GUIDE

Care Narrative Change

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Introduction

When we hear that a woman is caring for her mother, no one is surprised. When a man takes on the same responsibility, however, he may be praised as "such a devoted son." In a news story, a woman caring for her elderly mother might be portrayed as a "self-sacrificing daughter." Yet the very same story could also be told by asking why care services are inadequate or why the responsibility for care has fallen on a single person.

These differences are not accidental. Policies and services are not the only factors shaping who is considered responsible for care, which forms of care become visible, or why asking for help can be so difficult for some people. The stories we tell about care, the words we use, and the assumptions we often repeat without noticing also shape how care is understood in society.

In our report Care Culture in Türkiye: Norms, Rituals, and System Transformation, we highlighted this point. Care is not reproduced only through institutions, laws, and policies. The norms, expectations, and habits repeated in everyday life also shape how care is organized and experienced.

This guide continues where that work left off. Our aim is not to redefine care culture, but to reflect together on the ways care is communicated. Journalists, editors, communication professionals, campaigners, advocates, and policy writers all influence how care is understood and discussed.

Every article we write about care, every campaign we design, every image we choose, and every concept we use carries a quiet message. Who is responsible for care? Whose labor becomes visible? Whose voices are heard? Which solutions are seen as possible and legitimate? Most of the time, we do not choose these messages consciously. We reproduce them through habit, repetition, and the assumption that "this is simply how things are talked about." Narrative change work begins precisely here: by making visible the stories we repeat without realizing it and by showing that other narratives are possible.

In this guide, we present eight narrative frames that offer alternatives to some of the most common ways care is communicated in Türkiye. For each frame, we explore the consequences of the dominant narrative, the alternatives that may be possible, and how these alternatives might resonate within the Turkish context. We also share practical suggestions that can be used when producing journalism, campaigns, research, advocacy materials, and policy communications.

We do not propose a single "correct" narrative, nor do we believe such a thing exists. Instead, we invite readers to question together whose labor is made visible through the stories we tell about care, whose labor remains unseen, whose voices are amplified, whose voices are silenced, and what kinds of futures those stories make possible.

Narratives, Framing, and Narrative Change in Care

When many people hear the word care, similar ideas often come to mind: motherhood, sacrifice, family responsibility, devotion, patience, and selflessness.

These associations are not accidental. Stories, images, expressions, and cultural assumptions repeated over generations create a shared understanding of what care is and how it should be understood. This shared meaning shapes how we think about care, what we expect from different people, and which solutions we consider possible.

In this guide, we approach narrative change as the practice of making visible, questioning, and reimagining the dominant narratives and frames that circulate around care. How care is discussed and how care is organized are deeply connected.

What Is a Narrative?

Narratives are the shared stories and assumptions we use to make sense of a topic. They can be difficult to notice because they are repeated so often that they begin to appear natural, fixed, and unquestionable.
For example:

- "Care is naturally women's responsibility."
- "Family should take care of its own first."
- "Motherhood is sacrifice."

These statements do more than describe reality. They also shape beliefs about who should provide care, how care should be valued, and where responsibility should lie.

Narratives influence not only what we think, but also what we consider normal, possible, or necessary. Many social expectations, policies, and practices related to care are closely connected to particular narratives.

What Is Framing?

Narratives often become visible through specific frames. Framing refers to the perspective through which an issue is presented and the aspects that are emphasized. For example, care can be framed as:

- an act of sacrifice,
- a family responsibility,
- a right,
- a form of social infrastructure,
- or a practice of solidarity.

Each frame highlights different questions and concerns.

When care is framed as sacrifice, devotion and gratitude become more visible. When care is framed as a right, discussions about responsibility, resources, and equality come to the forefront. When care is framed as a private family matter, solutions are often sought within households. When it is framed as a social issue, public policies and shared responsibilities become more visible.

For this reason, narrative change is often less about introducing new information and more about making it possible to view the same issue from a different perspective.

What Are Narrative Infrastructures?

Narratives do not emerge in a single place. They gain strength through repetition across many spaces: media coverage, television series, advertising, education systems, research, public policy, organizational language, and everyday conversations.

For this reason, narrative change is not only about producing new messages. It is also about who receives those messages, who repeats them, and how they spread.

Researchers, journalists, civil society organizations, public institutions, local governments, caregivers, care recipients, artists, and media organizations all form part of the care narrative ecosystem. The knowledge they produce, the language they use, the stories they share, and the collaborations they build all influence how care is collectively understood.

Lasting change therefore requires more than telling new stories. It also depends on creating spaces where those stories can circulate, be shared, and be adopted by diverse actors.

This guide is an invitation to collectively imagine and develop more just, inclusive, and transformative narratives about care.

1

Care Norms and Narratives in Türkiye

There is a strong relationship between how we talk about care and how care is organized in everyday life. In Türkiye, care is often understood through particular cultural norms, expectations, and habits. These norms shape not only what we say about care, but also what we consider natural, who we expect to provide care, and which solutions we see as possible and legitimate.

Often without realizing it, we associate care with women, assume that care responsibilities should primarily be addressed within families, or understand care through the language of love and sacrifice. While these assumptions may seem ordinary when viewed individually, together they create a powerful framework that shapes how care is organized and experienced.

The norms presented in this section draw on Care Culture in Türkiye: Norms, Rituals and System Change, a report published by İhtimam Association, as well as current debates in the field of care and our experiences from practice and advocacy. For a deeper exploration of these themes, see the report Care Culture in Türkiye: Norms, Rituals and System Change.→ ihtimam.org/en-turkey-care-culture-report/

Care is seen as women's natural responsibility.
Caregiving is often associated with femininity. While women are expected to provide care, men's responsibility for care is generally perceived as more limited.

Men are seen as supporters of care rather than primary caregivers.
When men provide care, it is often treated not as an ordinary responsibility but as an exceptional contribution deserving praise and recognition.

Care is considered primarily a family responsibility.
When care needs arise, the first expectation is often that solutions will be found within the family. Public support systems and care services tend to remain secondary.

Good care is expected to be provided quietly and without expecting anything in return.
Caregivers are often expected to provide care without complaint, without showing exhaustion, and while putting their own needs aside. Asking for support or sharing care responsibilities is not always socially encouraged.

Care is understood primarily as an act of love.
The time, knowledge, planning, coordination, and labor involved in care often remain invisible. Care is more commonly framed through the language of love, devotion, and self-sacrifice.

Care recipients are often seen as objects of care rather than decision-makers.
Older adults, disabled people, and other care recipients are frequently spoken about, but their own preferences, needs, and decisions are often less visible in public conversations.

Care becomes visible only when it breaks down.
The ways care sustains everyday life often go unnoticed. Care tends to attract attention mainly in moments of crisis, illness, deprivation, or burnout.

2

New Narrative Frames for Care

The narratives we build around care shape which experiences become visible, which problems are discussed, and which solutions come to mind. Some narratives make certain forms of care visible while pushing others into the background. Some create space for particular voices, while making others harder to hear.

For this reason, narrative change is not simply about critiquing existing narratives. It is also about creating space for different ways of thinking and talking about care. The goal is not to erase dominant narratives altogether, but to expand the stories, questions, and possibilities that can make the less visible dimensions of care more visible.

The frames presented below do not propose a single correct approach. Each one sheds light on a different aspect of care and seeks to open up a more inclusive, equitable, and relational conversation about how care is understood, valued, and organized.

From Sacrifice to Rights and Shared Responsibility

What does the dominant narrative do?

"Self-sacrificing mothers," "devoted wives," "women who dedicate themselves to their families"... In Türkiye, care is often framed through the language of sacrifice. Putting one's own needs aside, becoming exhausted, or quietly carrying the burden of care is frequently seen as admirable and worthy of praise.

This narrative makes the value of care visible. However, when care is discussed only through sacrifice, the needs, limits, and support requirements of caregivers can more easily disappear from view. The more closely care is associated with self-sacrifice, the harder it becomes to talk about it as labor, a right, and a shared responsibility.

What might an alternative narrative look like?

We can talk about care not only through sacrifice, but also through rights and shared responsibilities.

Within this frame, care is understood not as a duty that one person must silently shoulder, but as a responsibility that should be shared among families, communities, employers, and public institutions. Alongside the recognition that caregivers have the right to rest, receive support, and access services, this perspective also highlights that care should not remain solely on their shoulders.

This approach does not make love, commitment, or solidarity invisible. People may provide care because they love someone. However, love is not treated as a justification for—or a way of normalizing—the unequal distribution of care responsibilities.

Dominant Narratives		Narratives We Seek to Strengthen
Care is sacrifice	→	Care is a right and a shared responsibility
Care is a family matter	→	Care is public infrastructure
Care is women's responsibility	→	Care is everyone's concern
Care is only needed by certain groups	→	Care is a shared human experience
Care is limited to the nuclear family	→	Care has many forms and many actors
Care is a natural ability	→	Care is a skill that can be practiced and developed
Care recipients are passive beneficiaries	→	Care recipients are rights-holders and active agents
Care exists only between people	→	Care is part of the relationships that sustain life

An Example from Türkiye
The long-standing slogan of the Domestic Workers' Union İmece — "Housework is work, and domestic workers are workers" — offers a powerful example of this narrative shift. This framing moves domestic labor and care work out of the realm of sacrifice and devotion, and into the realm of labor, rights, recognition, and social value. Rather than presenting care as a private responsibility carried out through love alone, it highlights care work as work that requires time, effort, skills, and protections.→ https://imecesendika.org

From a Family Matter to Public Infrastructure

What does the dominant narrative do?
Care is often framed as a responsibility carried out within families, especially by women, in the private sphere. As a result, conversations about care tend to focus on family relationships, personal sacrifice, and individual solutions.

While this framing highlights the importance of care in everyday life, it can also obscure the broader value that care provides to society as a whole. When care needs arise, attention is often directed toward families, while the roles of governments, employers, and local authorities receive far less attention.

What alternative narrative is possible?
We can talk about care not only as a responsibility carried by families, but also as a form of public infrastructure that makes social life possible.

Children's education, people's ability to participate in paid work, older people's well-being, and the resilience of communities all depend on care relationships. From this perspective, care is not merely an issue affecting specific groups; it is a shared concern that shapes all of our lives.

This framing shifts attention toward a different question: Should families carry the responsibility for care on their own, or should that responsibility be shared through public policies, services, and collective investments?

An Example from Türkiye
A policy brief note developed under the United Nations Joint Programme on the Transformative Growth of the Care Economy in Türkiye highlights how investments in care services can strengthen employment, economic growth, and social well-being. Rather than treating care as a private family responsibility, the brief presents care as essential infrastructure that supports economic participation, social resilience, and sustainable development. → https://www.ilo.org

From Women's Responsibility to Everyone's Concern

What does the dominant narrative do?
In advertisements, we see women in the kitchen, women caring for children at home, and women looking after aging parents. In news stories, caregivers are most often portrayed as women. Campaigns about care frequently address mothers as the primary audience.

These recurring images and stories reinforce the idea that care is a natural responsibility of women. Even when men appear as caregivers, they are often portrayed as exceptional figures — as those who "help," "support," or embody the image of the "model father."

As a result, the unequal distribution of care responsibilities among women becomes less visible. Taking on care responsibilities ceases to be an ordinary expectation for men and instead becomes something worthy of special praise.

What alternative narrative is possible?
Rather than associating care primarily with women, we can understand care as a form of relationship that everyone gives and receives throughout their lives.

Care appears in many forms: raising a child, supporting an aging relative, being there for a friend, attending to the needs of a community, or feeding animals in public spaces. These relationships are not limited to women, and neither are the responsibilities that come with them.

This framing makes men visible not as people standing at the margins of care, but as actors who share responsibility for it. It also moves beyond equating care solely with motherhood, creating space for diverse caregivers, care receivers, and care relationships.

An Example from Türkiye
AÇEV's First Job: Fatherhood (İlk İş Babalık) campaign invites people to think about fatherhood not only as an economic responsibility, but also as a responsibility of care, presence, and relationship-building. The campaign offers an alternative to the idea that childcare is primarily mothers' work and helps make men's role in caregiving more visible. → https://ilkisbabalik.acev.org/

From an Exceptional Need to a Shared Human Experience

What does the dominant narrative do?

Care is often portrayed as something that is only needed during specific stages of life or under particular circumstances: childhood, old age, illness, or disability.

Within this framing, people who receive care are seen as having "special needs," while everyone else is imagined as if they can live independently of care. Asking for help is often associated with dependency, weakness, or inadequacy. As a result, care can come to be seen not as a central feature of human life, but as an exceptional condition affecting only certain groups of people.

What alternative narrative is possible?

We can talk about care not as an issue that concerns only specific groups or life stages, but as one of the shared experiences of being human.

All of us begin life receiving care. Throughout our lives, we provide care in different ways and, at various moments, need care ourselves again. Illness, aging, grief, economic crises, or disasters may make this reality more visible, but the need for care is not limited to moments of crisis.

This framing reminds us that rather than living as completely independent individuals, we live interdependent lives. It also highlights that care does not take place only within families. Friendships, neighborly relationships, chosen families, communities, and solidarity networks are all part of the care relationships that sustain life.

An Example from Türkiye

The Care Culture (İhtimam Kültürü) approach developed by İhtimam Association highlights that care does not occur only within families or among specific groups. By making visible the forms of care that emerge through friendships, neighborly relations, communities, and solidarity networks, it points to care as a shared human experience rather than an exceptional need.
→ ihtimam.org

From Invisible Labor to Recognized Expertise

What does the dominant narrative do?

Care is often portrayed as something instinctive or driven primarily by love. In particular, women's capacity to provide care is frequently assumed to be innate.

This narrative can obscure the knowledge, skills, and labor that underpin caregiving. In reality, care involves recognizing needs, organizing everyday life, coordinating between people and institutions, making decisions during crises, and adapting to changing circumstances. Care is not simply a collection of tasks. It is also a body of knowledge and experience that develops over time.

What alternative narrative is possible?

We can talk about care not only in terms of sacrifice or goodwill, but also as a field that involves knowledge, skills, and experience.

People who care for children, aging relatives, or individuals with chronic illnesses often develop significant expertise over time. They learn how to navigate health and social care systems, anticipate needs, coordinate different forms of support, and sustain care relationships over the long term.

Yet this knowledge often remains invisible. Framing care as a form of expertise helps make caregivers' knowledge and experience more visible, opening space for greater recognition, support, and value for care work.

An Example from Beyond Türkiye

Eurocarers' work on Carers' Skills and Training focuses on recognizing the knowledge and competencies that caregivers develop through their caregiving experiences. Rather than portraying caregivers solely as people who provide support, the initiative highlights them as actors who build expertise, practical knowledge, and valuable skills over time. → https://eurocarers.org/

From Passive Recipient to Rights-Holding Agent

What does the dominant narrative do?

Older people, persons with disabilities, children, and others who receive care are often present in stories told by others. Decisions made on their behalf are discussed, and the support provided to them is highlighted. Yet their own experiences, preferences, and voices are often given far less space.

This narrative also tends to associate receiving care with dependency and neediness. Yet receiving care is a normal part of human life. All of us rely on the care of others at different points throughout our lives.

What alternative narrative is possible?
We can make care recipients visible not only as people who receive support, but also as individuals who have agency and a voice in shaping their own lives.

Alongside the question, "What are we doing for them?", we can also ask: "What do they want?", "What kind of life do they want to live?", "How are they involved in decisions that affect them?"

Creating more space for the experiences, preferences, and voices of people who receive care reminds us that care is not only about providing support. It is also about participation, choice, autonomy, and the right to have a say in one's own life.

An Example from Türkiye
The advocacy work of the Association of Women with Disabilities (Engelli Kadın Derneği) around the right to personal assistance offers a powerful example of this approach. The personal assistance model supports disabled people in having greater control over their daily lives and care arrangements. Rather than viewing care recipients solely as service users, it recognizes them as rights-holders who make decisions about their own lives. → https://www.instagram.com/p/CfofIEroR1X/

From a Single Care Story to the Diversity of Care

What does the dominant narrative do?
When we talk about care, the same types of relationships often appear again and again: a mother and child, an adult daughter caring for an aging parent, or caregiving within a nuclear family.

Repeated across advertisements, news stories, and campaigns, these narratives can reinforce the impression that care only happens between certain people and within certain family structures.

In reality, care is produced through a much wider range of relationships. Care happens among friends, neighbours, chosen families, LGBTQ+ communities, mutual support networks created by disabled people, and in the often invisible relationships sustained by migrant care workers.

These recurring representations can also create an invisible hierarchy of care. Some forms of care and some care needs are seen as more legitimate, more important, and more deserving of support, while others remain overlooked.

For example, the caregiving responsibilities of an employee with young children are often readily recognized. In contrast, the experiences of someone supporting an older relative, caring for a friend, or managing their own care needs may receive far less recognition.

What alternative narrative is possible?
We can make a wider range of care relationships and care practices visible.

Rather than portraying care solely as something that happens within the nuclear family, we can understand it as a practice that emerges across the many relationships people build throughout their lives. This perspective broadens our assumptions about who can give care and who can receive it.

Including diverse caregivers, care recipients, and care relationships in our stories reminds us that care cannot be reduced to a single narrative. It also creates space to question which forms of care are made visible and which remain unseen.

An Example from Türkiye
Bakım Verenler Podcast (Caregivers Podcast) explores care experiences through diverse life stories and relationships. Produced from a queer feminist perspective, the podcast highlights how care is not limited to traditional family structures but is also created through friendships, solidarity networks, and different forms of community. In doing so, it makes visible the diversity of care and many care experiences that often remain overlooked. → instagram.com/bakimverenlerpodcast

From Human-Centered Care to Earth Care

What does the dominant narrative do?
Care is often discussed only in terms of relationships between people. We talk about caring for children, older adults, people who are ill, or people with disabilities. Yet the broader relationships that make life possible often remain invisible.

The neighborhoods we live in, our commons, natural resources, animals, and ecosystems all require ongoing care. The sustainability of life depends not only on people caring for one another, but also on maintaining and nurturing the conditions that make life possible in the first place.

What alternative narrative is possible?
We can understand care not only as an activity that takes place between people, but as a practice of sustaining life.

This perspective invites us to see our relationships with nature, other living beings, the environments we inhabit, and future generations as part of care. In this way, care becomes more than support provided to specific individuals; it becomes a shared responsibility and a way of relating that enables life to flourish.

This broader understanding helps us recognize that social wellbeing and ecological wellbeing are deeply interconnected. Caring for people and caring for the conditions that sustain life are not separate tasks, but part of the same continuum.

An Example from Around the World
The concept of Earthcare, developed in the work of researcher and ecofeminist scholar Stefania Barca, highlights the relationship between care and ecological justice. This approach reminds us that the labor that sustains life is not limited to care between human beings. It also includes caring for soil, water, other species, and the ecosystems that make life possible.

Earthcare makes visible the connection between human wellbeing and the wellbeing of the planet, inviting us to understand all life-sustaining relationships as part of care.→ https://edepot.wur.nl/629187

Talking About Care: Some Questions Without Definitive Answers

As we developed this guide, there were some areas where we felt able to offer clear recommendations. In others, we are still reflecting, debating, and learning together. The notes below are less about settled principles and more about the recurring questions and tensions we encounter when thinking about how care is discussed and represented.

The Value of Care and Its Unequal Distribution

Some international organizations working on care issues approach the use of the term "burden" with caution when discussing care work. For example, UN Women notes that framing care solely as a negative activity that needs to be reduced can obscure the value that care brings to individuals, communities, and the sustenance of life itself. Instead, they suggest focusing not on care as a burden, but on the unequal and disproportionate distribution of care responsibilities (UN Women, 2022). This perspective offers an important reminder. Care is not simply a problem to be solved; it is also part of the relationships that make life possible.

At the same time, we know that care responsibilities are often distributed unevenly. A significant share of care work continues to fall disproportionately on women. When care responsibilities are carried alone or with insufficient support over long periods of time, they can lead to exhaustion, burnout, time poverty, and social isolation.

For this reason, while we seek to make the value of care more visible, we also aim to create space for conversations about how care work is distributed, who bears the greatest share of its weight, and what kinds of support are needed to make care more sustainable and equitable.

Remembering the Complexity of Care

Care is often described through the language of love, solidarity, and connection. These are important dimensions of care. Yet care is not always experienced as easy, peaceful, or empowering. Providing care can also involve exhaustion, uncertainty, frustration, guilt, or loneliness. Especially when care responsibilities are distributed unequally or when support systems are inadequate, care relationships can become deeply demanding.

This guide seeks to create space for the life-sustaining and transformative potential of care. At the same time, it considers it important to make visible the quieter and less discussed aspects of care: the need for support, the right to set boundaries, experiences of burnout, the desire for rest, and caregivers' efforts to preserve space for their own lives. In narrative change work, we believe it is important to create room for hope, alternatives, and possibility. At the same time, we do not want to obscure the exhaustion, contradictions, and inequalities that care can produce in everyday life.

Care is not made up only of inspiring stories. It is also shaped by vulnerability, need, tension, and limits. We believe that building more pluralistic and equitable narratives about care requires making these complex and sometimes contradictory dimensions of care visible as well.

3

From Narrative to Practice: Communicating Care

The small decisions we make when creating a news story, campaign, social media post, research report, or advocacy initiative can shape how care is understood. Who we choose to feature, which images we use, what examples we highlight, and the words we select all become part of the narrative being constructed about care.

In this section, we bring together a set of questions and reminders that can be useful when communicating about care. Rather than seeing them as fixed rules, we invite you to approach them as prompts that can be revisited and adapted across different contexts.

Question Your Sources: Whose Voice Is Present, and Whose Is Missing?

When producing content about care, certain voices often take center stage: doctors, psychologists, academics, public officials, or policymakers.

These perspectives are important. But knowledge about care does not come only from experts. Caregivers, care recipients, paid care workers, migrant care workers, young carers, civil society organizations, and community groups also hold valuable knowledge about how care is experienced in everyday life.

For example, an economist may explain the costs of care services or their impact on employment. Someone who cares for a parent living with Alzheimer's disease every day may reveal the gaps in the care system, the invisible labor involved, and the challenges of navigating daily life in ways that statistics alone cannot capture.

When telling a story about care, it can be helpful to ask: "Whose voice is being heard in this story?", "Whose perspective is missing?"

Sometimes change begins not by adding entirely new voices, but by creating space for voices that are already present yet too often overlooked or unheard.

See Care Recipients Not Only as Subjects, but as People with a Voice

In many stories about care, the experiences of caregivers are placed at the center. People who receive care often become the subject of the story, yet their own perspectives, experiences, and voices receive far less attention. However, everyone involved in a care relationship has needs, preferences, expectations, and lived experiences. For this reason, when communicating about care, it can be valuable to move beyond speaking on behalf of a single person and, whenever possible, create space for multiple perspectives.

One useful question to consider is: Can the voice of the person receiving care be heard in this story? Sometimes narrative change begins not with creating a new message, but with creating opportunities for people to share their own experiences.

Making room for the perspectives and experiences of care recipients reminds us that care is not only about providing support. It is also about participation, choice, agency, and the right to have a say in matters that affect one's own life.

Bakımı Hangi Görsellerle Anlatıyoruz?

When people think about care, certain images tend to come to mind: a mother holding her child, a woman caring for a sick relative, or an adult daughter supporting an aging parent.

These images are rooted in real experiences. Yet when they are used repeatedly, they can reinforce particular assumptions about who provides care and what kinds of relationships care takes place within.

For this reason, it can be helpful to ask a few questions when selecting images:

"Who is visible, and who remains invisible?,

"Which forms of care are being represented?",

"Does this image support the story we are trying to tell?"

Much of care consists of processes that are not immediately visible. Planning, coordination, emotional labor, asking for support, building solidarity, and finding solutions together are all important care practices that often receive less attention in visual storytelling.

Sometimes a single image can strengthen the story a text is trying to convey. At other times, it can unintentionally narrow or distort that story. This is why visual choices, just like the words we use, play an important role in shaping how care is understood and represented.

Connect Personal Experiences to Systemic Realities

Content about care often focuses on individual experiences. These stories are important because they help make visible how care is lived and practiced in everyday life.

However, care experiences are shaped by more than personal choices or individual circumstances. When one person ends up carrying most of the responsibility for care, this is often connected to broader factors such as public services, working conditions, social policies, and cultural norms.

For this reason, it can be useful to ask:

What conditions make this experience possible—or make it more difficult?

Sometimes a single story can illuminate a much larger structural issue. Situating personal experiences within their wider context can help us understand care not only as an individual struggle, but also as a social issue that requires collective reflection, responsibility, and change.

Make Alternatives Visible, Not Just Problems

Content about care often focuses on gaps, crises, and inequalities. Making these issues visible is important. However, when we focus only on problems, it can become harder to imagine that care could be organized differently.

Yet across Türkiye and around the world, there is a growing body of experience that points toward more equitable ways of sharing and supporting care. Care-friendly workplace policies, community-based care networks, personal assistance models, municipal care services, programs that encourage men to take on greater caregiving responsibilities, and care cooperatives are just a few examples.

These initiatives do not always offer perfect solutions, nor do they work in every context. But they remind us that care is not fixed in its current form. It can be organized in different ways.

Sometimes a new narrative gains strength not only by making a problem visible, but also by showing that alternatives already exist—and that other futures are possible.

Look for Care in Every Story

Care often comes to mind only when we are explicitly talking about care. Yet care quietly shapes many areas of everyday life.

When we tell a success story, the care relationships that made that success possible can remain invisible. An economic story may focus on productivity while overlooking the care work that enables people to participate in paid work. Stories about disasters or migration may describe disruption without acknowledging how care needs and care responsibilities change in the process.

Sometimes one of the simplest questions we can ask is:

Where is care in this story?

This question will not always produce new answers. But it often helps reveal the parts of a story that remain hidden. Who is supporting whom? Which forms of labor are visible, and which remain unseen? Where are the relationships that make life possible?

Care may not always be the subject of a story. But it is often part of the foundation on which that story stands.

Care Ecosystems and Narrative Infrastructures

Care narratives do not change through a single campaign, a single research report, or a single news story.

The shared meaning-making landscape around care is shaped collectively: by the stories journalists choose to cover, the questions researchers ask, the experiences artists make visible, the services local governments prioritize, the demands civil society organizations advocate for, and the stories we tell one another in everyday life.

For this reason, narrative change is not only about producing new messages. It is also an invitation to think about the relationships, collaborations, and spaces for collective learning through which those messages can circulate.

A finding emerging from research can open new possibilities when it reaches a journalist's article, an artist's work, or a municipality's practice. Likewise, the experiences of caregivers, care receivers, and care workers can generate new narratives when they become not merely subjects of research but active contributors to the stories being told.

At the same time, the growing visibility of the language of care does not automatically mean transformation. In recent years, some researchers have used the concept of carewashing to describe situations in which care values are prominently invoked while the policies and practices needed to support those values remain largely unchanged. This discussion invites us to consider not only what we say about care, but also which actions, institutions, and commitments stand behind those words.

Perhaps the transformation of care culture is not only about creating new narratives. It is also about strengthening the relationships that allow those narratives to take root, and collectively building the conditions in which care can become more visible, valued, and supported in everyday life.

Carewashing and Accountability

In recent years, care has become a more visible topic. Institutions, companies, municipalities, and civil society organizations are speaking more frequently about the importance of care. This growing visibility is important. However, talking about care and creating care-centered change are not always the same thing.

An institution may describe itself as care-friendly. A company may emphasize the value of care. A municipality may highlight its care services. Yet when there is a significant gap between the language being used and everyday practices, the transformative potential of care discourse can be weakened.

Some researchers discuss this phenomenon through the concept of carewashing. Similar to debates around greenwashing in environmental issues, the language of care may become increasingly visible while the policies, resources, and practices needed to support it fail to develop at the same pace.

For this reason, it is important to look not only at the narratives being constructed around care, but also at the practices that support them. In a workplace that claims to be care-friendly, are care-related leave policies actually accessible and usable? Does an institution that says it supports care genuinely take the care needs of its staff into account? Does a municipality that promotes its care services monitor who can access those services and who cannot?

There are no simple or universal answers to these questions. Yet asking them can help make visible the relationship between what is said and what is done when it comes to care.

4

Reimagining Care Narratives

An Invitation to Rethink the Stories We Tell About Care

When we began writing this guide, we asked ourselves a simple question: Can talking differently about care actually change care itself? There is no easy answer.

Describing a caregiver's burnout as a structural issue rather than a personal sacrifice will not make their burden lighter the next day. Likewise, an institution talking about the importance of care or adopting care-friendly language does not automatically create more just care systems.

Yet the stories we tell about care are not insignificant. They shape which problems we recognize, which solutions we can imagine, and who we believe should be responsible. When we see care only as a family responsibility, public investment can fade into the background. When we treat care as women's natural role, demands for a more equal distribution of care can become invisible. When we frame care solely through love and sacrifice, questions of labor, rights, and support are more easily overlooked.

The narrative frames shared throughout this guide are not the only ways of talking about care. Every narrative makes certain realities visible while leaving others in the shadows. For this reason, the goal is not to find a perfect language of care. Rather, it is to become more aware of what our language reveals—and what it obscures.

Care culture does not change through a single campaign or communication effort. It is shaped through countless stories produced by journalists, researchers, artists, civil society organizations, institutions, caregivers, care receivers, and people with lived experience of care.

This guide does not aim to provide the same answer for everyone. Instead, it invites us to reflect on a shared question:

When we communicate about care, what are we unintentionally reproducing?

Perhaps narrative change begins here.

By learning to talk differently about care, we create space to imagine how care itself might be organized differently.

A Note on the Limits of This Guide

This guide invites readers to engage critically with communication about care. We would like to extend that same critical reflection to this guide itself.

Throughout this guide, we have sought to learn from the experiences of caregivers, care receivers, and care workers. At the same time, the guide primarily addresses individuals and organizations that communicate about care. The voices of women caregivers, paid care workers, young carers, and people receiving care are not directly represented here. This is one of the guide's most important limitations. We continue to look for ways to create more space for diverse care experiences, knowledge, and wisdom.

Care is not experienced in the same way by everyone. Gender, class, age, disability, ethnicity, migration status, language, and geography all shape how care is lived and understood. Although we have tried to make different forms of care visible throughout this guide, we recognize that some experiences remain absent or underrepresented.

This limitation is not unique to this guide. Narratives can make some voices visible while leaving others in the background. Which experiences are recognized as knowledge, who gets to speak, and which stories circulate more widely are shaped by power relations. This guide is no exception. For this reason, we do not present this text as a definitive statement. Instead, we offer it as an invitation to learn, reflect, and think critically, including about its own limitations.

We do not see this guide as a finished product. Rather, we see it as part of an ongoing process of learning. Building more plural, inclusive, and equitable narratives about care requires continued listening, learning, and attention to what remains unseen or unheard. We hope this guide can contribute to that ongoing conversation.

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