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Opening careers for males in CARE

OpenCare Project

WP3 D3.4 Awareness Guide for breaking stereotypes towards male carers in Long-Term Care

APPDI

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1. Introduction

The rise in average life expectancy in Europe has led to a significant growth in demand for long-term care services that maintain quality of life, autonomy and dignity.

The number of European citizens needing care is estimated to rise from 19.5 million (2016) to around 30.5 million in 2050, which will entail a substantial increase in the need for professionals across the health and care sector. Without specific strategies to make these professions more attractive and to strengthen worker retention, the shortage of professionals will remain a significant challenge.

However, despite the growing need for human resources, the care sector remains strongly marked by gender inequalities. In the European Union, women account for around 76% of care-sector workers and 86% of personal care professionals, while men represent only 14% of the workforce.

Historically, **care work has been socially associated with women and is often perceived as an extension of the traditional gender roles tied to the domestic sphere**. This under-representation is largely linked to structural and sociocultural factors, the lack of visibility of male role models, low pay levels and limited career-progression opportunities.

In this context, the *OpenCARE — Opening Careers for Males in Care* project is an initiative that seeks to promote greater male participation in the long-term care sector, while contributing to challenging gender stereotypes and reinforcing the attractiveness and sustainability of the sector. The project aims to raise awareness among different audiences of the importance of gender equality in care professions, promoting a more inclusive and diverse view of these careers.

This Awareness Guide is intended for a broad audience: **care organisations, employers, trainers, policymakers and everyone working in the care sector or in related fields.** It brings together the main findings of the awareness workshops held in the five partner countries between January and April 2026 and translates them into practical guidance that can be used by anyone committed to building a more inclusive care workforce.

Specifically, the guide aims to:

- **Raise awareness** of the importance of gender equality in the long-term care sector.
- **Deconstruct stereotypes and prejudices** associated with the presence of men in care professions.
- **Promote inclusive workplaces**, where professionals of different genders can perform their roles with recognition, respect and equal opportunities.
- **Provide practical guidance** to support organisations in valuing and integrating men in the care sector.

By contributing to greater awareness and reflection on these issues, the guide seeks to support positive change in organisational practices and in social perceptions of care work.

2. Evidence Base: What We Know About Men in Care

Before exploring stereotypes and barriers, it is important to anchor the discussion in facts. Perceptions of men in the care sector often diverge from the documented reality. This section sets out the essential data.

2.1. What the Numbers Say

- In the European Union, **men account for around 14% of personal care workers**. Across the five OpenCare partner countries, the share of male front-line carers ranges between 10% and 15%.
- **Demand for long-term care professionals in Europe is expected to grow to support around 30.5 million people by 2050** (compared with 19.5 million in 2016). Without broadening the pool of potential workers, this growth cannot be met.
- The **discrimination against male carers is a factor that directly contributes to the labour shortage in the sector**: when half of the population is excluded from certain roles or organisations, the number of people available to respond to growing demand is reduced.

- The OpenCare workshops (251 participants across 5 countries, January–April 2026) showed that most employers and service users already agree, in principle, that male carers deserve equal treatment. **What is missing is not persuasion - it is the language, tools and institutional support needed to act.**

2.2 Myths & Facts

The workshops identified the following misconceptions as the most frequent and persistent among service users and professionals:

Frequent Myth	Documented Reality
Care work is inherently feminine.	The capacity to care is not determined by gender. It is a human skill developed through training, experience and professional commitment.
Service users will reject male carers.	Initial resistance drops significantly when there is a gradual introduction and a relationship of trust. Many people who began with reservations report high satisfaction after actual contact.
Hiring men increases organisational risk.	Discrimination is itself a risk: it limits recruitment, reduces team diversity and can create legal ambiguity. Inclusive processes reduce risk.
The carer's gender predicts the quality of care.	Care quality is determined by competence, training and professional conduct — not by gender. Diverse teams tend to respond better to the range of service-user needs.

2.3. The Role of Men in Care

Although they remain a minority in the sector, the men who work in or provide care show every day that caring is not tied to a particular gender but to fundamental human skills such as empathy, responsibility, listening and commitment to the well-being of others. The presence of men in care professions is therefore an important dimension in building more diverse and balanced settings, capable of responding to the plurality of needs of the people receiving support.

When discussing carers, it is important to distinguish between formal and informal care, since both are part of the support system in communities. Formal care refers to caring activities provided by professionals as part of their work. These professionals usually operate within structured organisations or services, such as residential institutions, home-care services, day centres, community organisations or other social and health support structures.

Informal care, by contrast, refers to support provided outside a professional context, usually within family or close relationships. It is generally unpaid and often emerges as a direct response to the needs of someone close. Although frequently invisible or under-recognised, informal care represents a significant share of the support available in contemporary societies.

3. Gender Stereotypes in Care

Gender stereotypes shape how professions are perceived and can create invisible barriers to the participation of different people in certain sectors. In the context of care, these preconceptions have contributed to the **historical association between caring and the female role, limiting male participation and shaping the career choices of many people.**

Deconstructing these myths is an important step towards promoting more inclusive workplaces and recognising the contribution of all professionals in the sector.

The table below sets out some of the most common stereotypes associated with men in the care sector and contrasts them with evidence and perspectives based on the reality of care work.

Stereotype	Reality
Men are not naturally carers.	The capacity to care is not determined by gender. It is a human skill that can be developed through learning, experience and professional practice.
Men are not empathetic enough to work in care.	Empathy is a relational capacity that can be developed by anyone.
Men only choose to work in care when they cannot find other job options.	Many men report choosing to work in the sector out of vocation, interest in working with people or a desire to contribute to others' well-being. As in any profession, there are diverse pathways that lead professionals into the sector.
Some care tasks are more suited to women.	All care-related tasks can be performed by professionals of any gender, provided they have the right training and work in a respectful, safe professional environment.
The presence of men can make those receiving care uncomfortable.	Many people value diverse teams and benefit from being able to choose the professional with whom they feel most comfortable. Gender diversity in teams can help to better respond to the different preferences and needs of those supported.
Men are better suited to physical tasks in care.	Although some men may have greater physical strength, care tasks should be organised safely and shared by the whole team. Care involves many skills beyond the physical dimension, such as communication, observation and emotional support.
Men are not good at handling the emotions of those they support.	Emotional management is a skill that can be learned and developed. Many men show a high capacity for listening, support and understanding in their professional roles.
Service users or families always prefer female carers.	Preferences vary from person to person. Some value having a choice between professionals of different genders, which can contribute to a more comfortable care experience.

Day-to-day Situation	Stereotype	Possible Impact

A male colleague is always called whenever a service user needs to be lifted or moved.	Men are naturally responsible for physical tasks.	May limit the balanced distribution of tasks and reinforce rigid gender roles.
A man is repeatedly asked why he chose to work in care.	Men in the sector are seen as an exception or as unusual.	May produce a sense of isolation or the constant need to justify the career choice.
A female colleague is automatically put in charge of calming a service user in emotional distress.	Women are seen as more empathetic or emotionally available.	May overburden some professionals and limit development opportunities for other team members.
A man is often encouraged to apply for coordination or leadership roles.	Men are seen as more suited to leadership.	May reinforce inequalities in career-progression opportunities.
Comments such as “it’s good to have a man on the team to balance things out”.	Male presence is seen as exceptional or as necessary to “balance” the group.	May reinforce the idea that gender defines competencies or professional roles.
During meetings, women are expected to take notes or to handle administrative tasks.	Women are associated with support or organisational roles.	May render broader professional skills invisible and reinforce traditional roles.
A male professional is avoided for certain personal-care tasks without any expressed preference by the service user.	The assumption that men are less appropriate for intimate care.	May limit learning opportunities and create inequality in task distribution.
Informal comments such as “men don’t have as much patience for this”.	The idea that certain emotional qualities belong to a particular gender.	May affect how professionals’ skills are perceived and influence team dynamics.
A man is frequently praised for tasks considered “normal” when performed by women.	Lower expectations of men in direct care.	May produce perceptions of unfairness or devaluation among colleagues.
Day-to-day Situation	**Stereotype**	**Possible Impact**

A woman is automatically associated with roles relating to children or families.	Women are seen as more suited to working with children.	May limit career choices and reinforce occupational segregation.

Many of the situations described above **occur subtly and often without any intention to discriminate.** Informal comments, small day-to-day decisions or implicit expectations may seem trivial when looked at in isolation. However, when these situations are repeated over time, they **end up reinforcing patterns that influence how work is distributed, how skills are perceived and which professional opportunities are made available** to different people.

Responding to this kind of stereotype does not mean creating conflict or directly confronting colleagues in a negative way. Often, **small constructive interventions can help to question assumptions and encourage broader reflection within the team.** The table below offers examples of how these situations can be addressed in a professional context.

Situation	Possible Constructive Response	Aim of the Response
A colleague says: *"We can ask João to help lift the service user — he's a man."*	"Perhaps we can organise this task on a rotational basis or according to the safety guidelines for the whole team."	Promote a balanced distribution of tasks and avoid automatic gender associations.
Someone comments: "*It's interesting to see a man working in care.*"	"More and more people from different backgrounds choose this field. What matters is competence and commitment to care."	Normalise the presence of men in the sector.
During a meeting, a woman is automatically put in charge of administrative tasks.	"Perhaps we can rotate these tasks among everyone in the team."	Ensure a more equitable distribution of responsibilities.
Situation	**Possible Constructive Response**	**Aim of the Response**

A colleague states: "*Men don't have as much patience for this kind of work.*"	"Patience is a skill that any professional can develop with experience and training."	Question the association between competence and gender.
A colleague claims that certain tasks are "more suited to women".	"Perhaps we can think about tasks based on each professional's skills and training."	Reinforce a competence-based, not gender-based, approach.
A service user automatically assumes that only women work in the team.	"Our team includes professionals of different genders, all trained to provide quality care."	Make the sector's professional diversity visible.

4. What Are the Barriers?

The barriers male workers in care face operate at multiple levels simultaneously. Understanding them is essential to addressing them effectively.

4.1. Social and Cultural Barriers

At the broadest level, care work is culturally associated with the feminine in most European societies. This is reflected in language, in media representation and in the informal socialisation of children about what is appropriate work.

- Boys are rarely encouraged to consider care as a career path;
- Men who enter care can face social stigma from colleagues, family or community;
- Cultural attitudes vary significantly between countries, but the gendering of care work is present in all five OpenCare partner countries.

4.2. Institutional Barriers

Organisations that employ people in the care sector may unintentionally perpetuate exclusion, even when they have formal commitments to equality:

- Job adverts may use language with gendered connotations;
- Selection panels may carry unconscious biases about who is suited to personal-care tasks;

- Training programmes may not address the specific challenges faced by male carers;
- Workplace culture may be unwelcoming or isolating for men who take on care roles.

4.3 Barriers from Service Users

People receiving care and their families sometimes express discomfort with male carers, particularly in intimate personal-care tasks such as bathing, dressing or continence care. This discomfort is understandable and must be respected at the individual level. At a systemic level, however, it can create blanket exclusions:

- Some employers avoid hiring male carers altogether in order to pre-empt objections;
- Male carers may be systematically excluded from certain tasks or service-user groups without individual assessment;
- Female carers are not typically excluded from any task or service-user group on the basis of gender alone.

4.4. Economic Barriers

Care work is often poorly paid relative to the physical and emotional demands it places on workers. This affects recruitment across the gender spectrum, but it interacts with gender in specific ways:

- Men can face stronger social and family pressure to pursue higher-paying careers;
- The combination of low pay and low status compounds the deterrent effect of social stigma;
- Career progression within care organisations is limited.

5. How Stereotypes Affect Male Carers

Gender stereotypes attached to care work shape several dimensions of the professional experience of men who work in, or are considering, this sector. These social perceptions can affect not only how care professions are viewed by society, but also how professionals themselves experience their work day to day.

The impacts can arise at different points in a career, from the initial stage of career choice and recruitment to integration into the workplace, opportunities for career progression and how these professionals are socially recognised. Although many of these situations do not result from explicit intent to discriminate, they can create subtle barriers that shape men's participation and experience in the care sector.

Dimension	How Stereotypes Manifest	Possible Impacts
Recruitment and attracting professionals	The sector is often portrayed as a predominantly female field.	Fewer men consider or explore these professions as a career option.
Workplace environment	Different expectations about which tasks men and women should perform.	Informal task allocation based on gender.
Professional interactions	Some men may be observed more closely when carrying out intimate-care tasks.	A sense of mistrust or the need to justify certain duties.
Career progression	Assumption that men seek leadership roles rather than direct care.	Different expectations or pressures regarding career paths.
Social perception	Male carers are less represented in public narratives about the sector.	Invisibility and less social recognition of their contribution.

The way care professions are represented socially can significantly influence who feels encouraged to consider these fields as a career option. When images, narratives or examples linked to the sector show almost exclusively women, many men may not identify with those representations.

This lack of identification can lead some potential candidates to assume that the sector is not aimed at them or that their presence would be unusual. As a result, fewer men end up applying for jobs in care, helping to keep male representation low.

The career experience of men in care can also be shaped by perceptions linked to leadership expectations. In some contexts, there may be an idea that men entering the sector intend to move quickly into management or coordination roles.

While some professionals may indeed wish to pursue leadership paths, others prefer to stay in direct-care roles. Nonetheless, these expectations can produce misunderstandings about professional motivations or create implicit pressure to follow particular career paths.

The low male presence in the sector can also leave some professionals feeling isolated in certain teams or work settings. This isolation does not necessarily stem from negative attitudes among colleagues but may be linked to the absence of other professionals with similar experiences.

Another important effect of gender stereotypes in the care sector is the social invisibility of the men who perform these roles. Although many men work professionally in the sector or take on caring responsibilities within the family, these experiences remain less visible in public representations of care.

In the media, in institutional campaigns and in social discourse about care, the examples and images presented continue frequently to portray women as the main carers. This absence of male representation contributes to reinforcing the perception that caring is essentially a female activity.

5.1. The Costs of Exclusion

When men are discouraged from, or excluded from, care roles, the consequences go beyond diversity statistics:

- The talent pool available for care recruitment shrinks, worsening the workforce shortage in the field;

- Care recipients are deprived of choice: some people may prefer or benefit from carers of a particular gender, and this should be respected by broadening the options, not narrowing them;
- Men who are suited to care work and want to enter it face unnecessary obstacles, with consequences for their careers and livelihoods;
- The social status of the profession is kept artificially depressed when it is perceived as suitable for only one gender;
- Stereotypes about who can provide care also affect service quality: when team diversity is suppressed, the range of perspectives and approaches available to care teams is reduced;

6. Benefits of Diverse Care Teams

Promoting greater diversity in the long-term care sector is not only a matter of gender equality. Diverse teams can help to improve service quality, enrich professional dynamics and respond more effectively to the needs of those supported.

6.1. Diversity of Skills in Teams

Each professional brings a unique set of skills, experiences and ways of interacting with others. Teams made up of people from different backgrounds tend to benefit from a greater variety of approaches to problem-solving and care delivery.

In long-term care, this diversity can translate into a greater capacity to adapt to the specific needs of each person supported. Sharing experiences within teams can also promote ongoing learning and professional development.

Skill/Approach	How It Can Enrich Care
Different communication styles	Makes it easier to build trusting relationships with different service users.
Varied professional experience	Allows complex situations to be approached from multiple perspectives.
Different ways of solving problems	Encourages more creative and effective solutions.
Diverse life experiences	Contribute to greater empathy and understanding of service users' realities.

6.2. Teams That Better Reflect Society

The people who use care services are diverse in age, gender, life history, culture and personal experience. When professional teams better reflect this diversity, it becomes easier to create care environments that are more inclusive and sensitive to individual needs.

In some contexts, certain service users may feel more comfortable receiving support from professionals of a particular gender, especially in personal or intimate care. Diverse teams allow organisations to respond to these preferences more flexibly.

Situation	How Diverse Teams Can Help
Personal or intimate care	The possibility of respecting service users' preferences regarding the professional's gender.
Emotional support	Different communication styles can ease the relationship with different people.
Social or recreational activities	Greater variety of interests and approaches in the activities offered.

6.3. Male Carers as Positive Role Models

The presence of men in the care sector can have an important impact in transforming the social perceptions attached to these professions. When men are visible as care professionals, they help to challenge the idea that these roles are exclusively female.

This visibility can also encourage other men to consider careers in the sector, helping to increase team diversity and reduce stereotypes associated with care work.

Visible men in the sector → change in perceptions → more diversity in the future

Impact	Possible Outcome
Greater visibility of male professionals	Fewer stereotypes about who can work in care.
Positive examples in the workplace	Encouragement for other men to consider these professions.
More balanced representation	A more inclusive social perception of the care sector.

7. Inclusive Language and Communication

The way organisations communicate has a significant impact on how professions are perceived and on who feels represented or encouraged to take part in them. In the care sector, **the language and images used in job adverts, institutional materials, communication campaigns or even internal communication can reinforce — often unintentionally — existing gender stereotypes.**

Promoting inclusive communication does not mean making texts more complex or artificial. It is essentially about ensuring that the language used does not exclude or render certain groups invisible and that the messages conveyed reflect the values of equality and diversity that organisations seek to promote.

A few practices can help make these descriptions more inclusive and accessible:

- Use gender-neutral terms;
- Focus on the skills required for the role;
- Avoid implicit associations between particular tasks and a specific gender;
- Highlight the social and professional value of care work.

The table below shows some examples of how language can be rephrased to promote greater inclusion:

Stereotyped Language	Inclusive Language
We are looking for a **female assistant** to support older people.	We are looking for a **care professional** to support older people.
The (female) candidate must have experience in personal care.	The candidate must have experience in personal care.
We are looking for a **a dedicated (female) carer**.	We are looking for a **a dedicated care professional**.

Communication is not limited to words. The images used in institutional materials, recruitment campaigns or online content also shape perceptions of who works in the care sector.

When images show only women in care roles, they can reinforce the idea that these professions belong to a single gender. Conversely, using images that represent professionals of different genders, ages and backgrounds can help convey a more realistic and inclusive view of the sector.

Job descriptions are one of the first points of contact between organisations and potential candidates. The way they are written can influence who feels encouraged to apply.

7.1. Checklist: Inclusive Communication in Organisations

Organisations can use the following checklist as a self-assessment tool to improve their communication practices.

☐ The language used in job adverts is gender-neutral.
☐ Role descriptions focus on skills and responsibilities.
☐ The materials feature examples of professionals of different genders.

☐ The images used reflect diversity within teams.
☐ Men and women are shown carrying out different types of care tasks.
☐ Campaigns avoid reinforcing traditional gender roles.

☐ The organisation uses inclusive terms to refer to care teams.

☐ Public communication conveys that the sector is open to people of different profiles.
☐ Institutional content values the contribution of all professionals.

☐ The language used in documents and meetings is inclusive.
☐ There is internal awareness-raising on gender stereotypes.
☐ All workers are represented equitably in organisational communication.

8. Practical Guide for Employers

8.1. Recruitment and Hiring

- Review job adverts for gendered language. Words such as "caring", "compassionate" and "empathetic" are not inherently linked to a gender, but they are often read through that lens. Test adverts with a diverse group of readers.
- Use structured, criteria-based interview processes rather than selection by impression. Define in advance what a good candidate looks like and assess everyone against the same framework.
- Wherever possible, set up diverse recruitment panels. Research consistently shows that diverse panels make less biased decisions.
- Consider whether the application process creates unnecessary barriers for men (for example, assumptions about availability, physical requirements framed in gendered terms, or advertising only through channels where women are more likely to see the vacancy).

8.2. Workplace Culture

- Name the problem. Create spaces where workers can openly discuss gender in care work, including the discomfort some colleagues or service users may feel.
- Support male carers when they face resistance. Make it clear that the organisation stands behind them.
- Allocate tasks on the basis of skills, relationships and service-user preference — not on the basis of the carer's gender.
- Celebrate diversity within your team, including gender diversity. Normalise the presence of male carers through induction materials, team introductions and public communications.

8.3. Managing Service-User Resistance

Service users' preferences must be respected. If a person clearly and consistently expresses a preference not to receive personal care from a man, that preference must be accommodated. Accommodation, however, should not turn into exclusion by default.

1. Introduce male carers to service users gradually, starting with non-intimate tasks and building trust over time.
2. Prepare service users with a conversation about the team before introducing a male carer. Explain the approach, invite questions and respond to concerns.
3. Never apply a blanket policy excluding male carers from any category of task. Individual preference, individual assessment.
4. Document and monitor any patterns of refusal. If certain service-user groups consistently refuse male carers, that may signal an opportunity for targeted awareness work.

8.4. Training and Development

1. Include gender-awareness content in the induction of new workers and in continuing training.
2. Support male carers in accessing the same training, mentoring and progression opportunities as their colleagues.
3. Reflect on how the organisation's culture shapes who is promoted, who is given the most difficult cases and who gains access to development opportunities.

9. Practical Guide for Service Users

It is entirely natural to have preferences about who provides your personal care. Choice and dignity are fundamental to good care. This section is not intended to pressure anyone into accepting care they are not comfortable with. It is meant to support informed choice and to question some of the assumptions that may make that choice harder.

Personal care can feel very intimate and exposing. But it is worth reflecting on where that discomfort comes from:

1. Is it based on a past experience with a specific person? Or is it a general assumption about men as a category?
2. Would you feel differently after getting to know a male carer in a non-intimate context?

3. Male carers are trained professionals. Their preparation, the professional standards they meet and the accountability they are held to are the same as those of their female colleagues.
4. Many people who initially felt uncomfortable have found that a trusting relationship with a particular male carer dissolved that concern.

That said, it is important to bear in mind that:

- You have the right to express a preference for a carer of a particular gender for personal-care tasks;
- You also have the right to receive information about any carer who will work with you, including their qualifications and experience;
- You have the right to change your mind as the relationship develops;
- If you have any concerns about the conduct of any carer, you have the right to report them to the organisation, regardless of gender.

9.1. Answers to the Most Common Questions

Frequent Question	What It Helps to Know
"I don't feel comfortable with intimate care being provided by a man."	This concern is valid and will always be respected. You can express this preference to the organisation. At the same time, it is worth knowing that many people who started with this concern describe how their discomfort decreased significantly after getting to know the professional in non-intimate contexts first.
"How do I know the male carer has the same training?"	Male carers have exactly the same training, the same professional standards and the same conduct obligations as female carers. You can always ask for information about any professional's qualifications.
"My family may not accept it."	You have the right to make your own decisions about your care. If you wish, the organisation can help you to talk to your family about it.
"It feels unusual to me."	In many European countries, men have worked in care for decades. The under-representation is real, but it does not reflect incapacity or unsuitability: it reflects stereotypes that are changing.

10. Practical Guide for Trainers and Facilitators

This section provides guidance for trainers, HR professionals and workshop facilitators wishing to run gender-awareness sessions in care settings. It draws on the experience of the OpenCare Workshops and on the broader evidence on attitude change.

Start with the data, not with advocacy: present the facts about gender in care work — the statistics, the research, the patterns. Let participants reach their own conclusions before adding interpretation.

Create psychological safety: people will not engage honestly with uncomfortable topics if they feel they will be judged for their initial responses. Set ground rules that make a genuine conversation possible.

Distinguish attitudes from behaviour: the aim is not to shame people for holding stereotypes, it is to help them understand where those stereotypes come from and how to act differently.

Use real scenarios: abstract discussions about equality are less effective than working through concrete situations. Present case studies from care settings and ask participants what they would do.

Suggested Discussion Questions

For service-user groups:

- What would you like to know about a new carer before they arrive?
- Can you recall a situation in which you made an assumption about someone that turned out to be wrong?
- What makes you trust a carer?

For employer groups:

- What barriers might a man face in your current workplace if he applied for a care role?
- Have you ever had a situation in which someone refused a carer on the basis of gender? How was it handled?
- What change could you put in place in your organisation this week to make it more welcoming to male carers?

Warning Signs and How to Respond

Warning Sign	Suggested Response
Participants quickly agree with everything (no tension)	Introduce genuine tension or a challenging case. Consensus without discomfort often means the real conversation has not yet begun.
Strong or defensive emotional reactions	Acknowledge the feeling without amplifying it. Return to the facts. Remind participants that the aim is understanding, not judgement.
Stereotyping framed as service-user-centred concern	Validate the underlying concern (the service user's dignity, service-user safety) while questioning the conclusion (that gender is the relevant variable).
Silence from particular participants	Create opportunities for written reflection or small-group discussion before inviting spoken responses in the full group.

10.1. Educational Materials for Awareness-Raising Sessions

The OpenCare project developed a set of structured educational materials to support care institutions in organising awareness-raising sessions on gender inclusion in long-term care. These materials were designed and tested across five partner countries (Portugal, France, Romania, Cyprus and Italy) and have been adapted for use with two distinct target groups: care recipients, and care professionals and employers.

The resources are organised into two workshop frameworks, each covering the three core themes of the project: gender stereotypes and cultural biases in care; boundaries, preferences and dignity; and barriers to recruitment, retention and a supportive working environment. All activities can be delivered in face-to-face or online formats.

Workshop A — For Care Recipients (Two Sessions, approx. 3h30 total)

This two-session workshop is designed for people who currently receive, or are likely to receive, long-term care. It addresses gender stereotypes from the perspective of service users, explores personal preferences and boundaries, and builds confidence in communicating those preferences.

The sessions use cards and discussion activities rather than lectures, making them accessible and participatory.

THEORY MODULES

Three short theory inputs frame the activities, each delivered via a facilitator-led presentation and introducing the conceptual grounding for the activity that follows.

Module	Core Message
Module 1: Gender stereotypes and cultural biases in care	Cultural and gender biases have historically framed care as women's work, influencing who enters and stays in caring roles. These stereotypes can be challenged through inclusive practices, structural support and professional competence.
Module 2: Boundaries and care recipients' preferences	Respecting each person's preferences for who, how and when they receive care, and communicating those preferences respectfully, fosters trust, safety and dignity for both service users and carers.
Module 3: Barriers to recruitment, retention and a supportive work environment	Long-term care faces persistent workforce challenges driven by gender norms and limited career paths. Understanding these challenges helps service users see the broader context in which carers work.

ACTIVITIES

Activity	Aims & How to
Breaking Myths Together: Men in Care (Myth Box)	To help service users identify and reflect critically on common stereotypes about men in care, building a shared understanding that gender does not determine caring capacity. Participants receive a set of 15–20 printed or digital cards, each presenting a statement about male carers that may be true or a myth. Individually or in small groups, they respond to each statement, then reflect collectively on which assumptions are shared and where they come from. A facilitator-led debrief summarises the key themes.

Activity	Aims & How to
What Is Comfortable for Me? – Preferences, Boundaries and Mutual Respect	To facilitate honest, safe reflection on personal comfort and boundaries in care situations; to distinguish individual preference from generalised assumption; and to introduce the principle of mutual respect between service user and carer. Participants receive 11 situation cards depicting different care scenarios (covering consent, gender of the carer, physical touch, autonomy and emotional support). Each person sorts the cards into three categories — Comfortable / Depends / Uncomfortable — and the group discusses the factors that shape those choices.
Voices and Connections	To connect personal experiences of care to broader structural realities; to validate male carers' experiences through authentic voices; and to help participants understand how individual discomfort and systemic barriers are interrelated. Participants receive 18–20 quote cards featuring authentic testimonies from male carers across the five partner countries (Portugal, France, Romania, Cyprus and Italy). Working in small groups, they sort the quotes into three categories (Experiences / Beliefs / Structures), identify sub-patterns, then draw connections to map relationships. A gallery walk allows groups to compare their mappings before a plenary debrief links individual findings to systemic patterns.

Workshop B — For Care Professionals and Employers (One Session, approx. 3h30 total)

This single-session workshop is designed for care professionals, managers, HR staff, supervisors and frontline workers. It addresses gender stereotypes from an organisational perspective, explores ethical boundaries and the professional handling of service-user preferences, and maps barriers to building inclusive workplaces. The session uses three different participatory formats.

THEORY MODULES

The same three theory modules are used, adapted in language and focus for a professional audience.

Module	Core Message
Module 1: Gender stereotypes and cultural biases in care	Cultural and gender biases shape who provides care, how it is valued, and how it is experienced. Persistent gendered patterns across Europe can be reduced through trust, professional practice and inclusive organisational strategies.
Module 2: Boundaries and care recipients' preferences	Intimate and personal care is shaped by individual boundaries, preferences and power dynamics. Trust, built through verbal and non-verbal interactions and respect for autonomy, is the foundation of ethical, person-centred care.
Module 3: Barriers to recruitment, retention and a supportive work environment	Workforce challenges driven by low status, demanding conditions, gender norms and limited career paths can be mitigated through supportive organisational cultures and structural policy support.

ACTIVITIES

Activity	Aims & How to
Problem Tree Analysis: Gender and Cultural Bias	To raise awareness of how gender stereotypes and cultural biases shape workforce composition and daily care practice; to generate concrete ideas for more inclusive recruitment, role design, career progression and carer–service user matching. Participants split into two groups and each receives a set of 15–20 discussion cards presenting situations, behaviours and structures relating to gender bias in care. Using a 'tree' framework on a flipchart or online board, groups map root causes, daily manifestations and structural consequences, then generate practical ideas for more inclusive practices. Groups share their key insights in plenary.

Activity	Aims & How to
Ethics, Boundaries and Respect in Care Provision (Fishbowl)	To explore ethical dilemmas arising from service-user preferences and gender; to develop professional language for navigating boundary situations; to build confidence in managing difficult conversations while maintaining dignity and safety. Two scenario cards frame a Fishbowl discussion: a small group discusses each scenario in the centre while others observe. Scenario 1 focuses on preferences and consent; Scenario 2 addresses boundaries, discomfort, privacy and potential harassment situations. Observers reflect after each round on emotions, risks and protection strategies. The session closes with a facilitator synthesis and individual commitments to change in practice.
World Cafe Scenarios: Mapping Barriers and Supportive Work Environment Solutions	To help care professionals and employers map the concrete barriers that male carers face in their specific organisations; to generate shared, locally relevant solutions; and to build institutional confidence to act on inclusion commitments. Three posters, each presenting a different organisational scenario, are placed around the room. Groups rotate between posters every 10–12 minutes, writing barriers, issues and reflections directly onto each one. The facilitator clusters the responses thematically, and a plenary discussion closes by identifying 2–3 prioritised actions for improving recruitment, retention and a positive working environment.

11. Practical Guide for Policymakers and *Stakeholders*

This section is aimed at policymakers, representatives of sector associations, funders and other actors with systemic influence. The challenge of male under-representation in care cannot be solved by individual organisations alone: it requires structural conditions that enable and encourage change.

11.1. The Systemic Framing

Low male participation in long-term care does not result from individual preferences but from a set of structural conditions that public policy can help to change:

- **Low pay and limits on career progression** affect recruitment in general, but they interact with gender in a specific way: men face stronger social pressure to pursue higher-paying careers.

- **Vocational training in care rarely includes content on gender and equality**, leaving organisations without the tools to address the issue internally.
- The public representation of the sector — in institutional campaigns, school curricula and the media — remains predominantly female, which shapes career choices from an early age.

11.2. Public Policy Levers

Area of Action	What Decision-Makers Can Do
Training and certification	Embed modules on gender equality and inclusion in care vocational-training curricula. Fund awareness-raising activities for organisations.
Funding and incentives	Create or strengthen funding streams for inclusive recruitment practices. Include gender-diversity criteria in organisational quality assessments.
Public communication	Support national campaigns that depict male carers. Promote their visibility in the sector's institutional materials.
Working conditions	Support pay and career improvements that make the sector attractive to a broader audience. Recognising the value of care work benefits the entire workforce.
Monitoring	Include gender-disaggregated data in sector statistics. What is not measured is not managed.

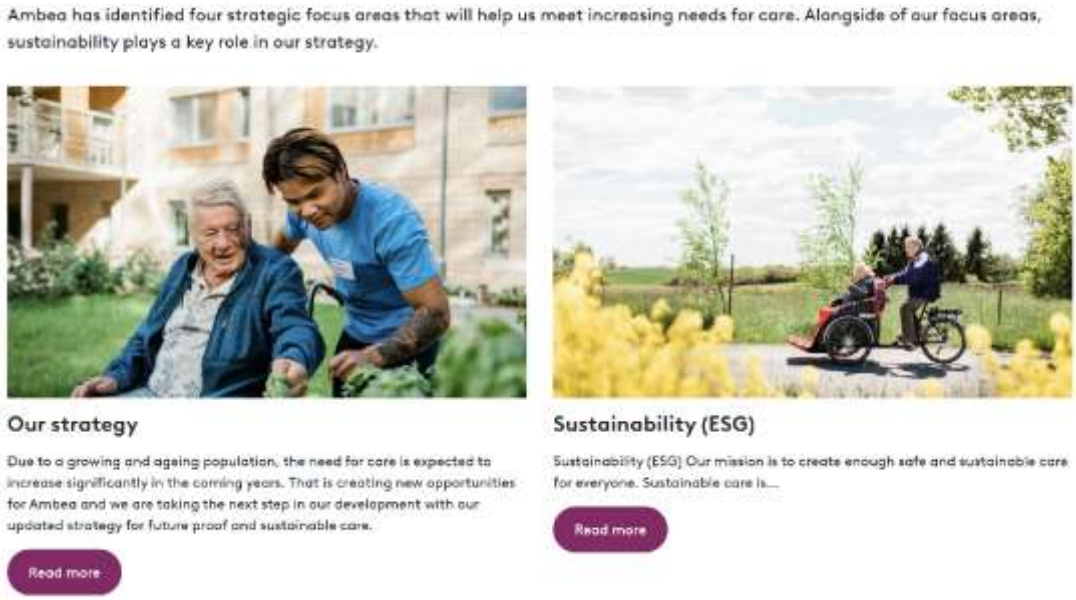
12. Good Practices

12.1. Inclusive Recruitment Initiatives

Some organisations have adopted specific strategies to make their recruitment processes more inclusive and to attract candidates with different profiles.

These strategies include reviewing the language used in job adverts, using more representative imagery in recruitment campaigns and advertising opportunities across different communication channels.

By promoting more inclusive messages and showing examples of professionals of different genders, these organisations communicate more clearly that the care sector is open to everyone.



12.2. Awareness Campaigns to Attract Men to the Sector

In some European countries, public campaigns have been used to challenge stereotypes associated with care professions and to encourage more men to consider these careers.

These campaigns aim to show real examples of male professionals working in the care sector, highlighting their experiences, motivations and contributions to the well-being of those supported. By giving these professionals visibility, the campaigns help to normalise male presence in the sector and to challenge the idea that care is an exclusively female activity.



12.3. Training and Awareness Programmes

Some organisations have developed training programmes for care professionals aimed at raising awareness of gender stereotypes and promoting more inclusive workplaces.

These initiatives include gender-equality awareness sessions, workshops on inclusive communication and moments of collective reflection on organisational practices. By involving the whole team in these processes, organisations can drive more consistent change in institutional culture.

Such programmes can help professionals to recognise stereotypes that are often reproduced unconsciously in day-to-day work.

13. Conclusions

The long-term care sector faces a twofold challenge: a growing demand for qualified professionals and a persistent under-representation of men that unnecessarily narrows the pool of people available to meet that demand. This guide has sought to show that these two realities are deeply intertwined.

Throughout this document it has become clear that low male participation in the sector does not stem from a lack of ability, vocation or interest on the part of men. It results largely from entrenched stereotypes, subtle institutional barriers and cultural norms that continue to tie care work to the female role. These barriers operate simultaneously — in recruitment, in organisational culture, in the attitudes of service users and families, and in the social representations of care professions — and can only be overcome with an equally comprehensive approach.

The results of the OpenCare workshops are, in this respect, particularly encouraging. Across all partner countries and all participant groups, the awareness sessions produced measurable shifts in attitude. Employers became more conscious of the barriers their own processes can create. Service users showed greater openness than their initial answers suggested. Sector professionals developed a clearer understanding of how stereotypes show up in day-to-day work. These results confirm that change is possible

and that information, dialogue and reflection are effective tools for driving it.

The *OpenCare* project does not seek to impose a single answer or to ignore the complexity of real situations. It recognises that service users' preferences must be respected, that national cultures differ and that attitude change is a gradual process. What it proposes is a shared starting point: the conviction that care is a human skill, not a gender attribute, and that we all benefit when the sector better reflects the diversity of the society it serves.

This is not about large-scale transformations or extraordinary resources. It is, very often, about small decisions: the wording of a job advert, the way a task is allocated, the conversation held before introducing a new professional to a service user.

It is these small decisions, accumulated and sustained over time, that transform organisational cultures, shift social perceptions and open paths for those who, until now, have not seen themselves represented in the care sector.

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