

The background is a vibrant, abstract collage of various colors and textures. It includes large, soft-edged shapes in shades of yellow, pink, blue, and orange. There are also smaller, more defined elements like a blue shape with yellow dots, a green shape with white dots, and a yellow shape with blue dots. The overall style is reminiscent of a child's drawing or a modern, expressive abstract painting.


COLLECTIVE CARE RESEARCH

first look report

An abstract, colorful background on the left side of the slide. It features a large yellow spiral in the top left, a pink and orange area with blue dots in the middle, and a teal and yellow area with dark blue and green brushstrokes at the bottom. The word "Contents" is written in bold black text across a yellow horizontal bar.

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Research Overview

In early 2024, a collective of womens funds commissioned a feminist research project as a mechanism for reflection on collective care within feminist funding practices, grantee partner communities, and as a tool for strengthening the collective care systems, accountability mechanisms, and highlight pathways for advocating for increased resources for collective care for grantee partners.

The Team

The feminist funders collective identified researchers from each fund to join the research team. The research team was tasked with:

- providing key feedback on the research design process
- conducting the field research: surveys and focus groups
- drafting each fund's individual report including the analysis of the data



07 ctd.. The Team

FRIDA Young Feminist Fund

led by: Kaiser, Akanksha, and Monica

FRIDA nourished this research process with critical insights on working as a global funder

Fiji Women's Fund

led by: Tiri and Kuini

FWF nourished this research process by giving insights on different ways of connecting with grantees for data collection

TEWA

led by: Prakriti, Indu, and Kareena

Tewa nourished this research process by providing critical insights on data collection with grantee partners from varying contexts and how we can shape the process to include them

Doria

Led by: Nadia

Nadia is leading the research process and drafting the Global report

Mones

led by: Gerelee

Mones nourished this research process by initiating regular peer feedback and sharing



Research Process

Vision

An interactive research process rooted in feminist values, centering care, highlighting grantee partners, and ensuring intersectionality and inclusion.

Steps

- Internal questionnaire to funders, self-reflection on existing collective care practices and policies
- Global Community Survey distributed to grantee partners and community members, feedback to funders on collective care and visioning
- Focus group discussions with grantee partners as an opportunity to connect and collectively vision, and practice collective care in the space

Outcomes

- Each fund will produce a report on collective care in their communities including recommendations on strengthening collective care practices
- A global report will provide a wider analysis of collective care, while providing recommendations on collective efforts for strengthening collective care and advocating for resources



ctd: Research Process

centering care in how we work together

Communication

The research team meets on a biweekly basis to connect about the research process. All researchers are informed about how the process is going for the other funds, and we share feedback, insights, and recommendations with one-another. The research team was provided with detailed guidelines for conducting each phase of the research

Flexibility

The research structure was adapted several times based on feedback from researchers and to accommodate the different capacities and needs. The data collection has varied, and the pace has varied in order to provide flexibility.


Collective Care

The research team sets timelines collectively, checks in via communication channels, and the work is adaptable and flexible to the capacities of each researcher. The research and report writing is centered on peer-to-peer feedback

First look at the data

The first look report is a preview of the data analysis based on the funder's questionnaire and the Global Community Survey. The first look report serves as an update on the research process, and a chance for feedback and insights on the data.

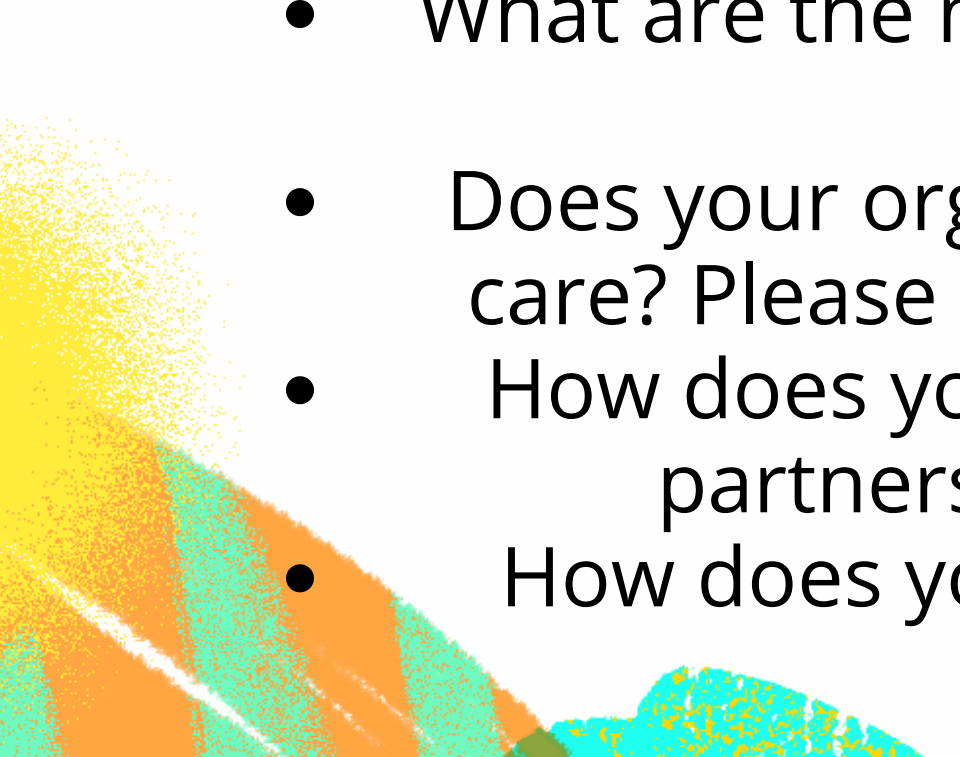




Funder's Questionnaire

The funder's internal questionnaire focused on mapping the existing practices and policies that funders utilize around collective care. The survey also invited staff and board members to share their visions for collective care. This report will give an overview of responses from the different funds.

Sample questions in the survey:

- Does your organization have an institutional definition of collective care, and what is it? Who contributed to the effort to define collective care within your organization?
 - What are the main challenges that your organization faces in prioritizing collective care?
 - Does your organization have any formal policies or protocols related to collective care? Please share a brief description of each policy and how it is implemented.
 - How does your organization engage in collective care discussions with grantee partners and community members [advisors, board members, etc.]?
 - How does your organization resource collective care for grantee partners and community members?
- 

Closer look at the questionnaire results

04 4/5 Funders completed the funder questionnaire

17 Respondents across the 4 funds overall, out of 11 total anticipated.

05 Staff and board members from 5 different regions

03 3/4 Funds indicated that they have policies in place for collective care internally

03 3/4 Funders provide resources [financial and non-financial] for collective care to their grantees

04 All funder respondents believe grantee partners need more support in prioritizing and resourcing collective care

04 All funder respondents indicated the need for more resources and capacities dedicated to collective care

Challenges Funders Face

Prioritizing Collective Care is a primary challenge due to limited capacity, there is no dedicated staff for identifying and implementing collective care practices. It can be difficult to generate interest internally in discussing and prioritizing collective care. There are always more urgent tasks to prioritize.

There is no budget for collective care, internally implementing collective care costs money that many organizations do not have, funding is limited, and funders prioritize organizational budgets to go to grantee partners and essential operations. Collective care is not typically funded by the back donors.

“The system makes the organization live with a sense of urgency and with that is easy to leave care systems behind because it's not considered a priority. Lack of institutionalized collective care makes the experience of every staff member very different and with different tools and resources to approach it.”

“Although the relatively new activity is seen to be really needed by the community, the main problem is the lack of a dedicated budget.”

One main challenge we face in prioritizing collective care is ensuring consistent and equitable distribution of resources and support within the organization.”

Our strengths as Funders

Culture of Flexibility and Feminist

Principles of care are prioritized by funders through staff benefits such as paid leave, flexible working hours, peer support, and open communication about personal context. Staff show up as feminists, and innately bring this level of care into their work through their politics.

Culture and celebration are part of

collective care for many staff members in feminist funds. These moments are opportunities for staff to connect and learn from one another in unique ways. Bringing different cultural celebrations and traditions to our peers is a way of contextualizing collective care, builds trust, connection and feminist friendship.

“Collective care is also prioritised in the flexibility of our working hours, the 4-day work week, ability to take rest days/lieu time.”

“We celebrate cultural events like Teej, Tihar(festivals) where we practice collective feast and all staff eat together, we do rice plantation together, when any one of our team get sick or need support for treatment we provide support.”

Collective Care Policies + Practices

- 02** Funders have formal policies related to collective care, such as:
- Leave policies
 - Dependent care policies
 - staff benefits

01 Funder is in the process of creating a dedicated collective care policy

- 03** 3/4 Funders have dedicated staff for implementing and monitoring and evaluating collective care internally, such as:
- Executive Director
 - HR Manager
 - Finance and Admin Manager
 - Operations Manager

04 All funder respondents indicated they are actively fundraising for collective care

Support to Grantee Partners

Funders believe that Grantee Partners need more support to steer their own collective care strategy through financial resources, capacity strengthening, open discussion between funders and grantee partners about needs and challenges related to collective care, and flexibility of funding to respond to collective care.

Funders believe that Grantee Partners are already creating cultures of collective care, but the narrative is not strongly defined. There is already a link between grantee partners and collective care while the language and narrative around collective care may not be fully defined.

“I think in some instances they might be better able to practice collective care in very intimate ways, more robust, taking into account intersections of their identities in a way we struggle to as a fund.”

“The concept of collective care has been slowly emerged among grantee partners. I do not think there are much of the proposals received for collective care. But, there are some grantees which submit proposals in the areas of "Mental Health Well-being" “

Global Community Survey

The Global Community Survey was distributed to a sample size of grantee partners from each fund, in order to strive for equity in response rate. The survey data was collected in different ways including through written response, verbal response, and in person. Survey results were collected in the original language of the grantee partners and translated to English.

Sample questions in the survey:

- Has your organisation or collective worked to create a definition of collective care by which you work? Who contributed to the effort to define collective care within your organisation?
- How is collective care resourced within your organisation or collective?
- What have been the main challenges in resourcing collective care for your organisation or collective?
- If resources were abundant, how would you respond to collective care in your work and community?
- How can funders better respond to moments when community members face unexpected challenges, changes to their work, conflict, or other crises while also centering care?
-

Closer look at the Global Survey results

04 4/5 Funders distributed the global survey to the grantee partners

90 Respondents across the 4 funds overall

17 Survey responses included insights from grantee partners from 17 different countries, 5 different regions

26% 26% of respondents] have received dedicated funding for collective care

38% 38% of respondents reported having had previous discussions with funders about collective care

38% 38% of respondents reported including collective care in their budgets

Challenges Grantee Partners face

There is limited funding available for collective care, grantee partners prioritize the needs of their communities and the sustainability of their work and organizations over collective care. There is limited capacity to focus on collective care, and funding is rarely, if ever, offered to prioritize collective care.

Many grantee partners lack a feminist definition of collective care and therefore it is not institutionalized as a policy or practice to be prioritized by grantee partners workers or communities. The narrative around collective care is not common or shared, there is even some shame in practicing collective care when there are typically more “urgent” issues to prioritize.

“Finance is important. When we do the activities we want, we don't have enough money. ... Since it takes a lot of time to do collective care, it seems that there is a lack of planning well in advance, involving it in the organization's action plan, formalizing it...as well as lack of complete understanding and acceptance by everyone.”

“While our organization lacks a specific definition of Feminist Collective Care...we actively support our members based on their individual needs and circumstances....Despite the absence of a formal framework, our commitment to supporting one another remains a cornerstone of our organization's ethos.”

Grantee Partner Existing Collective Care Practices

Feminist Funders play an important role in initiating discussions and reflections around collective care for grantee partners. Many grantee partners first discussions with their teams about collective care were initiated by feminist funders, and this led to more motivation from them to continue the discussions.

Grantee partners celebrate the changing of norms and culture as part of collective care. It was noted that the introduction of collective care led to longer-term shifts in thinking and cultural shifts related to how teams connect with one another, connect across communities, prioritize wellbeing and peer support and more.

“As part of the definition of collective care, it started to be discussed during participation in the activities financed by [funder]. Previously, it was understood in terms of stress management and self-care.”

“While our commitment to supporting one another remains unwavering, these actions have perhaps blended seamlessly into our daily interactions without being spotlighted. Nevertheless, the absence of celebrated stories doesn't diminish the significance of our ongoing dedication to collective well-being.”

Grantee Partner Visioning

Collective Care Feminist Futures

If resources for collective care were abundant, grantee partners would REST and practice JOY. Resources for collective care would enable grantee partners to make space for their own wellbeing without sacrificing resources for urgent issues or vulnerable communities that they work with.

If resources were abundant, grantee partners would establish collective care for their communities, by introducing the same practices they have internally, by using the funding to prioritize care and well being for their communities, and focus efforts on healing and psychosocial support.

“Go on a trip with colleagues, rest for nursing, go to a resort for relaxing, and get an organizational psychologist.”

“Plant flowers and trees together”

“We would work towards the mental, societal, financial & overall growth & well-being of the women in our society. ”

“Creating an actually resilience community and network of care that can protect, defend, and even serve to liberate people from oppression and political repression.”

How can funders better support grantee partners collective care

Funders should demonstrate their own commitment to collective care and influence the movement ecosystem through practice not through imposing agendas or priorities. Grantee partners appreciate opportunities to learn and exchange with feminist funders on these shared issues.

Funders can support grantee partners through dedicated funding, capacity strengthening, and flexible funding that responds to collective care needs. Grantee partners appreciate the flexible funding but it is typically prioritized for projects, therefore dedicated collective care funding is also needed, as well as capacity strengthening on setting up collective care systems.

“Taking the initiative to promote collective care, demonstrating it through activities, and encouraging participation is a support to grantees for implementation and development of this culture and approach in their organizations.”

“Funders could significantly support us by providing guidance on organizational sustainability and effective fund management strategies tailored to support collective care initiatives within our organization.”

What's Next?

- The research team is finalizing last stages of data collection [survey, focus groups and follow up discussions]
- We're also starting to work on the reports, including peer-to-peer feedback, and 1:1 support in drafting the reports
- We will set the timeline for finalizing the reports, with the aim to have ready reports in time for the in-person meeting