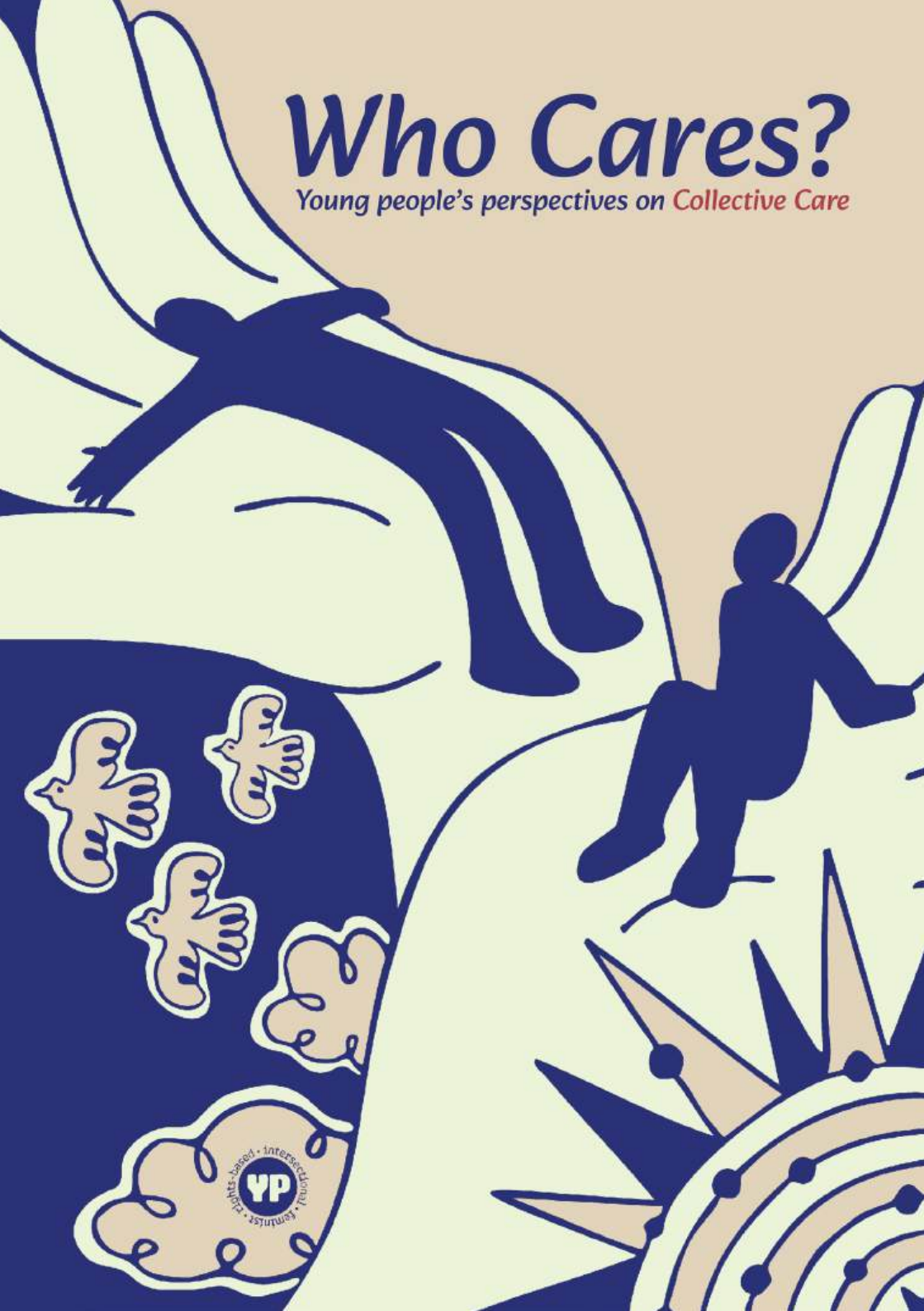
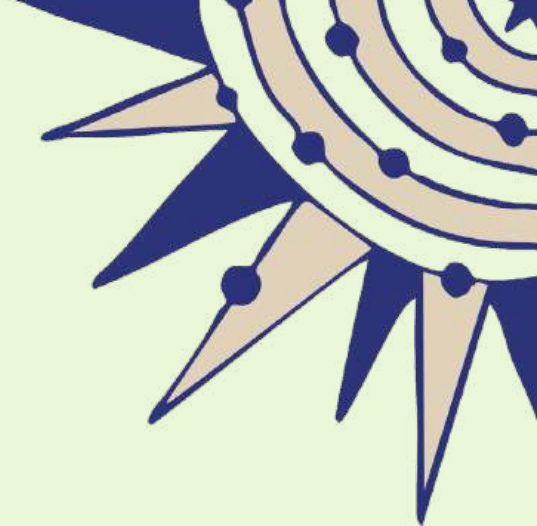


Who Cares?

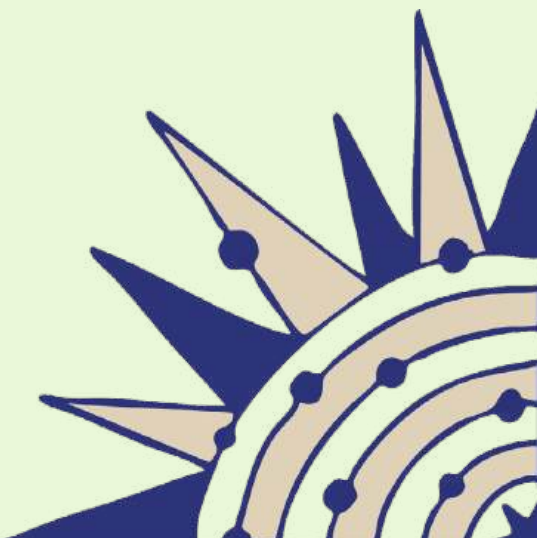
Young people's perspectives on *Collective Care*





Who Cares?

Young People's perspectives on **Collective Care**



About The YP Foundation

The YP Foundation (TYPF) is a youth-led organisation that facilitates young people's feminist and rights-based leadership on issues of health equity, gender justice, sexual and reproductive rights, and social justice. TYPF ensures that young people have the information, capacity, and opportunities to inform and lead the development and implementation of programmes and policies that impact their lives. We believe that young people should be recognised as skilled and aware leaders of social change.

Credits

We extend our sincere gratitude to all young people who entrusted us with their submissions for this anthology, and to the team for bringing it together.

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CARE AT THE CENTRE
OF TRANSFORMATIVE
CHANGE

BUILDING
STRONG &
SUSTAINABLE
COMMUNITIES

SOLIDARITY

COLLECTIVE
STRENGTH

DIVERSE WAYS OF TAKING
CARE OF EACH OTHER

CARE

CO-CREATING SAFE
& INCLUSIVE SPACES
AND SYSTEMS FOR ALL

CARE AS A COLLECTIVE
AND POLITICAL PRACTICE

RELYING
ON EACH OTHER



Collective

(adjective)

of or shared by every member
of a group of people.

The background of the page is a light green color. It is decorated with numerous blue stars of various sizes and shapes, some with small blue dots next to them. There are also two red stars. In the top-left and bottom-left corners, there are blue swirl patterns. The text is positioned on the right side of the page.

Care

(noun)

The process of protecting someone or something and providing what that person or thing needs.

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Foreword

In a world shaped by everchanging political realities, people across communities continue to seek threads of connection underlined by care and solidarity. As avenues for collectivising shrink, so do the pathways to rely on each other, especially for young people coming of age against the current landscape. The common understanding of care is often limited to self-care, individual coping strategies or economic models which do not adequately address the unique challenges posed by systemic precarity and isolation.

Care is often spoken about as something soft. Optional. Across organisations, collectives, and movements, it tends to be reduced to wellbeing check-ins, self-care posts, or one-off policies that may look good on paper but don't change how power is held or how people are treated day to day. As we navigate overlapping crises – economic, social, political, ecological – what becomes of the very people who are organising, building, resisting, and imagining alternatives? Many organisations and movements depend on the labour, creativity and emotional energy of young people and communities who are already navigating precarity, discrimination, and uncertainty.

'Who Cares?' attempts to explore whether we can imagine care beyond the personal and abstract. Can care transcend individual practice into a value that is built into systems? What would it mean to design organisations and movements that do not run on exhaustion, silence, or sacrifice? What would it look like to take care seriously, not as an afterthought, but as an organising principle?

This anthology exists because we believe that care should not only be soft, palatable and personal; rather collective and catalysing. It reflects the voices of young people who speak creatively, honestly, and sometimes painfully about what they need to feel safe and valued. Their contributions are grounded in lived experience and underline possibilities of how care can be present, transformative, and sustainable.

Embedding care means looking upstream. It means asking hard questions about workload, access, pay, accountability, leadership, and power. It means recognising that care looks different depending on who

you are and where you sit because experiences of caste, class, gender, disability, sexuality, migration status and age shape how people move through organisations and movements. An intersectional approach to care does not flatten these differences; it responds to them. It understands that inclusion is not about adding people in, but about changing structures so that they can genuinely belong.

This is especially urgent now. Young people are not asking for perfection. They are asking for honesty, for transparency, for boundaries, and for systems that do not require them to burn out to prove commitment. They are asking to be trusted, to be supported, and to be cared for in ways that are consistent and NOT conditional. They are asking organisations and movements to align their internal practices with the values they publicly claim.

We are grateful to all the young people who shared their thoughts and insights with us. Their vulnerability has lent shape to this anthology, allowing us to contend with conceptions of care with fresh eyes.

'Who Cares?' as an anthology offers a connection held together by a collective and shared insistence that things can be different, and better. It frames **care as a practice** we learn, unlearn, and build together. It argues that the voices of young people matter.



When Care Found Me

Anahita Koshur

It has been five years since I shifted alone to Ayodhya with my two fur babies, a city I often felt was too religiously charged for someone like me, who has always resisted being categorised by faith. It's not just disbelief, but a deep discomfort with how labels I never chose can distance me from people I wish to connect with. Even though I wasn't confident about the bonds I would build here, there was...some hope.

I came from a family setup that seemed emotionally paralysed and divided between extremes, where love slowly lost its meaning and deliberate ignorance replaced care. So, living alone as a single, financially independent woman felt like both a rebellion and a privilege. But as it's often said, everything comes with a cost. For me, that cost has always been care and a true sense of belonging.

In May 2022, my doctor advised me to undergo some immediate surgeries. The cost felt impossibly high, and I didn't have enough money in my savings. I reached out to the company's director for financial help. She didn't think twice and immediately sanctioned the amount from her personal savings so that I wouldn't have to go through the stress of loan procedures. This was the first powerful act of care that I always believed that I would receive from her.

But my worries were not just only financial, they were touching every part of my life: the post-surgery care, who would accompany me in the hospital, my babies, my food, my work, everything! Everything felt uncertain at once. Luckily, my then-partner, with whom I had a troubled relationship, agreed to accompany me. I put my babies in boarding, and one of my friends came forward to sponsor the boarding fee. After almost ten days in the hospital, I came home with stitches and bandages.

My friend was waiting at the railway station with his car. He dropped me home and brought my babies back the next day. My recovery demanded simple, nutritious food, and this is where I found my people stepping in. They began contributing to my recovery in every possible



way, organising a system to bring me daily breakfast, lunch, and dinner. I still feel overwhelmed just thinking about it.

I especially remember one incident almost three weeks after my surgery. I was in a better phase, but still recovering. My senior, with whom I share one of the closest bonds at the office, used to bring me dinner every day. That night, it was raining terribly. It was around 8 p.m. when she called. I still remember her words: "*Beta, thoda sa wait kar lena, baarish rukte hi main dinner lekar aa rahi hu.*" [Child, please wait for a while, I am bringing dinner as soon as the rain stops.]

I told her not to worry, that I had some soup packets and would manage. But she insisted. She had made paneer especially for me. When the rain finally stopped, she came with the tiffin. When I asked if she had eaten, she smiled and said, "*Main ghar pahunch kar khaa lungi, tum khaa kar mujhe bataana, kaisa bana tha.*" [I will eat once I reach home, you eat and let me know how it tasted].

The entire month, I was cared for, from office tasks to my personal health, something I had always silently craved. But the most beautiful part was something deeper, something that transcended the boundaries of care. I, an atheist, was being cared for by people of different faiths: breakfast from a Sikh, lunch from a Muslim, and dinner from a Hindu. It was exactly the way I had always longed to be seen. In a city I wasn't aligned with, my personal philosophy was reflected back to me by the very community I had found. I have never felt prouder to be running on the blood of love.

Collective Care in Online Sexuality Education

Annika Amber

Sharing is caring in the Instagram world. The more your reel is shared, the more Instagram rewards you. Today, social media is a hotbed of trending dance moves, social activism, and memes. Youth-based knowledge content on Instagram is widely circulated via reels, whether it is legal advice, career journey, travel vlogs, news, investigative journalism, true crime-esque research, feminism, sexual health, lifestyle, makeup and beauty, social justice, politics, or history. A video ranging from five seconds to three minutes can contain as much information as a full day to a month of intensive research. Within this economy of instant knowledge production, the care work undertaken in creating the videos is often invisible. What seems like an effortless five-second reel involves the drudgery of recording, keeping up to date with the trending music and memes, inserting subtitles to make content more accessible, writing a script, finding time to produce content, and most of all, fighting the algorithm and often people online who disagree. The pressure to socialize in the virtual public sphere is real. What remains invisible is the burnout! In the virtual space where knowledge production is seen as free, social justice activists' intellectual and digital labour remains unpaid, invisible, individualized, and uncared for.

In this knowledge economy, digital social media, and sexuality educators on Instagram are transforming the crisis of care into community-building. What collective care entails is building a support system that addresses the systemic privatization of care in the algorithm-run world of content creation. Are these collectives formed for sexuality educators? My research says, hardly so. The real question is, where is this crisis of care coming from and what are educators doing to perform radical care politics?

In my encounters with sexuality educators - both online and in personal conversations - the content was highly gendered. Talking about pleasure oriented sexuality, orgasm gap, menstrual health, and gender identity

is often historically and academically situated within disciplines like women's and gender studies, or within the domestic sphere where older generations transferred knowledge through lived experiences. Within the public sphere of online media, education on sexual health and reproductive health reflects the age-old undervalued labour of women. My story of a sexuality educator (un)fortunately also followed the journey of one male educator who was a doctor. As a male educator in a serious medical profession, he told me he gets as much trolling for talking about sex as he does for his body image, which was also true for the majority of female sexuality educators who received trolling because of the way they looked or were called indecent, immoral, or slut shamed. In scenarios like these, the legal provisions and social media infrastructures on anti-bullying care very little about such reports, or following through with the same is often a long and winding process.

Gayatri (@gayatrisa), a sexuality educator on Instagram, talked about the silence of social media on bullying. "I block haters or negative comments." Another young female sexuality educator spoke of the labour of reporting hate comments. She says, "There is no option to mass report." Educators often talk about navigating a care model where the need to identify genuine problems versus those who use messages to harass them takes an



emotional and sexually violating toll on them. A 30 year old queer sexuality educator says, "I used to keep my DMs open and people would chat to me about their sex life problems. However, it was more harassment than the sharing of genuine problems. Someone could be actually confused about 'how to play with breasts' but mostly some men asked me such questions to harass me." Who do educators turn to when the platform itself flags sexuality educators' work as explicit, obscene, or risky, often getting reported? On the one hand, there is sheer indifference towards cyberbullying. On the other hand, the educators carefully negotiate with the moderation policy of platforms like Instagram. Karishma (Instagram id: @talkyounevergot), a sex educator and public health advocate, talks about how her educational content gets banned, flagged, or reported by the platform itself for being sexually explicit. She says, "I'll change the spellings, I'll just use like euphemisms and still, my content keeps getting flagged. I keep getting notices from Instagram saying my content will be banned; my content won't be recommended to new people, which has impacted my growth. You don't see stand-up jokes on sex getting banned but factual content is put down immediately." S, 23, who runs a sex education page focusing on youth sexual health, elaborated on how care shifts from collective to individualized under this regime: "Earlier I used to think of this as community education, but now it feels like therapy for followers [...] people want personal validation more than learning. The emotional work is endless."

Sexuality education in India is still not institutionalized. The public space of social media acts as a bridge to close the ignorance towards sexuality. As young sexuality educators grow on Instagram, they also create a collective network to address this gap. However, in the absence of a proper care infrastructure, independent educators find it hard to survive, let alone enjoy the process and make education more accessible. In the techno-social environment of platform policies and trolling culture, the easy accessibility and free content is a curse. The demand to produce constantly with little to no rewards/incentives such as like, share, and subscribe pits the educators against the invisible algorithm world.

In the care manifesto, care politics is not only about self-care but also interdependence and community-making. In today's social media economy, while values of care, i.e., solidarity, cooperation, and ethical



responsibility, are qualitative and relational, value in capitalist and digital economies is quantifiable, measurable, and extractive. The transformation of care into measurable engagement metrics (likes, saves, shares) redefines the worth of educators through visibility rather than individual knowledge. The mechanical reproduction of care thus operates on multiple levels. At the emotional level, educators continuously re-perform empathy and attentiveness to sustain visibility. At the intellectual level, their work, research, scripting, creating is compressed into rapidly consumable digital fragments. At the political level, their labour is subjected to algorithmic and moral surveillance that fragments collective care into survival.

Yet, within these constraints, acts of collective care and resistance emerge. Many sexuality educators have come together and support each other through informal WhatsApp groups, cross-promote content, and share strategies to counter censorship. One such collective network is INSHEA by Pratisandhi, an NGO working towards promoting stigma free sexuality education. Educators are also coming together with certificate courses on social media to tackle the arbitrary algorithmic content regulation. These small solidarities are a form of radical care: not merely emotional support, but a political practice that “thinks beyond the logic of capital.” Radical care, here, is enacted through content collaboration, cross-posting and sharing content, and mutual protection from harassment and burnout.

Rethinking Boundaries in Collective Care: Holding Each Other Through Grief and Survival

Debarati Das

Care, in dominant narratives, is imagined as a transactional, individualistic practice – an exchange of support, attention, time, and resources between people. For many of us, the very frameworks that we access to understand care are steeped in these normative assumptions.

Through the work of educator and community builder Christabel Mintah Galloway, who creates spaces for Black, queer, and system-impacted folks to unlearn isolation, I've learned to name the many problems with normative "boundaries". Neurotypical, abled assumptions around boundaries have embedded rules about what is "manageable", what is "acceptable" or "appropriate" behaviour. They police our bodies, minds, and ways of being that diverge from the "normal". Ableist boundaries define the contours of who is seen as worthy of care and dismiss our many different ways of processing, sensing and being, as burdens or disruptions. Care that only tolerates "productive" and "regulated" ways of being is not care, it's policing.

At the same time, for queer, disabled, and structurally excluded folks, boundaries are also radical tools for honouring our sensory needs, protecting ourselves from exploitative normative expectations, and for surviving. Collective care requires that we question how we set boundaries: Is it something we do for convenience in navigating our relationships with those that seem too much? Why do they seem too much? Or, do we set boundaries to resist exploitation and to survive? How do we dismantle ableist boundaries that are more like rules, exclusion, and punishment?

We do not need boundaries that are built like walls, rather those that are adaptive and porous. We can have boundaries where we still see each other as alive instead of creating a status quo where we make each other feel shame and guilt for being messy and for just trying to survive.



Within our movements, the politics of care reveals hierarchies: Who has access to care? Who has the material and emotional capacity to show care? Who can afford to not care? Who has access to boundary-setting?

Our experiences of care and boundaries are shaped by disability, caste, class, race, and a range of situated realities. Capitalism commodifies “self-care” and personal boundary-setting as empowerment, while women from oppressed caste and class locations, racialised and migrant women are denied such boundaries as they sustain economies of care under precarious labour.

Movements of the most marginalised, particularly in the Global South, have long mobilised collective care as a way to survive under colonial, patriarchal, capitalist, and ableist domination. Solidarities in the South – from Palestinian organising under Israeli occupation to Dalit, trans, sex workers’, and Indigenous resistance networks across Asia, Africa, and Latin America – embody care as a vital intervention to hold each other in shared struggles against genocide, transphobia, casteism, extractivism, criminalisation, and stigma.

Care in our movements must hold space for grief and understand that grief is not a linear and clean mourning process to recover from our





experiences, that always fits within normative boundaries. It is integral to resistance.

Collective care requires that we witness grief: queer and trans communities facing systemic erasure, in-access to gender affirmative care, natal family violence, and legislative exclusion; disabled people denied access to vital healthcare; Palestinians grieving generational loss of lives, homes, lands, communities. There's also the continued grief of being overlooked and excluded.

Collective care means creating and holding space for such grief and recognising mourning as a practice of memory and resistance. It demands structures that sustain and not boundaries that suppress grief and mourning. It is a radical commitment to redistribute care: mental health support, solidarity spaces, mutual aid, sharing of risk and labour. It is a radical practice of interdependence. It is a call to dismantle hierarchies that dictate whose grief is legitimate, and whose ways of being are permitted. For those at the margins, care is not just emotional, it is an insurgent practice of collective survival.



Iftar in the Bar

Mirza Ali

Iftar is the fast-breaking evening meal of Muslims during Ramadan. It was Ramadan of 2025, and I was in Bangalore for my diploma in Narrative Practices. Our classes ran from 9:30 a.m. to 5:30 p.m., Monday to Friday. The diploma had periodic sessions every three months that we called *explorations*. This was our first one. As I write this now, our fourth and final exploration is approaching in the first week of November.

This was the first time all of us were meeting as a batch. Within just two or three days, we had already grown close and comfortable with one another. On Thursday, March 27, my batch mates decided to go to a bar, Bob's Bar, one of the most well-known places in Bangalore and quite near our class venue. Since some people were leaving the next day, Thursday seemed like the perfect evening for us to hang out together. I was the only Muslim in my batch, and because it was Ramadan, I was fasting. I genuinely wanted to spend time with everyone but was also anxious about how I would manage my *iftar*. Usually, I broke my fast at a nearby mosque in Indiranagar.

But that evening, I chose to join my batch mates at the bar. I carried a few *khajur* (dates) and a water bottle in my bag for *iftar*.

When the time came, I quietly ate the dates and drank some water. I wasn't sure about eating anything at the bar since alcohol is prohibited in Islam. One of my batch mates had a chicken roll left over from lunch and offered it to me. I started eating it, but soon a waiter came and told me I couldn't have outside food there. I explained that I was fasting and hungry, but he didn't agree and went to call the manager.

Before I could say anything more, my batch mates stood up and surrounded me. They formed a small circle, a kind of wall, so no one from behind could see me. One of them held my hand gently and said, "Ali, if they say anything, we'll go outside. You finish your food, and we'll come back together."

That small act, that circle of care, is something I had never experienced before. It wasn't grand or planned. It was spontaneous, human, and deeply kind. In that moment, I understood something profound: community is built in gestures like these: quiet, collective, and full of care.



All of it can be held, All of you can be held

Nishkala Reddy

In a world saturated with grief, the notion that we can manage our individual suffering in isolation is an illusion. It is the practice of collective action and collective care that provides the necessary frameworks of support to hold onto oneself without breaking. I witnessed and practice care as not something that depletes but replenishes as we keep showing up continuously, take up small responsibilities that align with our strengths, collaborate, and learn from each other.

So this piece of fabric art is an embodied reflection that serves me as a reminder to enhance the capacity to hold the communal and world grief and just as importantly the capacity to be held by community.

अपनत्व की संवेदना

प्रगति राज

बिछड़ते और खोते रिश्ते सबने देखे होंगे
क्या रिश्तों को सँभलते और बनते कभी देखे होंगे?

बनते नहीं रिश्ते यूँही बाजारों में,
करने होते हैं हजारों त्याग विचारों में।

खो जाते हैं ये रिश्ते
दिन के उजालों में,
झिलमिलाते तारों में,
ख़ामोश साँसों में,
भीड़ भरे बाज़ारों में।
लेकिन रिश्ते पनपते भी नहीं ख़ामोशी की आहट में।

खिलते हैं रिश्ते,
बहते हैं इसके राग, विचारों की धार में,
सहनशीलता के कोमल तार में,
पानी की प्यास में,
मिट्टी की सौँधी मिठास में,
आँखों की गहरी आश में।



Collectivizing Care?

Prateeti

*Evolving— different yet distinct —
forms of kinship in all living beings.
Mammals.*

*Humans, with their desire,
brought in distinctions—
competition,
division of labour,
and the art of socializing with strangers,
marketed through channels of commodification.*

*How do peer circles,
and networking (no not on LinkedIn),
build around you now?*

*The labelling
brings down the raw beginning —
categorization begins early,
in certain schools,
defeating the purpose
of your friends - or your chosen family.*

Separated,

As time flies by.

*And then again, in therapy,
you learn: you need a good circle of friends.
You also learn
you carry the generational trauma
of a collective —
your extended roots.*



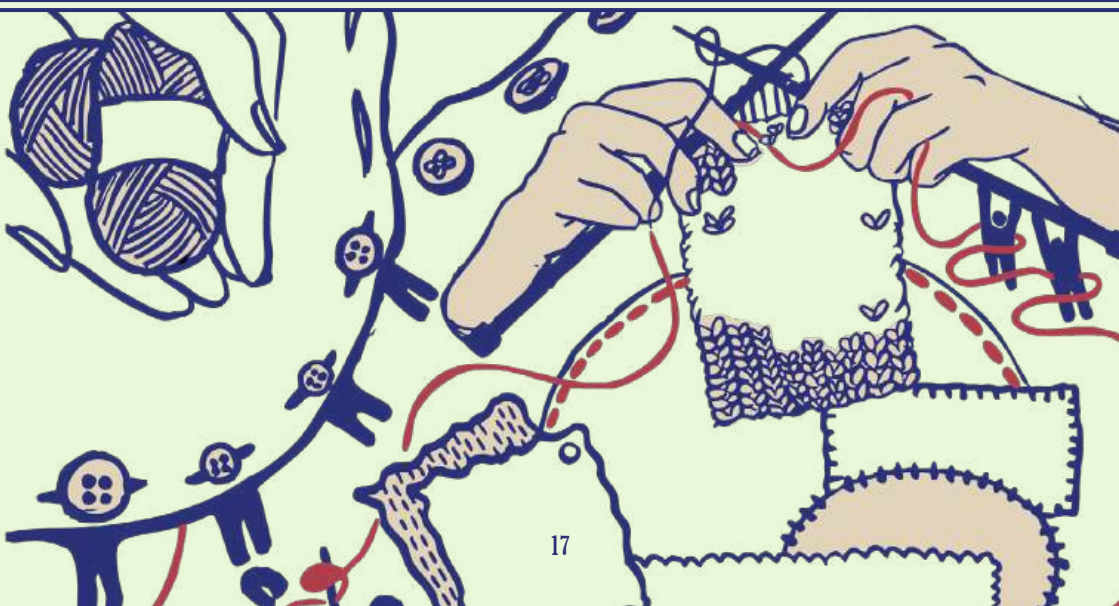
*Family,
whom you still struggle
to hold in balance*

Of harmony and the wounds.

*In festivals, you return
only to leave again
for your peaceful, lone life.*

*Workplaces insinuate
you must engage in Fun Fridays,
to find belonging
and accountability –
still sought in yourself,*

*your first partner being you,
but then,
also in your counterpart(s).*



Threads of Care

Pravy Jha

Care is not an exclusive act. It is coffee shared at dawn with someone who hasn't slept, it is a message in the middle of the night asking if they're okay, it is holding a space where anger and grief can exist without judgement.

I have learnt care in whispers and in shouts. In classrooms where voices are silenced, care is listening anyway. In protests where bodies ache and hearts tremble, care is passing water and covering faces with masks. Care is noticing when someone is absent and asking not because you have to, but because you see them.

Sometimes care feels heavy. The weight of knowing that if I do not show up for my friends, my community, my movement, someone else will, but at what cost to myself? And sometimes care is light: laughter spilling over shared mistakes, meals made for no reason at all, the comfort of shared songs in the dark.

I dream of a world where care is not invisible labor, where it is recognized as power, as strategy, as survival. Where movements don't burn people out, but hold each other up. Where care is not transactional, not performative, not exhausted at the end of the day, but collective, endless, and threaded into every decision, every action.

Collective care is radical. It is listening when the world screams at us to compete, to survive alone. It is holding space for every story, every wound, every joy. It is the audacity to believe that we do not have to carry the world alone, and that together, our small acts of care can move mountains.

In this moment, care is choosing to stay awake for each other, even when we are tired. It is asking, "How are you?" and waiting for the answer. It is refusing to let burnout be a badge of honor. It is saying, "We are here. We will hold each other. We will fight together. We will heal together." And I believe that if we do this - if we thread care into everything we do - we are not just surviving. We are thriving together.

Collective Care: An Intersectional Idea, Need and Impact

Rahul Dhurve

Care plays a versatile role in our lives, it is not just an emotion but a shared act of connection, and responsibility. It is a gentle effort to express love, compassion, and respect for others. Generally, care is visible through silent understanding, patience and quiet presence offered by someone without any words. Whether seen or unseen, it nurtures our relationships and sustains our humanity. Although it is perceived as a strong individual act, yet it has always existed in collective forms as well. Even though we live within different networks of families, friendships, communities, and other social groups that shape us, our lives are uniquely interwoven and entangled, as is our ability to care.

Collective care acknowledges that socio-emotional well-being is shared as it demonstrates that people flourish together, not in seclusion. Moreover, it involves building safe places of collective support, where compassion and care can be freely expressed while maintaining and respecting boundaries and individuality. In our rapidly growing and shifting digital world, collective care is not merely an expression but a vital requirement. Frequent digital exposure has increased isolation, reducing opportunities for dialogue, compassion, and mutual understanding. Today, the world confronts various crises, including geopolitical conflicts, gender- and identity-based violence, online attacks, emotional burnouts, and exhaustion. The digital environment has increased experiences of trolling, shaming, and social exclusion. Therefore, genuine care must develop from sincere interest, not from responsibility or pressure, utilising new methods and tools that are essential to help people feel safe, seen and respected.

Along with collective care, there is a need to develop collaborative systems through community spaces, open dialogue and inclusive groups that enable us to reconnect with society. Such spaces give individuals an opportunity to express themselves, feel, share, and reflect together. Today, everything needs a multi-dimensional approach, including care.



The world has become diverse and complex; similarly, care must also be diverse and intersectional. Intersectionality allows us to observe that individual experiences of care are shaped by identity, gender, culture, class, and history.

Acknowledging this idea offers us the opportunity to build diverse, inclusive, empathetic, and respectful communities. It portrays care as extending beyond families or social networks to encompass broader communities and ideas. In a world that feels open yet fragmented and isolated, intersectional care teaches us how to become more sensitive and empathetic in our actions, language, gestures and other ways of expression.

At its core, care may seem like a personal effort but it follows mutual ways of expression.

A medium that allows one to see and listen to others narrowing gaps between people and groups, affirming that each individual feels a sense of belonging.

As a development professional, I firmly believe that collaborative, collective, and intersectional care is not just a concept but a crucial requirement. When we embrace the idea of observing the world through multiple lenses involving empathy and inclusion, we can build a world rich in colours, ideas and diversity that nurture all. Care helps people create communities that encourage mutual understanding and respect for all. In the end, care empowers us to embrace inclusive methods that nurture connection and shared growth.

About the Authors

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Nishkala is a queer, neurodivergent psychologist who practices through a rights- and justice-based lens. Her work reflects a personal and political journey of resisting normative expectations of neurotypicality and reclaiming fabric art as a medium of expression. Through textile and fibre practices, she challenges dominant hierarchies of "fine art" and reclaims crafts and traditionally feminised skills as legitimate and powerful artistic forms.

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Pravy Jha is a student writer from Lucknow. Her literary interests are shaped by the works of Rumi, Khalil Gibran, and Khaled Hosseini. She is drawn to slow mornings, reflective storytelling, and films that leave a lasting impression, which she enthusiastically shares without reservation.

Rahul is an independent facilitator and development professional whose work addresses issues of gender, diversity, and constitutional values. He engages with these themes through interdisciplinary practices that include art forms, research, documentation, and community-based engagement.

Why Care?

About TYPF's evolving work on Care

In a country where over sixty-six percent of the population is under the age of thirty-five, young people are often described as the future. Yet their presence in decision-making, governance, and institutional leadership remains disproportionately small. While youth leadership is celebrated rhetorically, it is frequently constrained in practice. Young people are invited to contribute ideas, energy, and labour, but rarely offered the structural conditions necessary to sustain their engagement. It was within this contradiction that The YP Foundation's curiosity about care began to take shape.

In the years following the COVID-19 pandemic, young leaders across movements and organisations articulated a growing disquiet. They spoke not only about representation or opportunity, but about exhaustion. They described extractive working cultures, blurred boundaries between activism and employment, and the pressure to prove their worth through relentless productivity. Many shared how their lived identities shaped by caste, class, religion, gender, sexuality, disability, and age, intensified experiences of exclusion and invisibility within institutional spaces that professed justice. What emerged was a clear insight: youth leadership cannot be sustained on passion alone. If young people are expected to lead transformative change, they must also be held by systems that recognise their full humanity.

HOLD: Centering Collective Care emerged as a response to these conversations. Conceived as more than a wellness initiative or an add on to existing leadership models, HOLD sought to reposition care as structural rather than sentimental. Care, in this framing, is not limited to individual coping strategies or self-care routines. It is a collective and institutional responsibility. It asks how organisations hire, mentor, compensate, and share power. It interrogates how decision-making processes include or exclude. It examines whether grief, dissent, and vulnerability can be expressed without fear of reprisal. HOLD was designed to explore what it would mean to embed care into the architecture of youth leadership itself.

The journey began on August 12, 2025, when TYPF hosted its first care conclave in New Delhi to mark International Youth Day. The day-long gathering brought together fifty young people, practitioners, and allies under the age of thirty-five from organisations and collectives across the city. Designed by and for young people, the conclave created a space to collectively reflect on what care means and how it might be practiced across workspaces and movements. Through context-setting, a panel discussion, and immersive group activities, participants engaged deeply with questions that had long remained unspoken.

Participants spoke about burnout, confidentiality breaches, surveillance culture, and the fear that vulnerability could be weaponised within hierarchical structures. They questioned whether they felt safe enough to speak honestly to those they reported to. They reflected on how political grief and systemic discrimination shape young people's experiences of organisational culture. A powerful theme that surfaced was that care cannot be reduced to emotional softness; it must be equitable, intentional, and embedded into systems. Care was described as resistance, as visibility, and as survival in a post-pandemic world.

The group activity component of the conclave invited participants to map experiences of care and its absence within their own organisational contexts. Four thematic areas emerged from their reflections: leisure, opportunities and growth, norms and culture, and mental health. Participants envisioned workplaces where care is not contingent on goodwill but guaranteed through policy. They articulated the need for caste- and gender-affirming infrastructure, accessible physical spaces, non-tokenistic celebration of identities, and decision-making processes that genuinely consult those most affected. In these conversations, care was framed as inseparable from justice and power.

Following the conclave, HOLD expanded into regional Care conclaves across diverse geographies. Each region brought distinct textures and concerns shaped by local realities, yet common threads wove the conversations together. Young people across contexts described care as relational and structural, emotional and political. They emphasised that intersectional identities profoundly shape how care is experienced or denied. For many, the absence of care is not neutral but patterned along lines of caste, gender, religion, and sexuality. They challenged leadership models that valorise individual heroism and instead imagined

collective, shared, and interdependent forms of leadership.

Across all convenings, a consistent aspiration emerged: young people do not want to merely survive within institutions; they want to transform them. They articulated that care enables leadership longevity. It determines whether young people remain engaged in civic spaces or withdraw from them in fatigue. Care, they suggested, is what makes movements sustainable. Without it, solidarity fractures and burnout becomes inevitable. With it, organisations can become sites of growth, dignity, and shared strength.

The Care conclaves were not extractive consultations but participatory spaces grounded in dialogue, creativity, and reflection. Through storytelling, collective visioning, and embodied exercises, participants co-created a shared vocabulary of care. Words like support, understanding, justice, safety, equality, responsibility, empowerment, and development surfaced repeatedly. These were not abstract ideals but reflections of lived experience and aspiration. Care was defined as building safe spaces, redistributing power, centring lived realities, and fostering accountability. It was imagined as both intimate and infrastructural.

This anthology emerges from that journey of inquiry. The words, stories, and reflections gathered through the conclaves form a living archive of how young people across India understand collective care today. They remind us that leadership is not an individual ascent but a relational practice sustained by networks of solidarity. They insist that care is not peripheral to youth work; it is foundational to it.

The next few pages bring together word clouds generated through these dialogues, offering a constellation of voices that map the language of care as articulated by young leaders. What follows is a collective articulation of what it means to lead, transform, and be held.

ACCOUNTABILITY
ACKNOWLEDGMENT
APPRECIATION AND VALIDATION
CARE IN ACTION (NOT JUST WORDS)
CLEAR AND FAIR POLICIES
COLLECTIVE DECISION-MAKING
CONSISTENT CHECK-INS
CONSIDERATE LEAVE POLICIES
CONSTRUCTIVE FEEDBACK
COUNSELLING AND MENTAL HEALTH SUPPORT
CURIOSITY
EMOTIONAL AND PHYSICAL SAFETY
ENCOURAGEMENT
EQUITY
ETHICAL LEADERSHIP
FAIR PAY
FAIR WORK DELEGATION
FREEDOM OF EXPRESSION
FRIENDSHIPS
GENUINE CONNECTION
INCLUSIVE POLICIES IN PRACTICE
KINDNESS
LABOR RIGHTS AND HUMAN RIGHTS
MENTORSHIP
NO DISCRIMINATION
NO OFFICE POLITICS (HEALTHY WORK CULTURE)
OPPORTUNITIES FOR GROWTH
OPPORTUNITY FOR ALL
OWNERSHIP OF WORK
PEACEFUL WORK ENVIRONMENT
RECOGNITION AND VALIDATION
RESPECT BOUNDARIES
RESPECTFUL TONE
RIGHT TO REST AND WORK-LIFE BALANCE
SAFE SPACE
SENSE OF COMMUNITY
SHARING KNOWLEDGE
SPACE TO SPEAK AND BE HEARD
SUPPORTIVE MANAGERS
TRUST





WHAT ARE SOME CHALLENGES TO CREATING CARE PRACTICES ?

BACKBITING
BURNOUT
CAPITALISM
CASTEISM
COMMUNICATION GAP
COMPARISON
CORRUPTION
CULTURAL DIFFERENCES
DEADLINES
EGO CLASHES
EMOTIONAL DISTANCE
EMOTIONAL DYSREGULATION
FAVORITISM
FINANCIAL STRESS
GREED
HIERARCHY
HUSTLE MINDSET
LACK OF INCLUSIVITY
LACK OF SHARED VALUES
MISCOMMUNICATION
MISUNDERSTANDING
NEUROTYPICAL BENCHMARKS
NO SENSE OF BELONGING
NO TIME
ORGANIZATIONAL POLITICS
REACTION OVER REFLECTION
RESISTANCE TO CHANGE
SEXISM
SOCIAL LOAFING
STRESS
SUPERIORITY COMPLEX
TEXT-BASED MISUNDERSTANDINGS
TREATING PEOPLE AS REPLACEABLE
TRUST ISSUES
UNAVAILABILITY OF FUNDS
UNREALISTIC EXPECTATIONS
"US VS. THEM" MINDSET
WORK OVER WORKER WELLNESS



This anthology spotlights narratives of young people's understanding and experiences of collective care. It approaches care beyond the personal and abstract, as a shared responsibility which can support, strengthen and sustain. It foregrounds the criticality of care for young people coming of age in the current moment, especially as leaders of today and tomorrow. It asks what role can care play in shaping our shared realities and aspirations and why should we care?




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