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CARRIED

Everyday Care as the First Architecture of Childhood

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Introduction

Who Cares About Care?

In the sun-baked fields of Maharashtra and the crowded lanes of Mumbai, two caregivers, Maya and Rana, live very different lives, yet share the same weight: the work of care. Their stories, echoed by millions across India, reveal a truth we rarely name. **Care is the backbone of our families and our economy**, largely unpaid, often unsupported, and almost always undervalued.

Care is not new. It is as old as birth itself. But our systems, education, work, policy, seldom begin with the people who care. This report asks a simple question: What if they did?

What if care were seen not as a by-product of growth, but as its foundation? Not as a soft add-on, but as the scaffolding that holds up families, futures, and societies?

Across India, caregiving is already everywhere. In tuition classes tucked into chawls, in matrilineal traditions in the hills of Meghalaya, in WhatsApp groups and under banyan trees. It is unpaid, unrecognised, and relied upon. Yet in policy, the language of care still feels transactional: maternity leave, compliance, minimum standards. What's missing is care as relational infrastructure, the emotional, physical, and cultural fabric that makes life possible.

This report is not a manual. It is a lens. It traces what is already working, what is under strain, and what we keep overlooking. It draws on lived stories, of care improvised, inherited, resisted, and reclaimed.

We ask:

- What does it mean to reimagine childhood by revaluing care?
- What if every policy, budget, and building plan began with the question: who is holding the child?
- And what might shift if we chose to hold them back?

This report, part of the Voices of Care CollabAction seeded by Bachpan Manao, is a call to recognise and reimagine caregiving as core infrastructure, on par with roads, schools, and health. **Care is not a private matter. It is a public good.**

The Invisible Care Economy

Burden & Neglect

Care work is the unseen backbone of daily life in India. Yet the systems that might support it are weak, underfunded, or missing altogether. The result is not only absence, but also neglect, policy blind spots, underinvestment, and an unequal division of responsibility that falls mostly on women.

THE WEIGHT OF UNPAID CARE

Indian women perform nearly seven times more unpaid care work than men. This **endlessly elastic supply of women's time props up households and the wider economy**, yet is often excluded from GDP and policy planning.

The scale is immense. If unpaid care were valued, the International Labour Organization estimates it would equal **9.2% of India's GDP**, larger than the manufacturing sector. Yet women's time is treated as infinitely stretchable, restricting their access to jobs, skills, and even rest. For many, care responsibilities are the main reason for leaving, or never entering, the formal workforce.

For girls, the burden starts early. Daughters often step in when mothers work outside, caring for younger siblings. This hidden role contributes to school dropouts and limits future mobility long before adulthood.

CRÈCHES IN DECLINE

Public childcare, one of the strongest ways to reduce this burden, has eroded sharply. The National Crèche Scheme has shrunk from over 23,000 centres in 2001 to fewer than 3,900 in 2023.

Key reasons include:

- Shrinking budgets: from ₹200 crore in 2014–15 to under ₹30 crore in 2020–21.
- Complicated centre: state funding models causing delays and shutdowns.
- Pandemic closures that were never revived.

This decline is more than a statistic, it **represents tens of millions of children now left** with no safe childcare option, and countless caring adults (more often than not, mothers) forced to leave the workforce or leave children unattended.

POLICY GAPS AND THE ILLUSION OF PROGRESS

The Maternity Benefit (Amendment) Act, 2017 provides 26 weeks of paid leave, among the highest in the world. Yet it reaches very few. Over 80% of Indian women work in the informal sector, where the Act does not apply. Many SMEs in the formal sector struggle to comply, seeing the cost as a barrier. Paternity leave is largely absent, reinforcing care as the mother's job. Single parents, adoptive parents, and LGBTQ+ caregivers are rarely considered.

The result is a policy that enables caregiving to only a small population in practice, and may even deepen hiring biases against women. Meanwhile, adoptive parents, single caregivers, and extended family members remain outside its frame.

FRAGMENTED SUPPORT SYSTEMS

Anganwadis, central to the Integrated Child Development Services, remain vital but overstretched. Workers earn ₹4,500–₹10,000/month, below minimum wage. One worker may manage 30–50 children alongside cooking, home visits, and record-keeping. Additionally, many centres lack basics like water, toilets, or safe play spaces.

With NEP 2020, Anganwadi staff face new academic expectations without additional support, pushing them further from their original roles as anchors of nutrition and care. Urban parents often turn to private preschools, while rural families remain underserved.

TOWARDS SHARED RESPONSIBILITY

A more inclusive approach would treat care leave as a shared entitlement, not a liability. This could mean: care leave usable by parents, grandparents, or guardians, community crèches in marketplaces, IT parks, and transport hubs, and flexible return-to-work options, such as remote work, phased reintegration, or childcare credits.

Other countries offer useful contrasts. Sweden's non-transferable "father quotas" encourage shared care. South Africa has experimented with mobile crèches for informal workers. Brazil's co-operative centres adapt to urban realities, while Japan's local partnerships bring daycare closer to neighbourhoods. India need not duplicate these systems, but they show what becomes possible when care is treated as shared, inclusive infrastructure.

Broken Models

Factory Creches & the Myth of Compliance

In India's industrial policies, care is often treated as a footnote, mentioned in compliance clauses, but rarely designed for real lives. For lakhs of women in garment and manufacturing work, the presence or absence of childcare defines whether they can participate at all.

Factory crèches were meant to offer safe spaces where children could be cared for during long shifts. This section looks at how mandates falter in practice, who is excluded by design, and what alternatives are emerging despite the odds.

FROM COMPLIANCE TO COLLAPSE

On the outskirts of Bengaluru, Shanta begins her day before sunrise, preparing food, getting her children ready, and rushing to her shift. Her factory lists a crèche on paper. But in practice, it is a locked room with a rusted fan and worn-out mats. "No one leaves their child there," she says. "We can't afford that risk."

Her story is common. Law requires workplaces with more than 50 employees to provide childcare. But enforcement is thin, and compliance is often token. Where crèches exist, they may be tucked into unsafe corners, next to generators, waste pits, or noisy machines, understaffed, under-resourced, and unused.

The pandemic deepened this collapse. Temporary closures became permanent in hubs like Tiruppur and Peenya. Women, especially contract and casual workers, were pushed to stay home or rely on unsafe options. The message was soft but clear: **when care disappears, women disappear with it**.

Migrant workers face even sharper barriers. Without documents, many cannot access local schemes. Language divides and unstable housing add to the challenge. Meanwhile, factory shifts often begin before dawn, while most crèches or Anganwadis open only after 9 a.m. One mother asked simply: "What do I do with my baby at 6:30 in the morning?"

MISSED OPPORTUNITIES

Yet, there are glimmers of a better approach.

In Bengaluru, a women workers' collective, **Munnade** teamed up with Samvada Baduku to develop **worker-centric childcare spaces**. Rather than a top-down directive, they surveyed mothers in garment factories about their needs.

The result was a pilot to create crèches co-designed by the workers themselves, locating them close to factory clusters but away from hazardous areas, adjusting hours to align with shift changes (opening early in the morning), and employing trained caregivers from the same community of workers. Another innovation by **Samvada Baduku** was to train young women from worker neighborhoods as childcare providers, creating local employment and trust in the service.

These models are practical, locally anchored systems that increase retention, reduce stress, and enable women to return to work without fear. They show that **care can work, when it is designed with the people who need it most.**

Care That Holds

Marginalised Networks & Community Models

In the far corners of India, care systems take shape in ways rarely mapped in policy. They may not appear in blueprints or budgets, but they exist. And they work.

In Bastar's forest villages, evenings gather women under sprawling banyan trees. There is no register or bell, only a rhythm known by all. Children play nearby, older girls cradle infants, meals are shared, stories exchanged, lullabies hummed. These circles are not labelled "crèches," yet they hold the same purpose. rest, safety, and collective caregiving in the absence of state support.

In Kolkata's Sonagachi, India's largest red-light district, sex workers built their own care infrastructure when none was offered. The Durbar Mahila Samanwaya Committee runs peer-led crèches that provide safety, learning, and counselling. Managed by women who have lived through stigma, these centres turn everyday care into resistance, claiming dignity where it was long denied.

In the hills of Meghalaya, caregiving follows matrilineal rhythms. A child may sleep in their mother's room, eat with a maternal uncle, and be walked home from school by an elder cousin. The duty is shared, not shouldered by one. Here, care is dispersed across kin, stitched with respect, ensuring no child is unseen.

In cities, where queer and trans people are often forced from their homes, hijra gharanas offer a model of chosen family. These households provide shelter, mentorship, ritual, and support. With networks including Humsafar Trust and Sampoorna, many now also link members to healthcare and legal aid. For many, these gharanas are not just refuge but continuity, a place to belong and be held.

These models are born of necessity, sustained by intent. They sit outside compliance frameworks and programme designs, yet often prove more effective than official systems. They remind us that some of India's strongest care networks are the ones no one is counting.

Care ≠ Curriculum

The Play-Learning Tension in Early Years

Across India, childhood is being reshaped. What once belonged to song, mud, and wonder is increasingly governed by worksheets, assessments, and charts.

In cities, “school-readiness” has become a buzzword. Pre-nursery coaching, toddler “IQ workshops,” even school interviews demanding poems and flags are now common. For working-class families, private playschools promise mobility through English and structure. In both contexts, play shrinks into a weekend activity, and the messy, non-linear joy of growth gives way to measurable output.

Even Anganwadis, once designed for nourishment, rest, and care, now carry expanding checklists, tracking literacy, recording health data, managing preschool lessons, cooking meals. One worker in Telangana admitted: “I’m supposed to do reading aloud. But if the food delivery is late, or a mother is worried, that takes over. Who else is here to listen?” What was meant to be nurture is slowly becoming bureaucracy.

The gap spills over into the informal care economy. Nannies and domestic workers are expected to manage early learning. One woman in Pune recalled: “I can barely read in English. But I tried. I watched YouTube videos late at night.” The weight of aspiration falls on those least supported to carry it.

THE CASE FOR PLAY

Yet research is clear: play builds resilience, empathy, problem-solving, and self-regulation. A child making tea for a doll or building a mud house is not “wasting time”, they are learning structure, care, and imagination. Across traditions, we already see models that centre play: Madhubani art as intergenerational storytelling in Bihar, recycled toy-making in Gujarat, stick games in Nagaland, and weaving in Australian Indigenous pedagogy. These are not alternatives to learning. They are learning.

The future of care lies in reclaiming play as pedagogy. Investing in play is investing in presence. It means returning to the radical truth that play is preparation, not deviation.

The Vanishing Grandparent

Distance in the Age of Schedules

In many Indian households, the gentle rhythm of intergenerational care is fading. Grandparents, once storytellers, midday caregivers, and anchors of family rhythm, are increasingly on the margins. Urban migration, nuclear households, and tightly managed schedules have shifted care from legacy to logistics.

WHAT'S CHANGED?

The change is structural and emotional. Smaller homes, rising living costs, and dual-income work have created a culture of boundaries. Parenting is mapped through digital calendars and hired help, where spontaneity feels disruptive.

"Routine bigad jaata hai," a young mother in Bengaluru said of her parents' unplanned visits, not with anger, but with exhaustion. What quietly disappears in this grid is the invisible value of unstructured care: unhurried chats after lunch, a shared glance during cartoons, a hand resting on a child's back at nap time.

Migration deepens the gap. Families move often, leaving grandparents behind or flying them in as temporary relief. Their role shrinks to scheduled support, holidays, illnesses, emergencies, rather than the soft, daily presence they once held. As one grandmother in Pune put it: "Main job nahi maang rahi hoon. Bas yeh keh rahi hoon ki unki bachpan mein mera bhi thoda hissa ho." It is less about labour, more about lineage.

MICRO-INNOVATIONS

Some communities are finding ways to weave grandparents back in. In Pune, weekend storytelling sessions bring Ajjis and Ajobas together with children to share folk tales and lived memories. In Hyderabad, one school hosts "Ajji Circles", inviting grandparents into schools once a month to sing old songs, recall games, or describe mango seasons of the past.

These are not large schemes, but small, intentional gestures. They show that belonging doesn't always need new infrastructure. Sometimes, it only needs an invitation.

Tuition as Care

The Masked Infrastructure

Across India's cities, from the lanes of Bhubaneswar to the chawls of Mumbai and the bastis of Hyderabad, an unseen care network quietly supports childhood. It doesn't go by the name of 'daycare' or 'crèche', and it rarely finds mention in policies or budgets. Yet it thrives, built on neighbourhood trust, women's labour, and the everyday needs of working families. These are the tuition teachers: women who open their homes each afternoon, holding space for children with routine, warmth, and watchful care.

"IT'S NOT ABOUT ALPHABETS"

For parents managing long shifts and uncertain work, these centres are more than extra classes. **They are fallback safety nets.**

In Pune's Ambedkar Nagar, Rekha begins her day by boiling turmeric milk and kneading dough, not just for her family, but for the six children who arrive after school.

"First they eat," she says.

Lessons follow, but so do comfort and care. She checks homework, notices bruises, listens to schoolyard troubles, and soothes the homesick. Children nap on mats, share tables, and count bottle caps. The curriculum may be loose, but the steadiness is not.

CARE DISGUISED AS CURRICULUM

These forms of care rarely appear in official frameworks. Tuition is seen as academic, exam-focused. In reality, these spaces give children something different: continuity, a second adult who knows their stories, and a place where being heard matters as much as learning sums.

In Bhubaneswar, one teacher said, "Unke ghar mein time nahi hota. Main hi sun leti hoon. Galti se maa bhi bann jaati hoon." The system may call her a tutor, but she feels closer to a unrecognised guardian.

RETHINKING WHAT COUNTS AS CARE

Acknowledging this hidden ecosystem means widening our view of care. Not every support needs certification or formalisation.

What if these teachers could access simple tools, emotional health training, or nutritional support without red tape? What if their work connected with neighbourhood Anganwadis, creating a continuum of care?

At the very least, their role calls for dignity. **These aren't stopgap arrangements, they are intergenerational, adaptive, and deeply trusted**. If we hope to strengthen care, perhaps we must begin here: in the living rooms and courtyards where alphabets are taught alongside affection, steadiness, and everyday guardianship.

Hyperlocal Care

Adapting to Place, Not Prescription

Care is never one-size-fits-all. It grows from the grain of each place: a grandmother's hand reaching mid-meal, an after-school chat between neighbours, small adjustments made long before policy arrives. Strong systems don't come packaged, they stretch to match community rhythms.

Across the Majority World, where formal services falter, **care survives through these hyperlocal forms**. What works in Gurgaon's high-rises may not suit the verandahs of Mayur Vihar. What thrives in Kibera's market lanes may mean little in Bogotá.

Dignity lies in alignment, not standardisation

VARIATIONS IN PRACTICE

B**angalore offers a glimpse of care's microclimates**. In Indiranagar, dual-income families depend on structured daycares, GPS-tracked nannies, and flexible hours, care as professional service, woven into survival. In Basavanagudi or Malleswaram, care flows differently. Grandparents walk children to school, festivals shape routines, and daycare remains a backup, not the default.

Designing for an imagined 'urban family' risks flattening these realities.

Elsewhere, global models often jar. In Dhaka, families avoid formal centres due to cost and unfamiliarity, preferring known neighbours. In Colombia's Indigenous communities, standardised preschools disrupted storytelling and outdoor learning. Imported templates replaced what was already working.

ADAPTATION IN ACTION

Some of the most effective models have grown directly from communities:

- Floating Schools, Bangladesh: boats with teachers and solar libraries during floods.
- Kibera, Nairobi: community-run daycares offering flexible hours and neighbourhood trust.
- Territories of Care, Brazil: women-led centres synchronised with festivals, food, and emotional safety.
- Nairobi's Childcare Act (2017): mandated local hubs near homes and markets.

These remind us: care need not scale up, it must scale inward.

DESIGNING FOR PLACE

To build care systems that last:

- Start from what already exists: grandparents, verandahs, neighbourhood ties.
- Allow elasticity: daily routines and work hours shift constantly.
- Design with geography in mind: floodplains, hill towns, metro suburbs each differ.
- Fund the soft fabric: trust, emotional anchoring, and noticing, not just walls and metrics.

Hyperlocal care is not a fallback. It is the future, listening before building, adapting before asserting, reminding us that children grow not in abstract systems, but in the lived textures of the places they call home.

Resilient Caregiving

Thriving Caregivers, Thriving Childhoods

Behind every thriving child is someone holding it all together. Often softly. Often unseen.

These caregivers rarely appear in policies or pamphlets. They are parents on factory shifts, grandmothers caring for toddlers while their children migrate for work, Anganwadi workers balancing care, data, and dignity. In kitchens, backyards, and WhatsApp groups, they form the scaffolding of a child's world. Yet their own well-being is rarely counted, treated as incidental rather than essential.

This draws from conversations with caregivers across India, rural and urban, formal and informal. What we found was not grand resilience, but daily resilience: quiet recalibrations, shared burdens, small acts of rest. That ordinariness was what made it powerful.

THE CAREGIVER IS THE CLIMATE

Caregivers shape more than routines, they shape atmosphere. Children tune into tone, silence, and posture. They mirror fatigue and flourish when the person holding them is also held.

Yet most caregivers have no buffer. Maternity leave is short. Paternity leave barely exists. Mental health care is out of reach. In households where every rupee and every minute stretch thin, caregiving becomes relentless.

As one mother put it: "It's guilt on top of fatigue." A father told us, "I don't talk about stress, I don't want to pass it on." A childcare provider confessed, "Sometimes I sing even when I want to cry. It calms the kids."

They carry more than children.

PRACTICES OF RESILIENCE: WHAT WE SAW

Resilience showed up in fragments:

- Letting go of control: A mother said, “I watch my son try and fail. I don’t praise or scold. I just let him know I’m nearby.”
- Protecting boundaries: Parents choosing slow weekends over tuition and coding classes.
- Asking for help: A grandmother asked a neighbour to watch her grandson for one hour so she could sleep. “She said yes,” she smiled.
- Reclaiming identity: Caregivers carving space for tailoring, gardening, or a walk alone. Not luxuries. lifelines.

WHAT CARE USED TO LOOK LIKE

Care once stretched across households and lanes, grandmothers, neighbours, shopkeepers all played a role. These were informal but steady networks built on trust.

City life compresses this. Small flats, long commutes, and blurred work hours mean fevers become crises and parenting feels like performance. The loss is not just of labour, but of rhythm.

DESIGNING FOR THRIVING, NOT JUST SURVIVING

If caregiver well-being shapes child well-being, systems must reflect it. This could mean:

- Leave beyond biology: Paid care leave for fathers, adoptive parents, grandparents.
- Community care circles: Cooperative childcare, neighbourhood babysitting networks.
- Mental health woven in: Anganwadis as listening posts, caregiver circles in schools.
- Re-entry pathways: Flexible work and retraining for those returning after caregiving breaks.

But beyond systems, a cultural shift is needed. Care is not a private burden. It is shared infrastructure. Children don’t need perfect parents. They need present caregivers. Watching adults pause, repair after anger, or say “I don’t know” teaches emotional agility. It shows love without depletion, warmth without erasure. It is not about bouncing back. It is about staying soft while staying standing.

Conclusion

Care Is Infrastructure. It Already Exists

Rather than ending with prescriptions, this work ends with a widening of the frame.

What if policymaking started from what communities are already building?

The banyan-tree circles, the ajji storytelling sessions, the peer crèches beside factory floors, could these be recognised as infrastructure, not improvisation?

What shifts when workplaces see childcare as part of how people remain human at work, not a perk for mothers alone?

When leave, flexibility, and care-credits are understood as tools that support whole ecosystems of care, not individual entitlement?

What becomes possible when funders choose to back trust, continuity, and relationships, the things that rarely fit cleanly into logframes, but which determine whether support takes root?

And what changes when communities are not framed as beneficiaries, but as designers of care already in motion?

The invitation is simple: begin from what is holding.

If care is the atmosphere a child grows within, the climate of safety, attention, and belonging, then strengthening care is not an “add-on” to childhood. It is the condition that makes childhood possible.

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This piece is a part of Voices of Care, a Bachpan Manao Collabaction seeded by EkStep Foundation in 2024.

It is an ongoing inquiry into the caregiving systems that shape childhood in India. By understanding what enables care to thrive, we uncover what allows children to flourish.

This work is anchored by mudito.