships, comprehensive social protection, ongoing vocational training, career progression opportunities, and social recognition of care professions. Special care is required for workers facing multiple inequalities, such as migrant women working under precarious or undeclared conditions.

Expected Impact: Improving protection for carers will help reduce physical and mental burnout, prevent labour market exit, strengthen financial security, enhance care service quality, and foster social recognition of care as valuable labour.

Policy Axis 5.

Transforming Social Attitudes Through Education, Participation, and Awareness

Goal: Dismantling gender stereotypes and cultivating a social culture in which care is recognised as a shared human and social responsibility.

Policy Proposal 13. Integration of Education on Care, Equality, and Diversity Across All Educational Levels

Schools should systematically incorporate themes concerning care as a social value, gender equality, respectful relationships, emotional development, diversity, and inclusion. All children, regardless of gender, must acquire caregiving skills and knowledge to prevent the reproduction of stereotypes from an early age.

Policy Proposal 14. Systematic Utilisation of Experiential and Drama-Pedagogical Approaches

The experience of the DISC project demonstrates that participatory methods can function as tools for social transformation. Their application is proposed across school programs, adult education, employee training, local community actions, and awareness initiatives. Experiential processes create spaces where individuals can reflect on social roles and imagine alternative care models.

Policy Proposal 15. Continuous Training for Professionals and Public Servants

Effective care policy implementation requires professionals equipped with knowledge regarding gender equality, intersectionality, human rights, and inclusive care practices. Continuous professional development must become a core element of human resource development across health, education, and social service sectors.

Expected Impact: Education and training will contribute to reducing gender stereotypes, fostering acceptance of shared care responsibility, generating new models of (male) participation, and establishing social recognition of care as a collective value.

Policy Axis 6.

Intersectional and Participatory Governance of Care: From Fragmented Intervention to an Integrated System of Social Responsibility

Goal: The creation of a cohesive, democratic, and inclusive care governance model that accounts for the diverse experiences and needs of care givers and receivers, relying on the participation of social groups themselves in policy design.

Policy Proposal 16. Adoption of an Intersectional Approach in All Care Policies

Public care policies must be designed around the recognition that social inequalities operate in combination. This necessitates evaluating policies regarding their impacts on different social groups, integrating gender and equality dimensions across all interventions, giving special attention to groups facing multiple access barriers and intersecting inequalities, and ensuring universal service accessibility. An intersectional approach must serve as a core design principle rather than a secondary parameter.

Policy Proposal 17. Institutionalisation of Participatory Mechanisms for Care Policy Design and Evaluation

Developing sustainable care policies requires the participation of citizens directly affected by them. Permanent consultation mechanisms should be created with informal carers, care recipients, sector professionals, civil society organizations, local communities, research entities, etc. This participation must cover not only policy design, but also implementation and evaluation. The DISC project demonstrates that participatory processes strengthen democratic legitimacy and produce solutions responding to real needs.

Policy Proposal 18. Creation of a Care Policy Monitoring and Evaluation System

Effective implementation of a new care model requires systematic data production and progress monitoring. Proposals include establishing a national mechanism for collecting data on unpaid and paid care work, systematic production of gender-disaggregated statistics, tracking service access, developing equality evaluation indicators, and regularly publishing results. Reliable data is essential for evidence-based policy decisions.

Policy Axis 7.

Investment in the Care Economy and Reallocation of Public Resources

Goal: Transforming care into a primary area of public investment, social development, and economic sustainability.

Policy Proposal 19. Adoption of a National Care Economy Strategy

Formulating a comprehensive national strategy is required to connect childcare, early childhood education, long-term care, disability support services, informal carer

assistance, and employment policies. This strategy must be accompanied by clear targets, implementation timelines, and evaluation mechanisms.

Policy Proposal 20. Increase Public Investment in Care Services

The state must increase public investment in social care by developing new public facilities, strengthening existing services, improving quality and accessibility, and funding local care networks. European funds and national recovery programs should be prioritised for social infrastructure development.

Policy Proposal 21. Application of Gender Budgeting in Care Policies

Public budgets must be evaluated regarding their impact on gender equality. Integrating gender dimensions into budgeting allows tracking resource allocation, evaluating social outcomes, and preventing policies that reproduce inequalities.

Policy Axis 8.

European Alignment and Long-Term Care System Reform

Goal: Ensuring that national care policies align with European commitments to equality, social protection, and rights.

Policy Proposal 22. Establishment of Measurable National Care Targets

Care policies must be accompanied by specific quantitative targets regarding access to childcare services, long-term care, male uptake of parental and care leaves, and reduction of the gender care gap.

Policy Proposal 23. Universal Access to Quality and Affordable Care Services

Care services must be based on principles of universality, quality, affordability, geographic equity, and respect for the autonomy of care receivers. Care must shift from a model relying primarily on the family to a model of social co-responsibility.

The findings of the DISC project and the analysis of the gender care gap converge on a central conclusion: **Care can no longer remain an invisible, private, and primarily female responsibility.** It constitutes a fundamental social function, a public good, and a prerequisite for social well-being.

A gender-transformative care system requires recognising the value of care, equitable gender redistribution, robust public services, protection for carers, shifting stereotypical social attitudes, and participatory, transparent governance.

The core political demand emerging from the participatory processes of the DISC project is summarised as follows:

"We claim a world in which caregiving is ungendered and guilt-free, understood as both a mutual responsibility and a collective right."

TABLE 1. Policy Proposals - Summary

Policy Axes (8)	Policy Proposals (23)
1/ Recognition of Care as a Public Good and Fundamental Social Function	• Adoption of a National Care Strategy • Institutionalization of a Rights-Based Universal Care System with equal access regardless of gender, race, income, gender identity, disability, etc. • Recognition and Measurement of the Contribution of Unpaid Care through data collection and time-use surveys
2/ Redistribution of Care Responsibilities and Promotion of Gender Equality	• Institutionalisation of Equal and Non-Transferable Parental and Care Leaves to encourage equal participation • Active Promotion of Men's Participation in Care • Integration of Gender Mainstreaming in All Care Policies
3/ Development of Universal, Accessible, and Quality Care Infrastructure	• Expansion of Public Care Services Across the Life Course (e.g., nurseries, public long-term care services, and facilities for persons with disabilities) • Development of Support Services for Informal Carers • Creation of Local Care Ecosystems at the municipal level
4/ Protection of Informal Carers and Transformation of Working Conditions in the Care Sector	• Strengthening Labour Rights for Informal Carers (paid leaves, flexible working arrangements without loss of income) • Creation of a Comprehensive Support Framework for Informal Carers • Upgrading Working Conditions in Care Professions (decent pay, stable employment relationships, with special provisions for migrant workers)
5/ Transforming Social Attitudes Through Education, Participation, and Awareness	• Integration of Education on Care, Equality, and Diversity Across All Educational Levels • Systematic Utilisation of Experiential and Drama-Pedagogical Approaches (to imagine alternative care models) • Continuous Training for Professionals and Public Servants (on gender equality and intersectionality)

6/ Intersectional and Participatory Governance of Care: From Fragmented Intervention to an Integrated System of Social Responsibility	• Adoption of an Intersectional Approach in All Care Policies (recognising intersecting inequalities of gender, race, sexual orientation, etc.). • Institutionalisation of Participatory Mechanisms for Care Policy Design and Evaluation (involving carers, organizations, and communities). • Creation of a Care Policy Monitoring and Evaluation System
7/ Investment in the Care Economy and Reallocation of Public Resources	• Adoption of a National Strategy for the Care Economy • Increase in Public Investment in Care Services • Implementation of Gender Budgeting in Care Policies
8/ European Alignment and Long-Term Care System Reform	• Establishment of Measurable National Care Targets (for service access and gender gap reduction) • Universal Access to Quality and Affordable Care Services (shifting from a familiaristic model to social co-responsibility)

Bibliography

In Greek

Βουγιούκα, Α., Σεργίδου, Κ., (2025). Έκθεση για το Έμφυλο Χάσμα της Φροντίδας στην Ευρωπαϊκή Ένωση και στην Ελλάδα. Αθήνα: Κέντρο Διοτίμα στο πλαίσιο του έργου «DISC- Θεατροπαιδαγωγικές παρεμβάσεις για τα έμφυλα στερεότυπα και το ισότιμο μοίρασμα της φροντίδας» που υλοποιείται από το Πανελλήνιο Δίκτυο για το Θέατρο στην Εκπαίδευση και το Κέντρο Διοτίμα.

Βουγιούκα, Α., Σεργίδου, Κ., (2025). Έκθεση για τα ποιοτικά δεδομένα που αναδείχθηκαν στο πλαίσιο των εργαστηρίων σε ενήλικα άτομα, στο πλαίσιο του έργου «DISC- Θεατροπαιδαγωγικές παρεμβάσεις για τα έμφυλα στερεότυπα και το ισότιμο μοίρασμα της φροντίδας» που υλοποιείται από το Πανελλήνιο Δίκτυο για το Θέατρο στην Εκπαίδευση και το Κέντρο Διοτίμα.

Καραμεσίνη, Μ., (2025), (επιστ. επιμ.). *Το ελληνικό σύστημα φροντίδας ηλικιωμένων αντιμέτωπο με τη δημογραφική γήρανση. Οι προκλήσεις της συμπεριληπτικότητας και της ισότητας των φύλων*. Εκδόσεις Τόπος.

Κρίθαρη, Χρ., (2026) Carefull — Η Έμφυλη Διάσταση της Φροντίδας. Δεδομένα από Παραστάσεις Θεάτρου Φόρουμ. στο πλαίσιο του έργου «DISC- Θεατροπαιδαγωγικές παρεμβάσεις για τα έμφυλα στερεότυπα και το ισότιμο μοίρασμα της φροντίδας» που υλοποιείται από το Πανελλήνιο Δίκτυο για το Θέατρο στην Εκπαίδευση και το Κέντρο Διοτίμα.

In English

Boal, A. (1979). *Theatre of the oppressed*. Pluto Press.

Chambers, R. (1997). Whose reality counts? Putting the first last. Intermediate Technology Publications.

Cornwall, A. (2008). Unpacking 'participation': Models, meanings and practices. Community Development Journal, 43(3), 269–283.

Elson, D. (2017). "Recognize, Reduce, and Redistribute Unpaid Care Work: How to Close the Gender Gap", *New Labour Forum*, 26(2), pp. 52–61.

European Commission (2022). The European Care Strategy.

European Institute for Gender Equality (EIGE) (2021). Gender Equality Index 2021: Health and Care.

Freire, P. (1970). *Pedagogy of the oppressed*. Continuum. [Ελληνική έκδοση: Φρέιρε, Π. (1977). *Η Αγωγή του Καταπιεζόμενου*. Κέδρος.]

Haraway, D. (1988). Situated knowledges: The science question in feminism and the privilege of partial perspective. Feminist Studies, 14(3), 575–599.

Harding, S. (1991). *Whose science? Whose knowledge? Thinking from women's lives*. Cornell University Press.

Hesse-Biber, S. N. (2012). *Handbook of feminist research: Theory and praxis*. (2nd ed.). Sage.

Hill Collins, P. (1990). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Unwin Hyman.

ILO (2023). Mainstreaming Care Work to Combat the Effects of Climate Change.https://www.ilo.org/publications/mainstreaming-care-work-combat-effects-climate-change

ILO, (2022) Care at work. Investing in care leave and services for a more gender equal world of work. Laura Addati, Umberto Cattaneo and Emanuela Pozzan Geneva: International Labour Office.

ILO (2018). *Care work and care jobs for the future of decent work*. Geneva: International Labour Office. https://www.ilo.org/publications/major-publications/care-work-and-care-jobs-future-decent-work

Karamessini, M. (2023). From Work-life Balance Policy to the European Care Strategy: Mainstreaming Care and Gender in the EU Policy Agenda. 2023. HAL. HAL Id: hal-03993871.

Leavy, P. (2015). *Method meets art: Arts-based research practice* (2nd ed.). Guilford Press.

Maguire, P. (1987). *Doing participatory research: A feminist approach*. Center for International Education, University of Massachusetts.

Oakley, A. (1981). Interviewing women: A contradiction in terms? In H. Roberts (ed.), *Doing feminist research*. (pp. 30–61). Routledge & Kegan Paul.

OECD (2019). Unpaid Care Work: The missing link in the analysis of gender gaps in labour outcomes. OECD Development Centre. https://www.oecd.org/en/publications/unpaid-care-work-the-missing-link-in-the-analysis-of-gender-gaps-in-labour-outcomes_1f3fd03f-en.html

Roberts, H., (ed.). (1981). *Doing feminist research*. Routledge and Kegan Paul.

Reason, P., & Bradbury, H. (eds.) (2008). *The Sage handbook of action research: Participative inquiry and practice* (2nd ed.). Sage.

Reinharz, S. (1992). *Feminist methods in social research*. Oxford University.

Torres Santana Ailynn (2020), *Care at the Core. A Feminist Proposal*. Friedrich – Ebert- Stiftung.

Tronto, J. (2013). *Caring Democracy: Markets, Equality, and Justice*. NYU Press.

Tronto, J. (1993). *Moral Boundaries: A Political Argument for an Ethic of Care*. Routledge.

UN Women (2018). Turning promises into action: Gender equality in the 2030 Agenda for Sustainable Development. New York: UN Women. https://www.unwomen.org/en/digital-library/publications/2018/2/gender-equality-in-the-2030-agenda-for-sustainable-development-2018