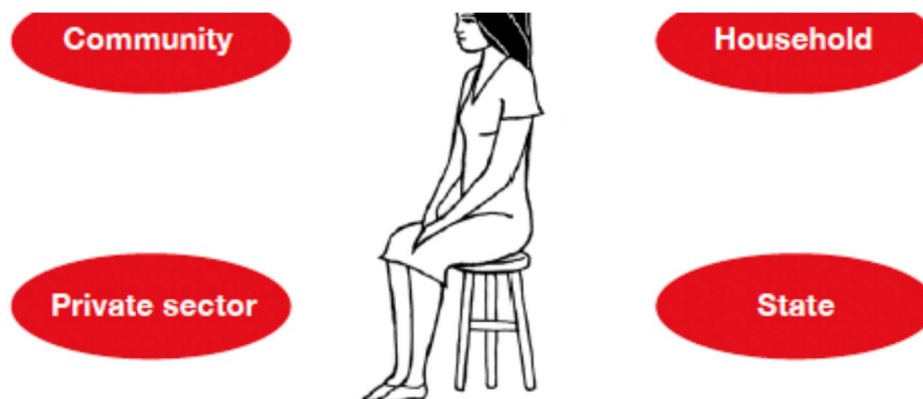


Care sharing square



To help identify actors that can support and share an individual's care work.

The tool helps to introduce the idea that care is a collective responsibility that involves not only households, but also communities, the private sector and, especially, the state. It introduces idea of the state as the key duty bearer responsible for addressing the unequal distribution of care work.

Steps in the process

1. Participants discuss the main care giving activities that they are involved in and identify the care activity that they most want to see distributed (for example child care, cooking or water collection). This can be done in an open discussion or using a participatory tool, such as activity mapping, to explore this in detail before embarking on the steps below.
2. Draw or mark a large square on the floor. A caregiver volunteer stands in the middle of the square. The selected care activity is represented with a symbol and located in the caregiver's hands.
3. Around the person four areas are drawn or marked with string. The facilitator presents the first four areas. One is the household (family), the second is the community (neighbours, friends, NGOs, religious organisations, elders' council), the third is the private sector (markets, shops, etc.) and the last one is the state (local government/municipality). Participants choose symbols for the four spaces and place them accordingly. Note: the difference between the community and the private sector is the community is for free while the private sector is paying.

4. Participants are asked to think of people from the household who could help the volunteer with the selected care activity (e.g. son, daughter, husband). These are written on card and left on the floor of the household square. Papers can then be moved close or far from the volunteer according to whether the person of the paper is more (close) or less (far) likely to help in reality.
5. The same is done for the community, the private sector and the state. For instance, for the community that could be a neighbour; for the state, a free childcare facility; for the private sector, a paid childcare facility or paid housemaid (in this case, the facilitator can remind the group that paid services should not replace state free public services when it comes to care, especially in poor areas).

Questions to deepen the analysis

Ask the volunteer about the real situation by looking at the papers that are closer to her/him.

- In reality how many people/institutions share your caring task?
- Do the people around you also do lots of other care work and have no time for other non-care activities (i.e. eldest daughter, nurse in the local clinic)? Or could they do more?
- How can we start advocating for this?

Ask the volunteer about the ideal situation by looking at all the papers on the floor:

- Who might be asked to do more in the future?
- What can be done to bring those papers closer? How can we advocate for change?

Ask the other participants to answer the questions for their own situation. This can be done in plenary or by splitting into smaller groups to deepen the discussion.

Key idea

The facilitator can close with the key idea that care is everybody's responsibility and we cannot leave one or several people (women) to do it all as this is unfair and leads to the violation of women's rights.

References

- *Redistributing care work for gender equality and justice – a training curriculum*, ActionAid, IDS & Oxfam, June 2015.