Care Divide

Bridging the gender divide in informal long-term care

Toolbox on how to avoid gender stereotyping in the media

Work Package 4 – **Deliverable 4.3**

PRACTICAL GUIDANCE FOR MEDIA PROFESSIONALS, COMMUNICATORS, PUBLIC AUTHORITIES AND CIVIL SOCIETY, WITH A THEMATIC FOCUS ON CARE, CAREGIVING AND LONG-TERM CARE

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Abstract	This toolbox is a **short and practical guide designed to help media professionals identify and challenge gender stereotyping in media coverage of care**. It aims to promote more accurate, balanced, and diverse representations of caregiving roles, in line with the objectives of the CareDivide project. The guide provides **key concepts and horizontal guidelines on gender-inclusive communication, together with examples, good practices, and practical tools** that support the production of media content that challenges stereotypes and contributes to a more inclusive narrative around care work and caregiving responsibilities.
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Foreword

Media do not merely describe society; they help to shape it. The words a newsroom chooses, the images it selects, the voices it amplifies, and the angles it considers newsworthy all contribute to what audiences come to see as *"normal", "expected"* or *"invisible".* Few areas reveal this influence more clearly than **the coverage of care**.

Care work, from raising children and supporting older relatives to assisting people with disabilities or chronic conditions, is the **invisible infrastructure that keeps European societies functioning**. Yet in most national media landscapes, it is still framed primarily as a private, feminine and emotional matter, rather than as the economic, political and rights-based issue it actually is. **Long-term care (LTC)**, in particular, tends to enter the news cycle mainly through episodic events (a heatwave affecting older people, a scandal in a residential facility, a strike in the care sector) while the structural conditions that make those events possible (chronic underfunding, gendered division of labour, precarious employment, fragmented services) remain largely outside the frame. **Informal carers**, who provide the bulk of care, appear sporadically, frequently portrayed as devoted daughters, sacrificing mothers or "heroes": narratives that obscure burnout, loss of income, exclusion from the labour market and the gendered cost of unpaid work.

This framing is not neutral. As the European Institute for Gender Equality has repeatedly observed, **gender-sensitive communication is a precondition for gender equality**: language and images "make people visible" or, conversely, render them invisible (EIGE, 2019). When care workers with migrant background appear only as anonymous figures in private homes, when men caregivers are treated as exceptional, when the cost of care is presented as a "family choice" rather than a structural inequality, public debate loses the categories it needs to demand better policies.



The World Press Photo of the Year shows **Rosa Luzia Lunardi embraced by nurse Adriana Silva da Costa Souza in Sao Paulo, Brazil.** *(AP: Mads Nissen, World Press Photo)*

A short, recurring example illustrates the stakes. **During the COVID-19 pandemic, headlines across Europe celebrated "the women who kept the country running"** - nurses, care workers, teachers, mothers managing home-schooling. The framing was sympathetic, but rarely connected to structural questions: why were these sectors so feminised, so underpaid, so unprotected? **When the emergency ended, the headlines moved on; the inequalities did not**. A different framing - one naming care as work, naming caregivers by profession and gender, and quoting care workers themselves, not only employers or politicians - would have left audiences with a sharper understanding of what needed to change.

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Media professionals therefore carry a specific responsibility. International evidence, from the Council of Europe's monitoring of gender equality in the media (CoE, 2020) to UN Women and UNICEF's work on stereotypes in marketing and advertising (UN Women & UNICEF, 2023) and WAN-IFRA's Gender Balance Guide for Media (WAN-IFRA, 2020), converges on a clear conclusion: **balanced representation, diverse sources and inclusive language are not optional "add-ons" but core indicators of editorial quality.** The global study by Fojo – Linnaeus University (2022) on gender equality and media regulation further shows that, where self-regulation and editorial guidelines exist, reporting on gender and care issues becomes measurably more accurate and less stereotyped.

The **Toolbox on how to avoid gender stereotyping in the media** starts from this premise. It is not a prescriptive style guide, nor a list of words to avoid. It is a **practical resource designed to help journalists, editors, communication professionals, policymakers and institutional communicators recognise recurring stereotypes in the coverage of care,** reframe them, and tell more accurate stories about who cares, who is cared for, and at what cost. In doing so, it aligns with the *EU Gender Equality Strategy 2020–2025*, the *Work-Life Balance Directive* (EU 2019/1158), the *European Care Strategy* (2022) and the broader European commitment to making care visible, valued and shared.

Better reporting on care will not, on its own, close the gender gap. But without it, the public conversation needed to close that gap cannot happen. This is the responsibility, and the opportunity, that this Toolbox addresses.

Clarificatory note: A note on the binary framing of this Toolbox

This Toolbox analyses gender stereotyping in the media coverage of care, caregiving and long-term care. Both the phenomenon analysed and the EU policy frameworks the Toolbox is anchored to are structured primarily along a binary axis: women and men. Around 90% of the long-term care workforce in the EU is made up of women; women perform roughly 76% of unpaid care work globally; the pension gap, the career-break gap and the time-use gap measured by EU institutions are all structured as gender gaps between women and men. The Work-Life Balance Directive (EU 2019/1158), the European Care Strategy (2022) and the EU Gender Equality Strategy 2020–2025 — the policy instruments this Toolbox is anchored to — describe the issue in the same terms.

For this reason, the Toolbox uses "women" and "men" frequently throughout the text. This is a description of how the care divide is distributed in practice and how it is measured by EU institutions, not a claim that only 2 gender identities exist. CareDivide partners adopt a non-binary approach to gender identity. Non-binary, transgender and gender-diverse people exist in every role analysed here — as caregivers, as care workers, as care recipients — and are routinely made invisible by the same mainstream media imagery this Toolbox is designed to challenge.

Wherever this Toolbox prescribes a practice — checklists, principles, reformulations — the recommendations apply to subjects of any gender identity. Where the Toolbox describes a stereotype, it describes it in the binary terms in which the stereotype actually circulates.

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The CareDivide project

Project objectives

CareDivide is a transnational project co-funded by the Citizens, Equality, Rights and Values (CERV) Programme of the European Union. **It addresses one of the most persistent and least visible drivers of gender inequality in Europe: the unequal distribution of care responsibilities between women and men,** and the way this division is reproduced through media representation, workplace culture and public discourse.

Care Divide
Bridging the gender divide in informal long-term care

The project starts from a simple observation: **care work** – paid and unpaid, formal and informal – remains **overwhelmingly carried out by women, often by women with migrant background, and is consistently undervalued in economic, social and symbolic terms**. As the European Care Strategy (European Commission, 2022) recognises, this "care divide" has direct consequences on women's employment, pensions, mental health and political participation.

Main objectives

CareDivide aims to bridge this divide by acting on 3 interconnected levels: workplace practices, policy advocacy and communication. In particular, the project pursues the following objectives:

- To enhance **understanding of the gender gap in informal long-term care**, especially in caring for older adults, and the availability of good practices, tools, and resources for promoting work-life balance and gender equality in employment.
- To **build the capacities of employers, managers, and human resources personnel on how to implement flexible work conditions and practices** and foster the equal inclusion of men and particularly women caregivers in the labour market.
- To **promote the adoption and effective enforcement of national and EU legal and policy frameworks** that support gender equality in informal long-term care, while advocating for necessary policy reforms.
- To **challenge gender stereotypes and traditional perceptions in society and the media** that sustain the gender care gap, promoting diverse representation and equal sharing of informal care work.
- To **raise public awareness on the existence of the gender divide in informal long-term care,** the demanding nature and increased skills required, the obstacles and difficulties faced by carers and particularly women, and the impact of caregiving responsibilities on gender equality.

Beneficiaries

The communities and stakeholders engaged through CareDivide, including **employers, human resources and managers, public administrations and policymakers, journalists, editors, communication professionals, civil society organisations**, and the society as a whole, are addressed throughout the project's outputs, of which this Toolbox is one of the main resources. **A more detailed description of who the Toolbox is for, and how it is structured, is provided in Section 3 (Toolbox overview).*

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Expected impact

- **Greater awareness** across 5 countries and the EU **of the gender gap in informal long-term care,** particularly in caring for older adults, and its impact on women's participation in the labour market.
- **Enhanced skills and knowledge** of 20 project staff and 500 employers, managers, HR personnel, and specialists **on implementing flexible work arrangements to support informal carers,** especially women.
- **Strengthened cooperation** among 75 policymakers and decision-makers from the public, private, and third sectors, **fostering policy reforms for gender equality in informal long-term care.**
- **Improved media engagement,** with 100 mainstream and online media professionals sensitised **on challenging gender stereotypes and promoting diverse representation** in caregiving roles.
- **Increased public awareness of the gender divide in informal long-term care**, its challenges, and the barriers faced by carers, particularly women with 150-200 representatives from key sectors attended national launch events and 80 participants at the Final Conference.

EU policy context

The CareDivide project is firmly anchored in the European Union's policy architecture on gender equality, social rights and care. It contributes, in particular, to the implementation of four interlinked frameworks.

EU Gender Equality Strategy 2020–2025

The Strategy **identifies the unequal distribution of care responsibilities as one of the main structural causes of gender inequality in the labour market, in political participation and in income.** It calls explicitly for **action on stereotypes,** including those reproduced by the media, and for **greater visibility of women in decision-making and in public discourse.** CareDivide responds to this call by addressing the symbolic level at which these stereotypes are produced and reinforced: the daily output of newsrooms and communication offices.

Work-Life Balance Directive (EU 2019/1158)

The Directive i**ntroduces minimum standards for paternity, parental and carers' leave and promotes the equal sharing of caring responsibilities between women and men.** Its effective implementation depends not only on legal transposition but also on **cultural acceptance,** including how media frame fathers who take leave, men who reduce their working hours to care for relatives, or women who return to full-time work. CareDivide supports this cultural shift by working on the narratives that surround it.

European Care Strategy (2022)

The Strategy explicitly **recognises care as a sector of strategic importance for the EU economy and society, and frames long-term care as a right** rather than a private family matter. It also acknowledges that the workforce is overwhelmingly made up by women, in particular with migrant background. CareDivide aligns with the Strategy's call for higher visibility, better working conditions and stronger recognition of care work, by addressing how these issues are communicated to the public.

Long-term care, employment equality and social inclusion

CareDivide also connects with EU initiatives on **long-term care quality and access, on equal treatment in employment (Directive 2006/54/EC)**, and on social inclusion of people with migrant background and older people. In all these areas, the project focuses on 4 specific dimensions where media representation has a particularly strong influence:

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- **Care work inequalities**: including pay gaps, informality, lack of social protection and exposure to abuse, particularly for care workers with migrant background.
- **Gendered division of labour**: the persistent assumption that caring is a "natural" woman's' task, both at home and in paid care occupations.
- **Workplace inclusion**: recognising caregiving responsibilities as a legitimate dimension of professional life, for women and men alike.
- **Representation of care in public discourse**: moving care from the "human-interest" pages to economic, political and rights-based coverage.

Partnership

CareDivide is implemented by a multidisciplinary, transnational partnership that brings together civil society organisations, chambers of commerce, gender equality actors, research bodies and social stakeholders from several EU Member States. This diversity is not incidental: it reflects the very nature of the issue the project addresses, which sits at the intersection of labour, social policy and gender.

- ICCV (Romania, coordinator)
- CCIR (Romania)
- CSI (Cyprus)
- PCCI (Cyprus)
- SYMPLEXIS (Greece)
- D&I (Greece)
- FSMLR (Spain)
- Camara Oficial de Comercio e Industria de Badajoz (Spain)
- CESIE ETS (Italy)
- Confesercenti Provinciale di Palermo (Italy)

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Toolbox overview

Purpose

Gender-sensitive communication is a transversal practice: it applies, in principle, to every field, every audience and every type of message — from breaking news to corporate reports, from public-health campaigns to internal staff emails. This Toolbox is built on that premise. It provides concepts, vocabulary, methods and examples that can be used by anyone whose work involves shaping public or organisational discourse, whatever the topic at hand.

At the same time, the Toolbox has a clear **thematic anchor: care, caregiving and long-term care.** This is not a narrow choice. Care concentrates, more visibly than almost any other field, the structural connections between gender, age, migration status, labour and public policy. The way care is talked about — or not talked about — reveals how a society values certain forms of work and certain groups of people.

Accordingly, the Toolbox has 2 complementary aims: first, **to make visible the structural connections between care, gender and inequality that often remain hidden in mainstream coverage and institutional discourse**; second, **to offer concrete tools — checklists, examples, reformulations, language-specific guidance — that can be applied both to care-related communication and, by analogy, to any other field where gender, identity and inequality are at stake.**

Why this Toolbox now?

Long-term care is one of the fastest-growing policy fields in the EU, yet it remains under-covered and stereotyped in most media. Strengthening the way care is represented is therefore both an editorial and a public-interest question: it shapes what citizens, employers and policymakers understand about a sector that already touches the lives of millions of Europeans. The same applies, with different vocabularies, to many other fields, making gender-sensitive communication a competence, not a one-off topic.

The Toolbox does not aim to be exhaustive, nor to dictate a single “correct” way of writing or designing communication. It is a working tool: a starting point that newsrooms, press offices, communication teams, public administrations and civil society organisations can adapt to their context, audience and editorial or institutional line, while keeping a coherent direction — making gender visible, named accurately and represented fairly across all areas of public and organisational life.

Long Term Care and the role of media: why does language matter?

Long-term care (LTC) is the system of services and support — formal and informal, professional and family-based, in residential, community and home settings — **that enables people who need ongoing assistance to live with dignity.** It includes nursing homes, home-care services, day centres, family caregivers, personal assistants and the public and private institutions that fund and regulate them.

In communication, LTC tends to appear in fragments: a story about a residential facility in crisis, a feature about a family struggling to find a care worker, a political controversy about reform, a corporate press release on a new service. The structural picture — who provides care, under what conditions, with what funding, with what consequences for caregivers' own lives — rarely emerges. Despite its size and centrality, care work remains structurally under-represented as an economic sector, with its own labour data, productivity debates and policy choices; informal carers are largely absent from coverage of health, ageing and disability; care workers themselves are rarely quoted as primary

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sources; long-term care surfaces mostly when something goes wrong, rarely when it works well or when reforms are designed.

Language plays a central role in this pattern. When care is consistently described in emotional or moralising terms ("sacrifice", "devotion", "burden"), it becomes harder to discuss it as work, as policy, as economy. The vocabulary chosen by journalists, communicators, public officials and employers is therefore not a stylistic detail; it is part of how the issue is framed for public debate and for internal organisational culture.

Making care visible does not require a separate "care section" in every newsroom or a dedicated campaign in every organisation. It requires integrating care into existing beats and communication streams (economy, politics, labour, health, social affairs, HR) and treating it with the same analytical seriousness applied to other fields.

Care work as a feminised sector

Across the EU, the overwhelming majority of paid and unpaid care work is performed by women. **Women provide the bulk of informal care for children, older relatives and people with disabilities**; they also make up the vast majority of the **formal LTC workforce** — nurses, care assistants, social workers, domestic and home-care workers.

A few orienting figures

In the EU, around **90% of the long-term care workforce is made of women, and they account for roughly two-thirds of informal carers**. Globally, women perform **76% of all unpaid care work**. Care occupations are consistently among the lowest paid and most precarious in the labour market, despite being classified as essential.

(Sources: European Commission, European Care Strategy, 2022; EIGE, Gender Inequalities in Care.)

This feminisation is not a natural fact but the outcome of social, economic and cultural processes that historically assigned care to women, and continue to do so. The vocabulary, images and assumptions used to describe care work both reflect and reinforce this distribution: as long as care is presented as something women "naturally" do, the structural reasons behind that distribution remain invisible.

Gender norms and how they shape everyday life

Gender norms are the unwritten rules that a society holds about what women, men and people of other gender identities are expected to be, do and want. They tell us who is supposed to be assertive and who accommodating, who should earn the family income and who should manage the household, who can interrupt a career to care for a relative and who is expected not to. These expectations operate as a quiet background to many ordinary decisions and are often experienced as "common sense", even when they produce measurable inequalities in income, time use, health and political participation.

Gender norms affect people across all dimensions of life. In families, they shape who reduces working hours when a child is born or a parent falls ill, who handles the "mental load" of organising daily life, and how decisions about money and time are made. In workplaces, they influence who is promoted, who is asked to stay late, who is considered a "natural leader" and who is seen as "committed" or "distracted". In public services and public policy, they shape how leave, benefits and care services are designed, and who is treated as a primary stakeholder. In peer groups, they regulate what is considered acceptable behaviour for boys and girls from a very early age, with lasting effects on self-image, ambition and mental health.

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Crucially, **gender norms are learned, not innate.** They change over time, across cultures, and across generations within the same family. The fact that they can change is what makes communication relevant: every text, image or campaign either reproduces existing norms or contributes to opening up new possibilities. The recurring image of the "sacrificing mother" or the "devoted daughter", for example, presents women's caregiving as moral excellence rather than as a structural arrangement that limits their economic autonomy; the framing of men caregivers as exceptional implicitly confirms that care is not their default responsibility. Naming these patterns — in journalism, advertising, internal communication, official documents — is the first step toward changing them.

Intersectionality: why one lens is not enough

Discrimination is rarely a one-dimensional phenomenon. **People are not affected by their gender alone, but by the combination of gender with other characteristics — age, ethnicity and racialization, migration status, disability, class, sexual orientation, religion, place of residence**. Two women may share the same gender but face very different obstacles depending on whether they are young or older, with or without a migratory background, in a metropolitan area or in a rural one, with or without a disability. A communication strategy that treats "women" as a single homogeneous group risks being accurate for some and misleading for many.

Adopting an intersectional lens means deliberately considering, for every story, campaign or document: which groups are explicitly represented? Which dimensions of inequality are at play? Who is being spoken about and who is being spoken with? In the care sector, this lens is particularly necessary because care concentrates several inequalities at once. But the same logic applies to any other field — labour, education, health, justice — where treating any group as monolithic flattens reality and obscures the dimensions that most need to be addressed.

Several dimensions are particularly important to keep in mind when communicating on care, but also more generally:

- **Age.** Older women are simultaneously the main recipients of long-term care and, in many cases, its main informal providers — caring for partners, grandchildren or even older parents. Ageist stereotypes (older people as passive, dependent, "a burden") intersect with sexist ones, producing narratives that erase older women's agency.
- **Migration status.** In several EU countries, a substantial share of paid home-care and domestic-care work is performed by women with a migratory background, often under precarious or informal contracts. Media coverage tends to oscillate between two equally limiting frames: invisibility (these workers do not appear at all) and victimisation (they appear only as exploited figures, without agency or voice).
- **Disability.** People with disabilities are both important recipients of care and active participants in society, work and family life. Communication that addresses them only as recipients of support reproduces a partial and dependent image.
- **Class and territory.** Access to formal care services varies sharply by income and by region, with rural and peripheral areas frequently underserved. These inequalities deserve explicit naming rather than being absorbed into generic stories about "the elderly" or "families in difficulty".

An **intersectional approach** to reporting on care does not require complicated theoretical language. It requires asking, for each story: who exactly are we talking about? Whose voice is in the article? Whose voice is missing?

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How to use this Toolbox

Target users

The Toolbox is designed for a broad and diverse set of professionals whose daily work shapes public or organisational discourse. It is relevant for, but not limited to:

- **Journalists and editors** working in print, broadcast, digital and freelance settings, across all beats: politics, economy, labour, health, society, local news, culture, sport. Care-related topics are an obvious entry point, but the principles apply to any beat where people are described, classified or quoted.
- **Communication professionals** in public administrations, care providers, private companies, employers' associations, chambers of commerce, trade unions, NGOs and civil society organisations, including those who design campaigns, write press releases, manage social media or draft internal communications.
- **Policymakers and public officials** of public authorities operating in the fields of gender equality, employment, social inclusion and formal long-term care, who interact regularly with media and communicators and produce communication of their own (official documents, public statements, citizen-facing services).
- **NGOs, CSOs and other social partners**, including women's organisations, migrant rights organisations, older people's associations, disability organisations, trade unions and employers' associations.
- **Trainers, journalism schools and communication faculties** preparing the next generation of professionals.

Beyond these primary users, the Toolbox is also a useful reference for any private company, public institution or civil society organisation that wants to move toward a more inclusive style — in internal communication (HR policies, staff emails, intranet content) as well as in external communication (campaigns, websites, social media, reports, public statements).

Structure of the Toolbox

The Toolbox is organised in a progression from context to concepts, from concepts to practice, and from practice to ready-to-use tools.

Chapter 1 Key concepts and principles	Provides the conceptual foundations necessary to understand gender stereotypes and inclusive communication. It introduces the **basic conceptual framework** necessary to understand gender stereotypes and inclusive communication.
Chapter 2 Language and framing in media coverage of care	Offers **practical guidance on inclusive language, framing techniques, common pitfalls and reformulations,** including language-specific subsections (Romanian, Greek, Spanish and Italian).
Chapter 3 Visual representation and media imagery	Addresses **representation beyond words**: who is interviewed, who is quoted, who is photographed and how. It covers source selection and the choice of visual material (avoiding clichéd or stereotyped imagery)
Chapter 4 Practical tools for media professionals	Translates the previous chapters into **ready-to-use instruments**: editorial and pre-publication checklists, self-assessment grids, a glossary of recommended and discouraged terms, disclaimer templates, examples of good practice from European newsrooms and organisations, and a curated list of further resources.

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How the toolbox supports inclusive communication practices

The Toolbox supports inclusive communication in 4 concrete ways:

- **Awareness.** It names recurring stereotypes and framing patterns so they can be recognised in time, before publication.
- **Vocabulary.** It provides examples of problematic and inclusive expressions, with reformulations tailored to care, caregiving and long-term care.
- **Method.** It suggests questions to ask at each stage of editorial work — angle, sources, headline, image — to test whether the coverage is accurate and fair.
- **Adaptation.** It includes language-specific guidance acknowledging that each language has different grammatical and cultural constraints that affect inclusive writing.

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Chapter 1: Key concepts and principles

Gender and gender stereotypes

Sex vs Gender

To understand how gender stereotypes are created and reproduced in the media, it is important to first clarify some key concepts related to **sex, gender, identity and social norms**. Although these terms are often used interchangeably in everyday language, they refer to different dimensions of human experience and play distinct roles in shaping media representations.

Sex refers to "*the biological and physiological characteristics that define humans as female or male. These sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, but these characteristics tend to differentiate humans as females or males*" (Council of Europe, 2022).

Gender refers to "*the social attributes and opportunities associated with being female and male and to the relationships between women and men, and girls and boys, as well as to the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialisation processes*" (Council of Europe, 2022).

Table 1. Differences between sex and gender

Sex	Gender
Sex refers to biological differences between males and females (e.g. reproductive organs, chromosomes, hormones, etc.)	**Gender is a social, psychological and cultural construct** and it is developed through socialisation. Different societies and cultures may have different understanding of "masculinity" and "femininity." **Societies create norms and expectations related to gender**, and these are learned in the course of one's life (in the family, at school, through the media).
Sex is assigned at birth	**Gender is not necessarily defined by biological sex**: a person's gender may or may not correspond to their biological sex. Gender is more about identity and how we feel about ourselves.
Sex characteristics can be modified. Some transgender people may undergo medical interventions, such as hormone therapy or gender-affirming surgeries, to align their physical characteristics with their gender identity. However, not all transgender people choose or have access to medical transition.	**Gender is deeply personal and it is something we express** (gender expression), sometimes intentionally, and sometimes without thinking. We communicate our gender in a number of ways, for example by the way we dress, the way we move, our hair style, and the way we interact with others**.**
Source: Council of Europe (2022)	**Gender is both an analytical category** – a way of thinking about how identities are constructed – and **a political idea** which addresses the distribution of power in society.
	Gender intersects with other categories, such as class, race, religion, education, disability, sexual identity etc. – **Intersectionality**

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A transgender (or trans) person is someone whose gender identity differs from the sex assigned to them at birth. Some transgender people may choose to socially, legally or medically transition, while others may not. The term "transsexual" is less commonly used today and is generally considered more dated than "transgender", although some individuals may still choose to use it to describe themselves (Stonewall, nd).

Intersectionality is an analytical tool which "*recognizes that people's lives are shaped by their identities, relationships and social factors. These combine to create intersecting forms of privilege and oppression depending on a person's context and existing power structures such as patriarchy, ableism, colonialism, imperialism, homophobia and racism*" (UN Women, p.8, 2021). Intersectionality is important since it identifies the hidden structural barriers and supports our understanding of how individual experiences differ even within already marginalized and/or underrepresented groups (UN Women, 2021).

In the context of media representation, an intersectional perspective helps identify how gender stereotypes interact with other forms of discrimination and exclusion, leading to the underrepresentation or misrepresentation of certain groups.

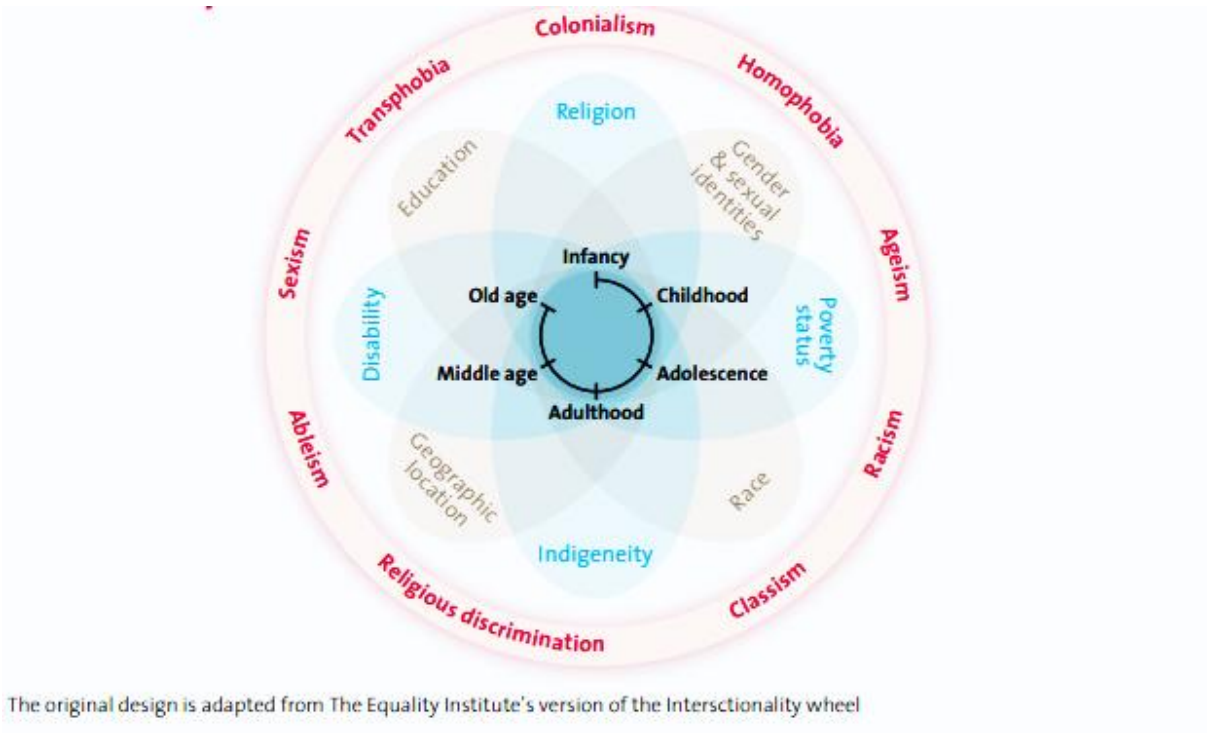

Figure 1. The intersectionality wheel
Source: UN Women, p. 8, 2021

Gender norms & gender roles

Gender stereotypes do not emerge in isolation. They are rooted in broader social expectations and beliefs about how women, men and people of diverse gender identities should behave. Understanding gender norms and gender roles helps explain how stereotypes are formed, maintained and reproduced through social institutions, including the media.

Gender norms are "*ideas about how men and women should be and act. We internalize and learn these "rules" early in life. This sets-up a life-cycle of gender socialization and stereotyping. Put another way, gender norms are the standards and expectations to which gender identity generally conforms,*

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within a range that defines a particular society, culture and community at that point in time" (EIGE, n.d.).

Gender norms are deeply embedded in our society and they significantly impact individuals. They set the societal expectations and rules of how we should behave, express ourselves and interact with others according to our gender. These norms are identifiable in several aspects within our lives, including education, family, and the media. In the media for example many TV shows and movies portray predominantly men protagonists who appear to be strong, aggressive, and dominant, while women characters appear to be dependent, emotional and sexualized.

Gender roles are "*a set of prescriptions for action and behavior allocated to women and men respectively, and inculcated and maintained as described under* ***'Gender Contract'***.

Gender roles refer to social and behavioral norms that, within a specific culture, are widely considered to be socially appropriate for individuals of a specific sex. These often determine the traditional responsibilities and tasks assigned to men, women, boys and girls. Gender-specific roles are often conditioned by household structure, access to resources, specific impacts of the global economy, occurrence of conflict or disaster, and other locally relevant factors such as ecological conditions. Like gender itself, gender roles can evolve over time, through the empowerment of women and transformation of masculinities" (EIGE, n.d.).

Gender contract is a "set of implicit and explicit rules governing gender relations which allocate different work and value, responsibilities and obligations to men and women and it is maintained on three levels - cultural superstructure – the norms and values of society; institutions - family welfare, education and employment systems, etc.; and socialization processes, notably in the family" (EIGE, n.d.).

Table 2. Gender norms vs roles

Gender norms (beliefs, ideas)	**Gender roles** (learned behaviours)
Men must be strong and independent	Men as the primary earners
Women must be nurturing and emotional	Women as the primary caregivers (children, elderly)
Men should not show their vulnerability	Men are expected to avoid care-related roles
Women are more suitable for domestic roles	Women expect to perform unpaid domestic and care work

These socially constructed gender roles and norms form the foundations upon which **gender stereotypes** are built. As we already discussed, gender norms establish the beliefs and ideas of how men and women should be and act, and gender roles translate these beliefs into learned behaviors, and socially assigned responsibilities – gender stereotypes take this a step further by generalizing and simplifying these assumptions about entire groups.

Specifically, **a gender stereotype is** "*a generalized view or preconception about attributes or characteristics, or the roles that are or ought to be possessed by, or performed by, women and men. A gender stereotype is harmful when it limits women's and men's capacity to develop their personal abilities, pursue their professional careers and/or make choices about their lives*" (United Nations, n.d.). While specific stereotypes vary across cultures, some recurring themes have been identified in Western cultures. For instance, women have been linked to traits associated with communion, like compassion, supportiveness, warmth, and care, while men have been tied to agency traits, like

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assertiveness, competitiveness, action, and intelligence. Gender stereotypes are thus a huge obstacle towards achieving gender equality and they feed into gender-based discrimination.

Gender-based discrimination is when a person is treated unequally or is disadvantaged based on their gender. This includes harassment/discrimination based on sex, gender identity, or gender expression (Stanford University, n.d.).

Gender stereotypes in media

The significant impact the media has on our understanding of gender, including gender roles, norms, and stereotypes, has been extensively studied and documented (Santoniccolo, 2023). In large part the media is responsible for creating, propagating, reinforcing, and normalizing gender stereotypes since they repeatedly portray men and women according socially expected roles and behaviors. From a very young age people are exposed to recurring stories, images, and symbols showcasing what it means to be a man or a woman in each society, frequently in strict, binary, and hierarchical terms (Pirzada, 2025).

The concept of gender binary is often reflected in media representations. Gender binary is a system that classifies gender into two mutually exclusive and fixed options: man and woman, often based on biological characteristics. In binary gender systems, individuals are expected to conform to the societal norms associated with their assigned gender at birth. While this concept has been deeply entrenched in many societies, it fails to encompass the diversity of gender identities beyond the binary spectrum. In recent years, there has been a growing recognition of non-binary, genderqueer, and transgender identities that challenge the binary conception of gender (The Oxford Review, 2024).

Although fair gender portrayal should be widespread throughout the media, it is still very imbalanced, and stereotypical portrayals remain and they often reflect simplified and traditional gender roles (GMMP, 2025). Women are either under-represented or misrepresented; they are portrayed in simplistic ways; they are sexualized, objectified and represented as beings with minimal, if any, agency.

What is highly consistent over the years is the over-representation of women in work linked to the home, in caregiving (both for children and the elderly), and low authority roles (GMMP, 2025). Specifically, according to the Global Media Monitoring Project (2025), in the news, homemaker/parent – with no other occupation given – remains the highest “job type” for women (GMMP, 2025). In the same report, women were reported to be underrepresented on a global scale for news coverage especially when considering representation as expert voices (GMMP, 2025). Certain categories of women, like the poor, older women, or those belonging to ethnic minorities, are even less visible in media representations.

Similar stereotypical patterns have been observed in television programs and advertising. Analyses of television programs have shown that girls are often portrayed as focusing more on their appearance while also being judged based on their appearance (Santoniccolo, 2023). In advertising, gender stereotypes are frequently used to promote products. Advertisements frequently show women as “homemakers, caregivers, or objects of men desire, while men are portrayed as breadwinners, decision-makers, or adventurers” (Pirzada, 2025, p. 4). Objectifying women in advertising also raises concerns around its contribution to unrealistic beauty standards and body images, since there is a lack of diversity and a “one-size fits all” mentality is the norm.

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Exclusive vs Inclusive language

Language is one of the most powerful tools through which gender norms and stereotypes are reproduced or challenged. The words used in media content can influence how individuals and social groups are perceived, represented and valued. For this reason, adopting inclusive and gender-sensitive language is a fundamental aspect of ethical and responsible communication.

Table 3. Exclusive language

Term	Definition
Sexist language Example: Women must earn less than men because they are less intelligent.	Sexist language is the same as gender-discriminatory language. However, there is a subtle difference in how people use the terms: sexist language is commonly seen as language that the user intends to be derogatory; gender-discriminatory language, on the other hand, also includes language people use without any sexist intention.
Gender-discriminatory language Example: Ambassadors and their wives are invited to attend an after-dinner reception.	Gender-discriminatory language is the opposite of gender-sensitive language. It includes words, phrases and/or other linguistic features that foster stereotypes or demean or ignore women or men. At its most extreme it fails to treat the genders as equal in value, dignity, integrity and respect.
Gender-biased language Example: Every day, each citizen must ask himself how he can fulfil his civic duties.	Gender-biased language either implicitly or explicitly favors one gender over another and is a form of gender-discriminatory language.

Source: EIGE, 2019. Gender-sensitive communication.

Table 4. Inclusive language

Term	Definition
Gender-inclusive language Example: Ambassadors and their spouses are invited to attend an after-dinner reception.	Using gender-inclusive language means speaking and writing in a way that does not discriminate against a particular sex, social gender or gender identity, and does not perpetuate gender stereotypes. Gender-inclusive language refers to language that places both women and men at the same level, and which does not convey gender stereotypes.
Gender-neutral language Example: Guests are invited to attend an after-dinner reception.	Language that is not gender-specific and which considers people in general, with no reference to women and men.
Gender-responsive language Example: Instead of Fireman, Businessman, Policeman say Firefighter, Businessperson, Police Officer.	Gender-responsive communication is both an inclusive and a strategic tool for gender mainstreaming and a must-have skill for all development practitioners. It is a tool through which women and men are equally and fairly represented, benefit equally from resources and opportunities, and perform equal roles – a tool where gender balance is taken into account during decision-making processes and where stereotypes are questioned.

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Gender-sensitive language Example: Instead of Mankind, Ladies and Gentlemen, Businessman say Humankind, Everyone/Friends/Guests, Business executive/entrepreneur	Gender-sensitive language is gender equality made manifest through language. Gender equality in language is attained when women and men – and those who do not conform to the binary gender system – are addressed through language as persons of equal value, dignity, integrity and respect.
Gender-transformative language Example: Instead of "man up" say "be strong" Instead of "mothers are responsible for childcare" say "parents/caregiver are responsible for children" Instead of "manpower" say "workforce"	Gender transformative communication aims to change behavior, attitudes and beliefs about gender, and to challenge power imbalances. It counters discriminatory gender norms through images, language or evidence. It does more than just make people gender-aware: It fosters real transformation

Source: EIGE, 2024, Words Matter

Key principles of gender-inclusive language

The use of gender inclusive language contributes to gender equality. It is a simple way for people to understand better how the language is strictly connected to behavior and it helps them feel more comfortable expressing themselves. On the other hand, gender inclusive language helps people to understand easier the different needs of men and women and challenge their stereotypes that have been embedded regarding gender roles.

There are three broad categories under which gender-discrimination language falls (EIGE, p. 18, 2019):

- **Stereotypes**: question traditional portrayals and assign gender when gender is unknown or irrelevant because of stereotypes.
- **Invisibility and omission**: language which casts men as the generic norm and keeps women and other groups from being visible in public life and media narratives – the term 'man' is often used to describe the experiences of all people.
- **Subordination and trivialisation**: language which paints one gender, often women, as inferior, or belittles them. As well as language that makes significant issues seem unimportant, small, "cute," or unworthy of serious attention.

All the above are closely related; with invisibility, omission, subordination, and trivialization stemming from gender stereotypes reflecting attitudes that are held across each society.

To make your language inclusive and transformative these are **the key principles to follow**.

1. Recognise and challenge stereotypes

To recognize and challenge stereotypes is the most difficult part, since the stereotypes are ideas that "have grown" with us. Their recognition requires a lot of effort and time. Most of the time, when people express themselves orally or in writing, they unconsciously reproduce some stereotypes that exist in their minds as "normal" since society believes in this side of the "story".

For this reason, it is essential for people before expressing themselves publicly to take two minutes of self-reflection by replying to questions like

- Is what I am going to say or publish free of stereotypes?
- Do I reproduce a stereotype unconsciously?
- Why do I believe something like this? Is it real or do I have used to think in such a way?

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- Is what I am going to share with other people the reality for all members of the group that I am referring to?

By answering the above questions, people have the chance to reconsider their ideas and beliefs.
To challenge the stereotypes, the first step is to admit that everyone holds implicit biases. After that, it is necessary for people to educate themselves about these biases and work to unlearn them. People need to start thinking "out of the box", using the gender inclusive language in their daily lives, changing their mindsets by observing what really happens around them instead of taking as granted what they have believed so far.

2. Be inclusive and avoid omission and making others invisible

It is very important to recognize that your audience is not a homogenous group, but it is characterized by diversity. The used language must not rely on assumptions that exclude some people or a specific group of people. Visibility should be secured for everyone, and the language can make the difference. For example,

- Avoid using jargon and acronyms that probably make some people feel uncomfortable because they don't know the terms, replace gender terms with words like "everyone", "team" etc .
- Avoid using the word man as well "he" when referring to the generic experience of all people as this removes women from the common experience.
- Avoid using gender nouns and adjectives etc

Apart from the oral communication there is also the non-linguistic communication for which you should pay attention:

- Secure that the used images do not reproduce stereotypes
- When you provide an example try to mix genders
- In voice overs, try to use voices of both genders

3. Be respectful and avoid trivialization and subordination

Being respectful means understanding that words matter, can harm others and reproduce harmful stereotypes and power imbalances. For this reason, you must be very careful about the words you use. It also means using language that promotes dignity and equality for all. Avoiding trivialization means not using words that put someone's feelings or experiences down (i.e. "too sensitive", "too touchy" etc.) while avoiding subordination means using language which does not place a person or a group of people over another.

Think about it: There are some certain pairs of words like King and Queen, Boys and girls act in which the male version comes first. Although we all use these words or phrases, we have to admit that they still present the hierarchy that our society associates with the referred people.

Below are **few tips** on how you can avoid using Sexist/Gender-discriminatory/Gender-biased language and use gender inclusive language or gender sensitive language:

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*Table 5. **Dos and don'ts***

⊘	Don't use **gendered pronouns** (he or she) when the person's gender is unknown
⊘	Don't mention **irrelevant information about gender (**e.g., career woman instead of focused on her career)
⊘	Don't use **gendered stereotypes as descriptive terms** (e.g., ladylike, man up, etc.)
⊘	Don't **gender inanimate objects** (e.g., mother tongues)
⊘	Don't use **different adjectives for women and men** (e.g., Bossy or pushy for women VS Assertive for men)
⊘	Don't use **stereotypical images** (e.g., women home makers, men builders)
⊘	Don't use **'man'** as the neutral term (e.g., man's greatest invention, mankind)
⊘	Don't use **'he'** to refer to unknown people (e.g., he or she, their)
⊘	Don't use **gender-biased nouns** to refer to groups of people (e.g., police officer instead of Policeman)

👍	Take care with **'false generics'**
👍	Use **gender-sensitive language** and **gender-neutral terms** (e.g., "Welcome, everyone." instead of "Welcome, ladies and gentlemen.")
👍	Individuals are portrayed in **non-stereotypical roles** (e.g., not men as doctors, women as nurses)
👍	Include **diverse stories** of different gender groups (e.g., stories of LGBTQ+ people; individuals portrayed in diverse roles (experts, ordinary people), from diverse backgrounds (e.g. rural, wealthy, less wealthy) and in different contexts (e.g. family life, work/professional life or community life).
👍	Identify and address **barriers** to accessing information for all gender groups (e.g. communication channels, tools and languages to reach diverse groups)
👍	Secure that the used images do not reproduce stereotypes
👍	When you provide an example try to mix genders
👍	In voice overs, try to use voices of both genders

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Chapter 2: Language and framing in media coverage of care

Language plays a central role in shaping how care work and caregiving are perceived in society. Media narratives not only reflect existing social norms but also actively contribute to reinforcing or challenging these norms. In the context of long-term care (LTC) where women are disproportionately represented as both paid and unpaid caregivers, the use of gender-biased language can perpetuate inequalities and limit more inclusive representations.

This chapter provides practical guidance for identifying and avoiding gender-biased language in media coverage of care. It translates the key concepts introduced in Chapter 1 into **concrete tools and strategies that media professionals can apply in their daily work**. Additionally, it also explores **how gender stereotypes intersect with ageism and, in some cases, disability narratives**, particularly in the portrayal of older people and care recipients.

Categories of gender-discriminatory language

In media coverage of care, gender-discriminatory language can take different forms. It is important to recognize these patterns as it is the first step towards addressing them. Following is a description of the four main gender-discriminatory language categories, how they occur, as well as some examples.

Gender invisibility and omission

This occurs when language **excludes** or **overlooks** certain groups, making them **invisible**.

- × Use of masculine generics (e.g. “care workers and their families… he…”)
- × Lack of representation of men in caregiving roles
- × Absence of diverse caregiving profiles (e.g. carers with migrant background, young carers)

Moreover, certain linguistic and narrative techniques **obscure gender inequalities** in care work.

Passive constructions

“Care is provided by families”

- Hides who performs the work

Neutral but misleading terms

“Family care” or “informal care”

- May mask unequal distribution of responsibilities

Aggregation without disaggregation

Referring to “caregivers” without specifying gender differences

- Conceals structural inequalities

De-personalisation

“Care services are under pressure”

- Removes focus from workers and their conditions

Gender stereotyping

This category is related to language that **reinforces traditional roles** and **expectations**.

- × Associating caregiving primarily with women (“natural carers”, “maternal instinct”)
- × Portraying men as secondary or “exceptional” caregivers
- × Framing care as an extension of women’s domestic role

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Subordination and trivialisation

Language that **diminishes** the **value** or **importance** of care work.

- × Describing care work as "help", "support", or "informal assistance" rather than labour
- × Highlighting emotional aspects while ignoring abilities/skills and professionalism
- × Using informal language for care roles / not giving the necessary attention or value to care roles.

Asymmetrical language

Different language used for men and women in **similar roles**.

- × "Female doctor" vs "doctor"
- × "Male nurse" vs "nurse"
- × Highlighting gender when it deviates from stereotypes

It is crucial to recognize and address gender-discriminatory language as it the first significant step to reform social norms.

Language → Framing → Perception → Social Norms → Policy outcomes

How to avoid gender-stereotypes?

There are some general principles that can be incorporated in order to avoid gender stereotypes in practice:

- ✓ Use inclusive and neutral terms where possible
- ✓ Avoid reinforcing traditional gender roles
- ✓ Ensure balanced representation in language and examples
- ✓ Reflect diversity in caregiving experiences

Table 6. Examples of gender-biased vs inclusive language

Example	Issue	Suggested alternative
X Women take care of their elderly relatives	Reinforces gender stereotypes	**√ *Care responsibilities are often unequally distributed, with women providing most unpaid care***
X A male nurse helps patients	Unnecessarily highlights gender	**√ A nurse supports *patients***
X She balances caregiving and family duties	Assumes caregiving is a women's role	**√ They balance caregiving and other responsibilities**
X Informal help provided at home	Trivialises labour	**√ Unpaid care work carried out at home**

Techniques of gender visibility

In order to **counterbalance obscurement** or **omission**, media professionals can adopt strategies that make **gender dynamics visible**. Following are some examples of techniques that can be embraced by media professionals:

- Use gender-sensitive language where relevant (e.g. "women and men caregivers")
- Provide data disaggregated by gender

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- Highlight diverse caregiving roles (men, workers with migrant backgrounds, younger carers)
- Make inequalities explicit (e.g. “women provide the majority of unpaid care work”)

Moreover, in order to avoid **invisibility** or **omission**, media professionals can:

- Use gender-inclusive terms (e.g. “care workers”, “caregivers”)
- Avoid default masculine pronouns
- Ensure representation of both women and men
- Include unrepresented profiles (e.g. carers with migrant backgrounds, older workers)

A practical example on how to avoid invisibility or omission can be:
X “Each caregiver must manage his responsibilities carefully.”
√ “Caregivers must manage their responsibilities carefully.”

Another practical example of media framing can be:
X “Daughter sacrifices career to care for ageing parents”
√ “Lack of formal care services increases pressure on families, especially women”

Subordination and trivialisation

Subordination and trivialisation are **linguistic** and **behavioral strategies** that reenforce traditional power dynamics, particularly the dominance of men over women, in this way **depreciating** or **masking** issues such as **gender inequality**. In this sense, Care work is often undervalued in media narratives, language can either reinforce or challenge this trivialisation. Some of the **common issues** can be exposed as framing care as “natural” or “instinctive”, emphasising emotional labour while ignoring skills and describing care work as secondary or informal. For the purpose of **addressing** these issues media professionals can use professional terminology (e.g. “care worker”, “health assistant”) Acknowledge skills, training, and responsibilities, as well as avoid diminishing expressions (e.g. “just helping”, “simply assisting”).

*Table 7. **Reframing care work***

Instead of…	Use…
She helps her elderly parents	*She provides unpaid care to her elderly parents*
Caregiving comes naturally to women	*Caregiving skills are developed and applied across different groups*
Low-skilled care jobs	*Care roles requiring interpersonal, technical, and organisational skills*

Zoom-in: Age, gender and language in long-term care

Media coverage of care sits at the intersection of multiple identity dimensions – **age, gender, disability migration background, ethnicity -** and the words and images used to describe care recipients and care workers shape how their experience is understood. In long-term care narratives, older people **are often portrayed** as **passive**, **dependent**, or **burdensome**, with little room given to their agency, choices, and continued participation in social life.

Gender ageism can play a significant role in how people are portrayed in media narratives where **older women** are more likely to be depicted as **frail** or **vulnerable**. On the other hand, **older men** are often portrayed as **authoritative** and **independent -** when they appear at all, since older women dominate care imagery overall. These framings rarely match the lives they describe, and they almost entirely operate within a strict woman/man dichotomy that erases non-binary and gender-diverse older people from the picture.

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Care narratives also intersect with **disability.** Care recipients with disabilities are routinely framed through dependency and lack rather than autonomy, and the linguistic choices made in captions, articles, and campaigns either reinforce or push back against that framing.

A small set of recurring choices does most of the work:

- **Vulnerability is a situation, not a personal trait.** Phrases such as "vulnerable older women" or "her vulnerability" treat vulnerability as something a person *is*, fixing it as identity. Vulnerability is in fact produced by context — inadequate services, isolation, inaccessible environments, ageism itself. Naming the context restores agency: "older women in situations of vulnerability", "exposed to vulnerable conditions".
- **Person-first language on disability.** Formulations like "disabled recipients", "the disabled elderly", or "the disabled" collapse the person into the condition. Unless a specific community has indicated a different preference — autistic, Deaf, and blind communities, for instance, generally prefer identity-first language — the default in long-term care narratives is "people with disabilities", "older adults with disabilities", "people receiving support with…".
- **Age categories:** precise rather than generic. "The elderly", "the aged", "seniors", or "old people" homogenise four or more decades of adult life into a single passive category. Wherever possible, replace generic terms with more specific framings — "older adults", "people over 75", "people in late working life" — or name what is actually relevant (caregiving load, retirement status, a specific condition) instead of using age as a stand-in.
  "Elderly home" and similar. Expressions like "elderly home", "old folks", or "the aged" carry an infantilising and paternalistic charge. Prefer "residential care", "long-term care facility", or "care home".
- **Migration background and ethnicity, named without collapsing the person**. Where migration or ethnicity are part of the story, frame them as background and context rather than as identifying labels: "care workers with migrant backgrounds" rather than "migrant care workers"; "people from a range of ethnic backgrounds" rather than racialising shorthand. This matters especially in long-term care, where women with migrant backgrounds perform a large share of paid care work and are routinely made invisible in mainstream narratives — or reduced to their migration status alone.

How to improve representation?

- ✓ Use respectful and person-centred language (e.g. use “older people” instead of “the elderly”, "people with disabilities" instead of "the disabled")
- ✓ Treat vulnerability as a situation produced by context, not as a personal trait.
- ✓ Avoid homogenising groups: older adults, people with disabilities, and communities with migrant backgrounds each contain enormous internal diversity.
- ✓ Make non-binary and gender-diverse older people visible. They exist in long-term care, and they are almost entirely absent from current media imagery.
- ✓ Highlight agency, diversity, and individuality alongside support needs.
- ✓ Show a range of care experiences, including active ageing, peer support, and care relationships that are not framed around burden.

Practical examples:
X “The elderly depend on caregivers for their daily needs.”
√ “Some older people require support with daily activities, while many remain independent and active.”

X “Vulnerable older women in care homes.”
√ “Older women in residential care, often exposed to conditions of vulnerability due to isolation or inadequate services.”

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X "Disabled recipients of care."
√ "People with disabilities receiving care."

X "Migrant care workers."
√ "Care workers with migrant backgrounds"

X "Old people's home" / "elderly home."
√ "Residential care facility" / "care home."

Language-specific considerations

While the principles of inclusive and gender-sensitive communication are broadly applicable across contexts, the **linguistic strategies used to achieve them vary considerably between languages.** Grammatical structures, gender systems, pronouns, professional titles, and conventions for referring to groups of people differ from one language to another. As a result, techniques that are effective in one language may be impractical, inappropriate, or even impossible to apply in another.

For example, English often relies on gender-neutral nouns and pronouns, while languages such as **Italian, Spanish, Greek, and Romanian** require grammatical gender marking for many nouns, adjectives, and professional titles. In these languages, achieving inclusive communication may involve different strategies, such as the use of gender-inclusive reformulations, collective nouns, double forms, gender-sensitive professional titles, or alternative sentence structures.

Media professionals should therefore adapt the recommendations presented in this chapter to the linguistic and cultural context in which they operate. Inclusive communication is not about applying identical rules across languages, but about pursuing the same objectives—visibility, accuracy, fairness, and respect, through **language-specific solutions.**

For practical guidance, examples, and recommendations tailored to individual linguistic contexts, readers are encouraged to consult the **language-specific versions of this Toolbox**, which include dedicated sections on:

- Romanian language considerations;
- Italian language considerations;
- Greek and Cypriot Greek language considerations;
- Spanish language considerations.

These sections provide detailed guidance on the challenges, opportunities, and inclusive communication practices that are specific to each language.

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Chapter 3: Visual representation and media imagery

Gender bias in images

Over the last decade, driven by the expansion of social media, visuals are processed faster. **Images** used in news media and advertising do more than just illustrate a story, they also **shape public perception**. For this reason, images have a unique power to amplify gender biases more deeply and instantly than text alone (Guilbeault, et al., 2024). As digital consumption evolves, global audiences are spending significantly less time reading long-form content and more time engaging with the visuals across online platforms.

In an era where images are downloaded, shared, and exchanged every second, their influence over our subconscious beliefs is unprecedented (Kay, Matuszek, & Munson, 2015). Consequently, media professionals must exercise intentionality and care when selecting and producing visual narratives, ensuring they do not reinforce stereotypes.

The 'naturalization' of women in care

Media and campaigns routinely frame **women as natural or primary caregivers**, especially mothers, in domestic interiors, positioning care as their default identity. In general, women are often photographed as if they are being *looked at* (objects), whereas men are photographed as if they are *looking out* at the world (subjects) (Santoniccolo, Trombetta, Paradiso, & Rollé, 2023).

Public health campaigns and promotional posters feature women as the sole providers of domestic care, while men are relegated to the background or omitted entirely from the narrative (Gugliotti & Schraiber, 2025). Both Figure 2 and Figure 3 reinforce gender stereotypes: the man is positioned centrally in professional attire, whereas the woman is shown performing a task without any visual emphasis or prominence.



Figure 2: A caregiver serves tea to an older woman in a cozy bedroom setting, fostering comfort and care CITATION Kar26 \l 2057 (Karvina, 2026).



Figure 3: Happy caregiver talking to an older man while shaking hands with him during a home visit CITATION dra26 \l 2057 (Drazenzigic, 2026).

The 'incompetent/heroic dad' trope

Studies on **visual gender stereotypes** show that men are much less often represented in everyday caring roles and more often as independent and in high-status occupations (Döring, 2022; Rubio, 2018; Santoniccolo, Trombetta, Paradiso, & Rollé, 2023). In cases **where men are shown caregiving, visuals tend to frame them as exceptional or humorous rather than routine and competent**. This reinforces the idea that care 'belongs' to women (Grau & Zotos, 2016).

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Space and proximity

Images systematically **associate women with private and domestic spaces** while men are largely absent or peripheral. Domestic photography and health campaigns show women managing the home and family displays, while men are largely absent or peripheral. In parallel, if a man is presented as a caregiver, he is placed in a professional environment, in public roles and leadership (Rose, 2003).

Body language and power dynamics

Visual composition and body language often reinforce a power imbalance between genders. Historically, media imagery has placed men in active, 'in-charge' roles while positioning women in passive or secondary roles. This can be seen through ***'nonverbal codes',*** for example, men are often shown larger or more assertive, while women are depicted as warm, smiling, and less forceful (Döring, 2022). Modern advertisements often continue this by portraying women as vulnerable in a way that is framed as desirable, making it seem 'natural' for women to appear dependent rather than independent (Balog, 2023).



Figure 4: The older woman is centered and in focus, while the care worker is blurred, making the older woman the main figure CITATION Ris25 \l 2057 (Ristolainen, Martikainen, & Tiilikainen, 2025). Positioning the caregiver in the background through soft focus effectively de-emphasizes their presence and marginalizes the importance of the caregiving role.



Figure 5: The care worker is centrally positioned, which emphasizes her active role and the work she is performing. Her diagonal posture, bright clothing, and protective mask and gloves, further reinforce her action and the routine nature of the task CITATION Ris25 \l 2057 (Ristolainen, Martikainen, & Tiilikainen, 2025).

Beyond written and spoken language, **visual framing plays a critical role in shaping societal perceptions of care work**. Media representation carries **subtle cues** that can either reinforce historical inequalities or promote balanced gender roles. To decode these visual narratives, it is essential to analyse the non-verbal markers embedded within media imagery. Table 8 provides a structured comparative framework for identifying traditional power dynamics and stereotypes in body language - such as posture, positioning, and spatial settings - while offering concrete, inclusive alternatives for media professionals to adopt (Note: Stereotypes are described here in binary terms because that is how they typically operate in mainstream imagery; the inclusive alternatives apply to subjects of any gender identity).

Table 8: Visual comparison table: Power dynamics in body language

	Stereotypical representation	Inclusive alternative
1. Size	Man appears larger or taller than the woman	Subjects occupy equal visual space and prominence, regardless of gender.
2. Parity	Man in the foreground or in the centre of the image	Both subjects at the same eye level

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3. Posture	Woman tilted, looking up, or smiling passively.	Woman presented as competent, authoritative, or in a leadership role.
4. Action	Woman restricted to domestic chores or passive caretaking	Woman shown taking initiative, making decisions, or occupying leadership and professional roles.
5. Object of Care	Older adults are shown as passive or lonely.	Older adults shown interacting, working, or socializing
6. Spatial Setting	Caregiving shown exclusively in the 'private' home (kitchen, nursery, bedroom).	Caregiving shown across diverse settings, including 'public' or professional spaces (offices, community centers, schools).
7. Emotional Tone	Women depicted with 'emotional labor' (worrying, soothing) while men are stoic or detached.	Men shown providing emotional support and vulnerability; women shown as calm, logical experts.
8. Diversity of Care	Professional care workers (nurses, domestic workers) shown in the background or as 'servants.'	Care workers shown with agency, using technology/tools, and interacting as skilled professionals.
9. Caregiver	Men shown as 'visitors' to care (e.g., playing with a child, or making an older person laugh) or appearing 'clumsy.'	Men shown performing routine, care tasks (cleaning, medical care) with confidence and tenderness
10. Competence	Women looking overwhelmed by the workload	Men shown confidently participating in routine caregiving activities.

Representation of care work

Caregiving in the media is often boxed into **rigid stereotypes based on gender and ethnicity.** Instead of being treated as essential labor, it is either romanticised or marginalised. This is especially true for care workers with migrant backgrounds and for professional care workers, as well as for older adults and people with disability receiving care, who are frequently rendered invisible or portrayed through limited, biased perspectives (González, Errasti-Ibarrondo, Iraizoz-Iraizoz, & Choperena, 2023).

Studies show that healthcare professionals and patient support services expect women in the family to take on more responsibility and involvement in patient care than men. Women also tend to expect more of themselves. For example, a Norwegian study on rehabilitation found that service providers expected women to coordinate care (involving many providers), and women took on this role because no one else would. In contrast, men were more likely to point to the service providers' own responsibilities (Korsvik & Rustad, 2018). Images like Figure 6 are rarely seen in the media; however, using this kind of imagery helps normalise caregiving for men as well.



Figure 6: (A) Son taking his father for stroll (Artursafronovvvv, 2026). (B) Son caring for his father, who has Parkinson's (Freepik, 2026).

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The professional caregiver

Nurses and other caring professionals are typically represented by the media as subordinate, sexualised, or a financial burden, rather than autonomous experts, reinforcing the image of women as selfless, support staff (González, Errasti-Ibarrondo, Iraizoz-Iraizoz, & Choperena, 2023). Instead of highlighting their technical skills, the media often portrays women healthcare workers primarily as **emotional caregivers**, ignoring both their professional mastery and their own personal needs during a crisis (González, Errasti-Ibarrondo, Iraizoz-Iraizoz, & Choperena, 2023; Wegner, 2025). Domestic and home care workers remain largely invisible, further erasing the complexity and skill of their work (Ristolainen, Martikainen, & Tiilikainen, 2025).



Figure 7: Women caregivers (A) supporting an older woman in home-based care CITATION DCS \l 2057 (DCStudio, 2026), (B) supporting an older woman in hospital care CITATION jco26 \l 2057 (Jcomp, 2026), (C) supporting an older man in residential care CITATION htt \l 2057 (Lifestylememory, 2026).

How visuals reinforce ageism and stigma in care

News images of eldercare usually present **older adults as passive, lonely 'objects of care',** while care workers are shown as impersonal. Just a small fraction of the images convey vitality or mutual relationship (Dunsmore, Funk, & Sawchuk, 2025). Visuals regarding care often generate **compassion,** yet they also portray people as **helpless and inferior to others**, strengthening stigma and ageism instead of fostering genuine solidarity (Stramondo, 2010).

Research on disability, ageing and care suggests a **shift toward relational autonomy.** Following this, people must be presented as capable **individuals with agency and decision-making capacity** whose support needs are just a part of their full life (Corrigan, 2017). Practically, this can be done by showing older adults and people with disabilities actively participating, making choices, interacting, working, socialising rather than only receiving care, being assisted, or being supervised (Goethals, Mortelmans, Van Den Bulck, Van Den Heurck, & Van Hove, 2020).

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Additionally, media should avoid 'inspirational or hero' framing since that treats ordinary achievements as exceptional 'despite' disability leading the viewers to experience the visual as stereotypical and pitying (Goethals, Mortelmans, Van Den Bulck, Van Den Heurck, & Van Hove, 2020; Svastics, Petri, Kozma, & Bernat, 2025).



Figure 8: Older adults socialising instead of being framed as recipients of care. (A) Older women strolling at the park (WellnessGalleryCatalystFoundation, 2026). (B) People waiting at the bus stop (CentreForAgeingBetter, 2025).

Inclusive visual narratives

Normalising men in everyday care

Studies show that media still frequently portrays primary caregiving fathers as unusual (Schmitz, 2016). Media representations often repositions them with **traditional masculine ideals**, showing them as tough and unemotional, or giving them joking labels like 'Mr. Mom' (Turchi & Bernabo, 2020). Nevertheless, gender equality in families produces multiple benefits. In gender-equal families, violence against women and children is lower, and men's well-being improves. It is important to say that fathers who take parental leave report stronger bonds with their children in the future, and mothers in equal relationships also report greater satisfaction (Korsvik & Rustad, 2018).

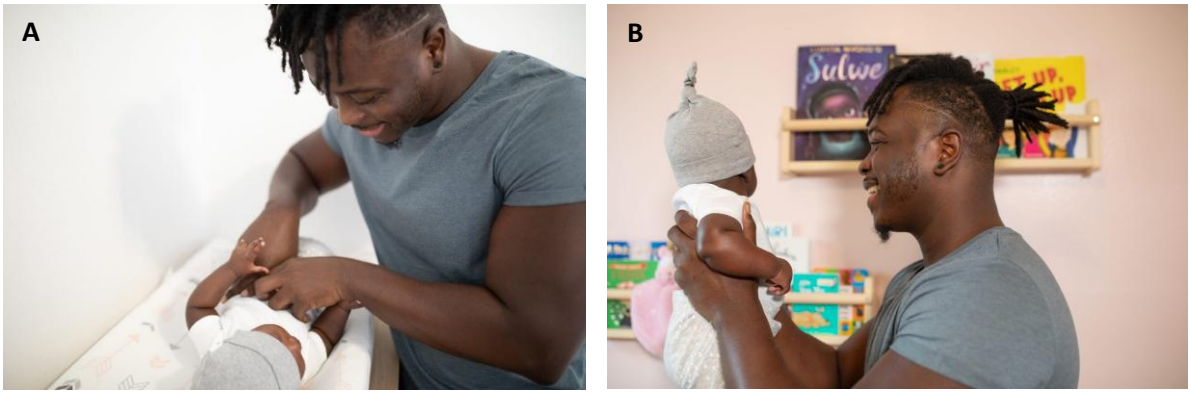

Figure 9: Man (A) performing routine task CITATION Nap261 \t \l 2057 (NappyStock, 2026) and (B) playing with a child CITATION Nap26 \t \l 2057 (NappyStock, 2026). Image A is preferable to Image B as it captures the father actively engaged in a caregiving task, whereas Image B presents a more passive, posed interaction that lacks the same sense of practical involvement.

How to succeed

- **Routinise care:** present men doing ordinary, repeated tasks (school runs, laundry, bedtime, meal prep) rather than 'special occasions' or heroic sacrifices
- **De-gender the frame**: avoid captions like 'Mr Mum' that feminize fathers, use neutral terms such as 'parent', 'caregiver', 'nurse', 'early-years teacher'
- **Show competence and intimacy**: images of fathers confidently handling routines and emotionally close to children, not just comedic incompetence

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Rethinking 'Work–Life' integration

Media and policy discourses tend to treat **work-life balance as an individual responsibility framed by media and policy as primarily affecting mothers,** something she should manage through better coping, less guilt, and personal sacrifice, while overlooking structural barriers like inadequate childcare and inflexible workplaces (Sullivan, 2015). The same logic applies to elder care, which is culturally framed as a **daughter's private responsibility**. Women are expected to absorb the labor of caring for aging parents, often sacrificing careers and well-being in the process (Duangjina, et al., 2023; Grigoryeva, 2017).

This framing is problematic because it hides the fact that both **childcare and elder care are social goods requiring public investment**, such as paid leave, affordable services, and workplace protections. By privatising these problems, media and policy reinforce gender inequality, punish those without family support, and excuse the absence of systemic solutions (Zagel & Van Lancker, 2022).

How to succeed

- **Highlight structural solutions**: Choose images that depict institutional support (e.g., workplace nurseries, modern eldercare facilities) rather than always showing isolated women multitasking at home.
- **Normalise shared accountability:** Represent employers, men partners, and community services actively participating in care solutions, reframing care as a collective responsibility.
- **Avoid the "Superwoman" trope**: Do not glorify women balancing exhausting workloads and care duties as a heroic standard; instead, show realistic, balanced distributions of labour.

Guidelines for selecting stock images

Stock photo libraries are notorious for stereotypes. In order to avoid stereotypes, there are some rules that professionals should follow:

1. **Search beyond the first page:** Algorithms often prioritize stereotypical 'top-selling' images.
2. **Keyword auditing:** Many professionals search for 'Mother child' and get a lot more results, compared to 'Father child' search. So, intentionally search for 'Father caregiving' or 'Male nurse' to bypass the algorithm's bias.
3. **Check the 'atmosphere':** Avoid the 'sepia-toned' or 'overly soft' filters for women's care roles; look for crisp, professional lighting that suggests competence. The flowchart in Figure 10 will help in choosing the correct image.
4. **The 'switch' test:** If you find an image of a woman caregiving, search for an equivalent image showing a person of another gender performing the same routine task. If it doesn't exist or look 'parody-like,' reconsider using the image altogether. The flowchart in Figure 11 will help in choosing the correct image.
5. **Authenticity over aesthetics:** Prioritise 'candid-style' photos over staged, 'perfect' domesticity.

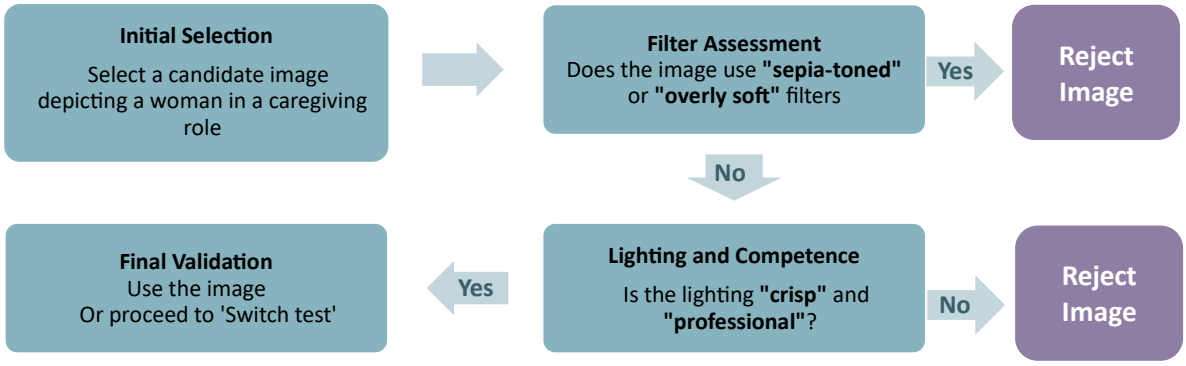

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Figure 10: Check the 'Atmosphere' flow chart

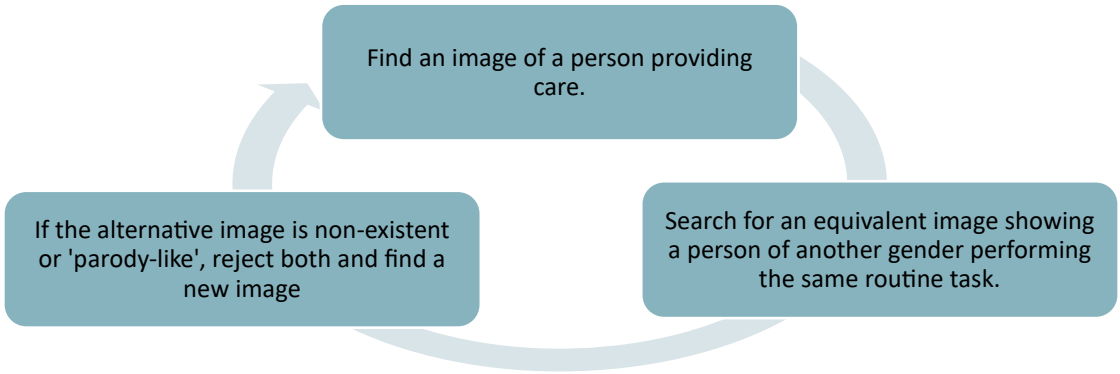

Figure 11: The 'Switch Test' Flowchart

While these **stock image rules** provide an essential mental checklist for content creators, implementing them consistently across large-scale media projects requires a structured approach. Translating abstract principles of gender, age, and diversity balance into everyday editorial choices is often the hardest part of the process. To bridge this gap between theory and execution, Table 9 provides a final, practical **Checklist for inclusive visual representation.** This tool serves as a quick-reference verification matrix, allowing editors, journalists, and designers to audit their visual assets objectively before publication and ensure their content actively deconstructs traditional caregiving tropes.

Table 9: Checklist for inclusive visual representation

	Category	Verification criteria	Evaluation (Y/N)
1	**Gender balance**	Are men meaningfully represented caregiving roles throughout the visual material?	
2	**Emotional range**	Are men shown expressing tenderness and vulnerability?	
3	**Empowerment**	Are women shown taking charge and making decisions?	
4	**Age diversity**	Does the imagery include young caregivers and active older adults?	
5	**Gender diversity**	Does the imagery reflect gender diversity, including people whose identities fall outside the gender binary?	
6	**Ethnic diversity**	Does the imagery reflect a diverse range of ethnic backgrounds?	
7	**Setting**	Is care shown happening outside the home (e.g., at a park, a school, or a hospital)?	
8	**Captions (visual framing)**	Does the caption reinforce the image (e.g. 'Sam sharing a meal with his son' vs. 'Dad babysitting for the afternoon')?	

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Chapter 4: Practical tools for media professionals

This chapter focuses on the practical application of the concepts and principles discussed in the previous sections. While the previous chapters provide the framework for understanding gender stereotypes, Chapter 4 offers ready-to-use resources designed for daily professional practice. The focus is on **implementation**. Whether you are a journalist under a deadline, a communication officer designing a campaign, or a policymaker drafting a public statement, this section offers the functional instruments needed to identify, challenge, and replace gender stereotypes in the representation of care work.

By translating gender-sensitive principles into practical newsroom and training resources, this chapter supports media professionals in:

- Applying EU-standardized language and terminology.
- Learning from proven good practices across five European countries.
- Refining professional skills through exercises and self-assessment tools.

This section is a professional "action kit" intended to bridge the gap between understanding gender inequalities and actively addressing them through inclusive communication.

Existing EU language tools

Several European institutions (e.g. European Institute for Gender Equality, European Parliament, Council of Europe) have already developed practical resources on gender-sensitive, gender-neutral and inclusive communication that can be used by media professionals as reference materials for editorial policies, newsroom style guides, training activities, or content review procedures.

The following table presents the key resources developed at the European level. Beyond their theoretical value, these are practical guides designed to align media content with EU gender equality standards.

Table 10. EU Language Tools relevant for gender sensitive media communication.

Tool	Developed by	Description	How media professional can use it
Toolkit on Gender-sensitive Communication	**European Institute for Gender Equality – EIGE**	Includes key principles for inclusive language, explains the EU policy context. It provides checklists, examples of biased and non-biased language, guidance on avoiding stereotypes, omission, trivialisation and invisibility.	Use as a practical guide to review and refine articles, press releases, captions, social media posts and official communication materials
Gender-neutral Language in the European Parliament	**European Parliament**	Offers multilingual guidance on gender-neutral terminology, job titles, pronouns and avoidance of masculine generics. It aims to reduce gender stereotyping, promote social change and gender equality.	Use when drafting headlines, interviews, public statements, occupational descriptions and role labels. It can also be applied for social media captions, video subtitles, press releases, or when translating content from other languages to ensure gender-fair equivalents.

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Inclusive Communication Guidelines for DG COMM Output	**European Parliament**	It covers inclusive language, visual representation, gender-balanced speakers and inclusive campaigns. The guide provides comprehensive criteria for avoiding ageism and bias against people with disabilities, and addresses intersectional diversity, non-discriminatory terminology, and the respectful representation of marginalised groups.	Use for editorial planning, speaker/source selection, campaign design and media monitoring. It is also useful for training communication teams and ensuring gender balance among speakers at public events.
Inclusive Communication in the General Secretariat of the Council	**Council of the European Union**	Provides practical recommendations on bias-free language, disability-sensitive terminology and inclusive visuals. It is designed to help English speakers (especially non-native speakers) avoid discriminatory language or outdated terms unintentionally.	Use when selecting images, describing care recipients and carers, or avoiding stigmatising terms in reporting. It is also useful for drafting inclusive content, transforming complex social policy data into human-interest stories, and checking content for cultural sensitivity.
Gender Equality and the Media at National Level: Compilation of Good Practices from Member States	**Council of Europe**	Presents examples of initiatives, monitoring mechanisms, campaigns, training and media accountability practices	Use as inspiration for national examples of responsible media practice and for identifying replicable approaches

Source: CareDivide project, based on official EU institutional sources

Good practices in media representation

This section moves from guidelines to real-world application, presenting a collection of successful initiatives and editorial examples from partner countries that have effectively challenged gender stereotypes and improved the visibility of care work.
These cases serve as practical inspiration for media professionals and communicators, demonstrating how to move away from "victimhood" or "heroism" narratives and instead portray care as a professional sector, a social right, and a shared responsibility.

How to use these examples

- As benchmarks: Compare these practices with your own organization's current output.
- As inspiration: Adapt these formats (e.g., specific interview angles or photo styles) for your future projects.
- As evidence: Use these successful cases to advocate for editorial changes within your newsroom or communication office.

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Table 11. Selected good practices from partner countries

Country	Media outlet	Description	Why it works
Romania	Scena9	*5 writers talk about what it's like to be a father* ("*5 scriitori vorbesc despre cum e să fii tată*") – interviews with fathers about balancing their creative careers with the daily reality of raising children	The article shows men as emotional and active caregivers, nor just "helpers" or financial providers
Spain	*elDiario.es – Desalambre*	Regularly publishes articles on gender equality, informal care, work-life balance and the social value of care work using gender-sensitive language and evidence-based reporting. Coverage frequently highlights the structural causes of unequal care responsibilities rather than presenting them as individual or family issues	Promotes inclusive language, gives visibility to women and underrepresented caregivers, and frames care as a public policy issue instead of reinforcing traditional gender stereotypes.
Italy	***"La cura oltre le mura"*** *– Filcams CGIL (National campaign with regional events, 2025–2026)*	A national advocacy campaign by the Italian trade union Filcams CGIL, centred on the research report Discorso sul Lavoro Domestico (2025), which maps the conditions of Italy's 1.7 million domestic workers — 90% women, over 70% with migrant backgrounds. The campaign was replicated through public roundtables in multiple cities (Ravenna, Bologna, Vicenza, Modena), framing care work as a labour rights issue and demanding fair wages, legal protections, and professional recognition.	The initiative makes care work visible as skilled, professional labour rather than a natural women's duty — without resorting to victimhood narratives. Grounding the campaign in research data and trade union advocacy gives it both analytical credibility and broad public reach.
Greece	*When.org*	Podcast on care in Greece, mentioning that in Greece care is mainly the responsibility of women, and highlighting that care is not a matter of gender. It also mentions the good example of a father undertaking care responsibilities and using care services (WHEN hub), while the mother is at her own workplace.	The podcast highlights that men can also be caregivers and it is not a matter of gender.
Cyprus	*We-Pods (Dimos Antoniou, 2026)*	The conversation focuses on several key areas: Bridging the care gap (Exploring how the needs of older individuals are currently met and whether professional care provides a sustainable solution.) and Roles and Responsibilities (An analysis of the specific roles that the family, society, and the state should play in supporting the elderly.	The podcast aims to inform the audience about the gap in care in Cyprus and that families and especially women adopt this role. They focus on the need for recruiting more caregivers.

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Practical exercises and self-assessment tools

This section provides resources for training sessions, newsroom workshops, or individual self-assessment. These tools are intended to help media professionals sharpen their "gender-sensitive lens" by applying theory to real-world editorial scenarios.

How to use this section

- As a quality audit (Tool 1): Use the *Care representation check* to evaluate the balance of your published content or to review a draft before publication.
- As an editing checklist (Tools 2 and 3): Apply the *Headline bias test* and the *Visual bias audit* during the final editing stages to ensure titles and images are inclusive and stereotype-free.
- As a training tool: Use the checklists, scenarios and exercises to test your skills and start discussions in your newsroom or team.

Tool 1. Care representation check

Purpose

To provide a comprehensive self-assessment for media professionals to determine whether a story, interview, or campaign reinforces or challenges traditional gender stereotypes in caregiving.

When to use it

- During the drafting and newsroom editing phases;
- When selecting visuals, testimonials, or case studies;
- When reviewing media coverage of care-related topics for institutional reports or awareness campaigns.

Table 12 Care representation checklist

No.	Question	Yes/ No	How to improve (*Fill in for each "No"*)
1.	Does the content avoid presenting care as a "natural" or exclusive responsibility of women?		
2.	Are men represented as **active caregivers** rather than occasional "helpers"?		
3.	Does the content distinguish between personal commitment and **socially necessary, professional work**?		
4.	Are women carers described beyond **emotional tropes** such as sacrifice, devotion, or endurance?		
5.	Are **structural causes** (lack of services, insufficient leave, policy gaps) addressed?		
6.	Are care recipients portrayed with **dignity and agency**, rather than as passive burdens?		
7.	Does the content avoid assuming that woman family members will **automatically** provide care?		
8.	Are **different forms of care** represented (eldercare, disability, childcare, chronic illness)?		
9.	Are diverse family structures and **socio-economic realities** considered?		
10.	Does the piece frame care as a **public policy issue**, rather than just a private family matter?		

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How to interpret the results

🟢 8–10 "Yes" answers	**Balanced & Gender-sensitive** The content is likely to be balanced, gender-sensitive, and aligned with EU standards.
🟡 5–7 "Yes" answers	**On the right track** The content is on the right track but may require targeted revisions to avoid subtle bias.
🔴 Below 5 "Yes" answers:	**High risk of bias** The content risks reinforcing stereotypes or presenting care through a narrow, gendered lens. Review is highly recommended.

Tool 2. Headline bias test

Purpose

To identify whether a headline reproduces gender stereotypes, trivialises caregiving, or individualises a structural issue. Headlines are the first point of contact for readers, yet they often rely on stereotypes. Before approving a headline, use this test to identify hidden biases and shift the narrative from individual struggles to collective responsibility.

Use this test before approving a headline

Table 13 Headline bias checklist

Check	Questions to ask	Goal of the analysis	How to use it
Gender bias	Does the headline imply that caregiving is inherently a woman's responsibility?	To ensure care is not presented as a " natural" woman's trait.	Use gender-neutral terms like " caregivers" or " families"
The hero narrative / Glorifying sacrifice	Does it glorify women's self-sacrifice instead of questioning why support systems fail?	To shift focus from individual " heroism" to lack of public services	Highlight the need for infrastructure rather than praising " suffering"
Portraying men as exceptions	Does it present a father, son, or husband providing care as unusually heroic or surprising?	To normalise male involvement in care as a standard social role	Avoid labels like " super-dad" for performing basic care tasks
Individual blame	Does it blame women for "choosing" part-time work or career breaks without considering care constraints?	To reveal how lack of care services forces specific career decisions	Frame career gaps as " structural constraints" rather than personal preferences
Structural invisibility	Does it ignore the role of public services, employers, or policies in shaping care responsibilities?	To move from private struggles to systemic and policy-driven narratives	Include mentions of policy gaps or employer responsibilities

Below, you can see how these principles work in practice, by comparing examples of common headlines with more inclusive versions that focus on shared caregiving responsibilities, gender equality, and structural support.

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Examples of problematic vs. inclusive headlines

Table 14 Examples of problematic headlines

Problematic headline	Why is it problematic	Better alternative
"Mothers once again shoulder the burden of caring for ageing parents"	Risks normalising care as women's expected duty	"Families face growing eldercare pressures amid limited access to formal services"
"Devoted daughter gives up career to care for disabled father"	Romanticises sacrifice and masks the lack of structural support	"Lack of accessible support forces many family carers to leave paid work"
"Father heroically takes parental leave to care for his child"	Presents men's caregiving as exceptional	"Shared caregiving gains visibility as more fathers use family leave"
"Women choose part-time jobs to balance family life"	Frames constrained choices as preference	"Care responsibilities continue to limit women's access to full-time employment"

These examples illustrate how to apply the principles of gender-sensitive communication (challenging stereotypes, ensuring visibility and avoiding triviality) as outlined by the European Institute for Gender Equality (EIGE, 2020). To ensure your content remains inclusive, keep these principles in mind.

Quick practice: Test your skills

Now that you have applied the Headline Bias Test, try to rewrite these two common scenarios:
Scenario A: *"Super-dad: The manager who never misses a school play."*

- Challenge: Avoid portraying men as exceptions or treating active fatherhood as "heroic".
- Goal: Frame it as a standard work-life balance right or a professional norm.

Scenario B: *"Grandmothers: The free childcare keeping the country running."*

- Challenge: Avoid structural invisibility and the romanticising of unpaid labour.
- Goal: Frame it as a consequence of gaps in public social services.

💡 **Suggested headlines (Don't peek before trying!)**

- Scenario A - alternative: "*Workplace flexibility allows more fathers to balance professional and family life.*"
- Scenario B - alternative: "*Shortage of public childcare leaves families heavily reliant on informal grandparent care*"

Tool 3. Visual bias audit for media images

Purpose

To provide journalists, editors, and campaign designers with a rapid checklist for selecting or producing images that avoid gender stereotypes and represent caregiving with dignity and diversity.

When to use it

- When selecting stock photography or illustrations for articles;
- During the design phase of social media assets and awareness campaigns;
- When reviewing video footage or interview shots to ensure balanced representation.

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Table 15 ***Visual bias audit for media images***

Check	Questions to ask	Goal of the analysis	How to use it
Gender diversity	Are women and men shown in a diverse range of caregiving roles?	To break the association of care as a "woman-only" domain.	Balance your visual gallery with images of men in active care roles.
Shared caregiving	Are people of different genders shown providing direct, hands-on care?	To challenge the idea that caregiving is primarily a women's responsibility.	Choose shots where men are "hands-on" (feeding, bathing, comforting).
Professionalism	Are women shown in professional care roles beyond unpaid domestic settings?	To highlight the economic and professional value of care work.	Use images of specialized care environments and professional equipment.
Dignity & agency	Are care recipients portrayed with autonomy rather than as helpless?	To respect the rights and personality of persons with disabilities or older adults.	Avoid "infantilizing" shots; show recipients engaged in decision-making.
The "Burden" trap	Does the image avoid the "exhausted woman carer" as the default representation?	To move away from the narrative that care is an overwhelming personal sacrifice.	Choose images showing care as a shared, supported, and dignified activity.
Intersectionality	Are diverse ages, ethnicities, disabilities and family structures represented?	To reflect the real-world diversity of the care sector across Europe.	Ensure your visual selection is inclusive of different backgrounds and settings.

Source: Compiled by the CareDivide project, adapted from the Inclusive Communication Guidelines of the European Parliament (2018)

Quick Practice: Test your skills

Scenario A: *You are illustrating an article about long-term care policies.*

- Challenge: Avoid presenting long-term care as an exclusively female, private burden or portraying elderly care recipients as “passive victims”.

Common stereotypical choice	The inclusive alternative
	
Figure 12: A black-and-white photo of an old woman looking sad while a younger woman holds her hand	*Figure 13*: A high-quality, colour photo of a professional nurse and a woman patient

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	discussing a medical plan, showing interaction and professional care

Source: Illustrative images generated by the authors using AI tools (Canva)

Scenario B: *You need an image for a social media post about a new law that encourages "shared parental leave" for both mothers and fathers.*

- Challenge: Avoid the "clumsy father" stereotype (a dad that doesn't know how to handle a baby) or the "secondary helper" stereotype (a mother teaching the father what to do).

Common stereotypical choice	The inclusive alternative
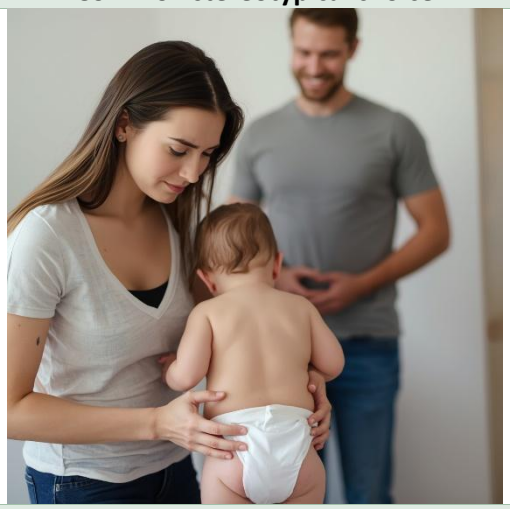	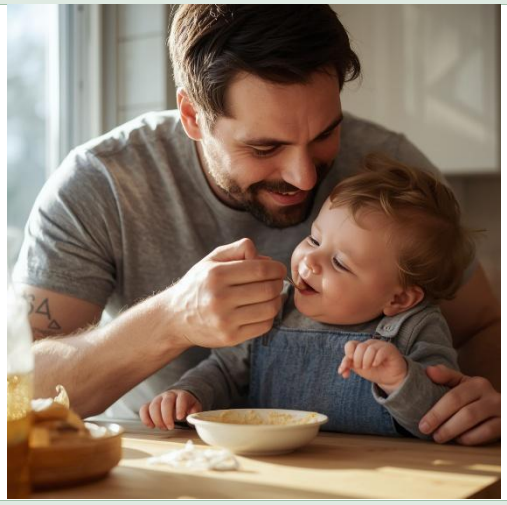
Figure 14: A photo of a mother changing a baby's diaper while the father stands in the background, looking confused or just smiling at them	*Figure 15*: A photo of a father confidently and independently bathing or feeding a child, showing active, autonomous caregiving

Source: Illustrative images generated by the authors using AI tools (Canva)

Try your own: Look at your current draft or feed and apply the audit to one image. If you find a "bias trigger", what specific visual element would you change to make it more inclusive?

Conclusion

Inclusive language and balanced representation are not just stylistic choices; they are essential tools for media professionals. As shown throughout this chapter, the way media professionals frame caregiving - whether through a headline, a photo, or a terminology choice - directly shapes how society understands this vital work and those who perform it.

The practical tools provided in this section are designed to help you move beyond traditional stereotypes and represent care as:

- A **shared responsibility** between men, women, and the state;
- A **professional and socially necessary** field of work;
- A **policy-driven issue**, rather than just a private family matter.

By integrating the *Care representation check*, the *Headline bias test*, and the *Visual audit* into your editorial routine, you contribute to a more accurate and fair media landscape. We encourage you to use these tools not as rigid rules, but as a "professional lens" to ensure that your content reflects the diverse and evolving reality of care in Europe.

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Conclusions

This Toolbox set out from a simple but consequential premise: the words media professionals choose, the images they select, and the framing they apply do not merely describe the reality of care, they actively shape how societies understand who cares, who is cared for, and what value that work holds. Across four chapters, the Toolbox has moved from concepts to practice, equipping journalists, editors, communicators, public officials and civil society organisations with the vocabulary, methods and tools needed to recognise and challenge gender stereotyping in the coverage of care, caregiving and long-term care.

From awareness to method. Chapter 1 established the conceptual foundations: the distinction between sex and gender, the mechanisms through which gender norms and roles consolidate into stereotypes, and the necessity of an intersectional lens that accounts for age, migration status, disability, class and territory. These concepts are not abstract: they are the analytical toolkit needed to ask, of any story or campaign, the questions that matter, who is speaking, who is spoken about, and whose experience remains invisible. Chapter 2 translated this awareness into concrete linguistic practice, mapping the recurring patterns of gender-discriminatory language in care coverage and offering tested reformulations that preserve accuracy while restoring visibility and dignity to those who provide and receive care.

From language to image. Chapter 3 extended this same logic to visual communication, showing that stereotypes operate as powerfully through images as through words. The naturalisation of women in care roles, the "incompetent or heroic dad" trope, and the passive framing of older adults and people with disabilities all reproduce the same underlying narrative: that care is a private, feminised, and largely invisible matter rather than a structural, economic and rights-based issue. The chapter's guidance on selecting and producing inclusive imagery gives media professionals a practical method for closing the gap between editorial intention and visual outcome.

From practice to tools. Chapter 4 consolidated this guidance into three ready-to-use instruments, designed for direct integration into everyday editorial workflows: brief enough to apply under deadline pressure, specific enough to catch recurring patterns, and flexible enough to be adapted to fields beyond care.

A transversal competence, not a single-topic guide. While anchored in long-term care, the Toolbox's underlying logic is transferable to any field where gender, identity and inequality are at stake.

Why this matters now. As the EU Gender Equality Strategy 2020-2025, the Work-Life Balance Directive and the European Care Strategy all recognise, closing the gender care gap requires a public conversation capable of naming the issue accurately, and media professionals are central to that conversation.

An invitation, not a prescription. This Toolbox offers a shared starting point, not a final answer, to be adapted by newsrooms, press offices and organisations to their own context while preserving its coherent direction.

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