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Advancing the social rights of care leavers: Towards a new community-based social network and peer support model for supporting young people transitioning from out-of-home care in times of crisis

Philip Mendes (Associate Professor), Jade Purtell & Jacinta Waugh

Introduction

When statutory child protection services coercively intervene in families where alleged significant abuse or neglect has occurred to place children in out-of-home care (OOHC), it is arguable that governments have both a moral and legal obligation to devote sufficient resources to ensure that the outcomes for those children are far better than if they had remained with their family of origin. That is, they take on an 'In Loco Parentis' role which must involve a life-long commitment to enhancing the life opportunities of that child. Yet, in practice, most governments globally and in Australia (at least until recent extended care initiatives discussed below) neglect their parenting responsibilities by failing to provide ongoing care and support to young people transitioning from OOHC (known as care leavers or care experienced young people) once they turn 18 years of age. Instead, care leavers are constructed as an undeserving group of second-class citizens not deserving the same life chances as their non-care peers.

This article examines how - in Australia - we can move from the existing inadequate (and jurisdictionally inconsistent) system of transition from OOHC support to a new uniform and adequate safety net that genuinely advances the social rights of care leavers. In part one, Philip Mendes argues the case for a nationally consistent extended care model that would meet their core material needs. In part two, Jacinta Waugh presents the case for enhancing their access to informal support networks so that they are able to draw on key components of social capital typically available to assist most young people as they transition into adulthood. In part three, Jade Purtell argues in favour of the introduction of a formal peer support workforce to advance the holistic well-being of care leavers.

Australia has a federal OOHC system by which transition from care policy and practice differs according to the specific legislation and programs in the eight states

and territories. Nationally, in June 2020, there were about 46,000 children in OOHC of whom the majority (92% in total) were either in relative/kinship care or foster care. Around 7% lived in residential care homes supervised by rostered staff. Aboriginal and Torres Strait Islander (hereafter Indigenous) children were vastly over-represented in OOHC, comprising about 41% of the total cohort (AIHW, 2021a). Nationally, approximately 3,700 young people aged 15-17 yearly transition from care of whom about 34% are estimated to be Indigenous (AIHW, 2021a).

Care leavers are recognized globally as a disadvantaged group who experience challenges in accessing housing, education, employment and other developmental opportunities. Their vulnerability reflects major childhood adversity encompassing: A) experiences of trauma and abuse prior to entry to care; B) the varied quality of placements in care including for some frequent changes of household and carer disrupting supportive social relationships. Generally, kinship care and to a lesser extent foster care provide more supportive environments than residential care where children are looked after by rostered staff (Sacker et al., 2021); C) The often minimal ongoing support from a responsible adult once the young person transitions from OOHC at 18 years or younger (Mendes & Snow, 2016; Munro, 2019).

A recent UK study examining the lifelong health and well-being of care leavers highlighted the prevalence of intersectional layers of inequalities in health (including mortality rates), education and employment over the life course for this group (Sacker et al., 2021). In Australia, a national report by the CREATE Foundation, based on a sample of 325 care leavers aged 18-25 years, reported that 30% of the young people experienced homelessness in the first year after their transition from OOHC (McDowall, 2020). Similarly, a study using linked administrative data from Victoria for 1,800 young people who had transitioned from OOHC in 2013 and 2014, reported that 54% had experienced homelessness in the four years after leaving care (Martin et al., 2021). Additionally, a national study of care leavers aged 16-25 years covering the years 2007-2016 reported that they were three times as likely as other young Australians to have received social security payments (such as the JobSeeker allowance), and four times more likely to have relied on these payments for most of the period (AIHW, 2021b).

This is not to argue that care leavers are a homogeneous group in terms of their pathways and outcomes. As noted by the leading UK researcher Mike Stein (2012), some integrate effectively into the social and economic mainstream, some have difficult lives but still manage to cope and others struggle to overcome adversity. It is certainly not our intention to apply a deficit discourse to care leavers that limits their personal aspirations and possibilities. But equally, it needs to be acknowledged that their life trajectories are significantly influenced by external influences including the availability (or not) of supportive systems and networks.

One of the key factors which arguably influence their degree of social inclusion (or exclusion) is their access to supportive social relationships beyond the professional child welfare workforce. This could include connections

with extended family, formal mentors, care leaver peers (Dima & Pinkerton, 2016), neighbours, friends and members of sporting, religious, cultural and other community groups. Evidence suggests that these supportive relationships can enhance their personal resilience and emotional well-being and through the provision of social capital enable them to access key resources such as secure and affordable housing, a driver's licence and entry into education, employment and training. Conversely, those who lack a safety net of community support may experience social isolation and associated emotional adversity (Dima & Pinkerton, 2016).

Another structural factor that impacts adversely on the prospects of care leavers is their frequent stigmatization as an 'undeserving group' who should not be entitled to the same opportunities as their non-care peers. Children and youth growing up in OOHC have often been devalued and shamed by their state-care status and marginalized by what can only be termed a process of social apartheid to a future of limited hopes and expectations (Michell, 2015; Spotlight Inquiry, 2022).

This demeaning judgement is then used as a rationale by policy makers for reinforcing social injustice: both in terms of ignoring the intersectional disadvantages experienced by care leavers and failing to even allocate the same resources to meet their normative needs in early adulthood as provided by most parents of young adults in the broader community.

The impact of COVID-19

The global pandemic has undoubtedly increased the vulnerability of care leavers. There is research evidence from a number of countries that COVID-19 has accentuated their risk of becoming homeless or unable to afford food, losing access to education or employment and experiencing deterioration in their mental health. In particular, social distancing regulations have in many cases exacerbated their exposure to social isolation and loneliness (Collins & Augsberger, 2021; Kelly et al., 2021; Munro et al., 2022). Restrictions on face-to-face contact with professional support workers have heightened their need for engagement with informal supports, but many lack access to reliable supportive relationships. A number of reports argue that a key lesson from COVID-19 is the need to expand the support networks of care leavers to incorporate informal social supports including particularly assistance from other care leaver peers (Collins & Augsberger, 2021; Kelly et al., 2021; Spotlight Inquiry, 2022).

Towards three layers of policy and practice reform in Australia

Step one: Establish a national uniform and adequate extended care model (Philip Mendes)

The first step for advancing the social rights of care leavers is the introduction of a nationally consistent model of extended OOHC from 18-21 years in all Australian jurisdictions as advocated by the Home Stretch campaign led by Anglicare Victoria (Mendes, 2021a).

Evidence from extended care programs in the USA and UK indicates that providing support till 21 years of age can enhance outcomes for care leavers in key areas such as housing, health, education, employment and training, social relationships and community networks and general well-being. This is because extended care establishes a more normative transition process based on developmental capacity, rather than chronological age, and enables greater continuity of supportive relationships with foster and kinship carers, professional workers and informal community networks that assist care leavers to cope with a range of emotional and practical life challenges (Mendes & Rogers, 2020).

To date, Home Stretch has influenced the introduction of major extended care safety nets in six out of the eight jurisdictions. Victoria and Western Australia are the leaders in offering support to young people leaving all forms of OOHC till 21 years. South Australia, Tasmania and the Australian Capital Territory provide an allowance to foster and kinship carers only till 21 years, and Queensland offers the same assistance only till 19 years. The Northern Territory promised to legislate universal extended care shortly and New South Wales the laggard in providing no form of official extended care, although Uniting are providing an Extended Care Pilot Program in one specific locality (NOUS, 2022).

These social investment initiatives are significant gains given that care leavers have been neglected by most jurisdictions for decades despite overwhelming global and domestic evidence in favour of expanded policy and program supports. Yet, some systemic weaknesses remain. One limitation is that only two out of eight jurisdictions currently offer extended care to young people transitioning from residential care who are generally recognized as the most vulnerable care leaver cohort.

The second limitation is that no jurisdictions currently permit young people living in residential care to remain in their existing homes beyond 18 years of age. Nor have any governments introduced Staying Close programs similar to those trialled in the UK, whereby residential care leavers are enabled to live close to their former accommodation and maintain links with their former carers and support networks (Bollinger & Mendes, 2021).

A third limitation is the inconsistency (or in NSW non-existence) of official extended care models. The Federal Government, preferably via the existing National Framework for Protecting Australia's Children, urgently needs to benchmark a uniform model of extended care to be introduced by all States and Territories that would universally assist all care leavers till 21 years. That nationally consistent model would also protect the support entitlements of mobile care leavers (often disproportionately Indigenous young people) who move from one jurisdiction to another (Mendes, 2021b).

The establishment of a nationally consistent universal extended care model guaranteeing financial support for housing and other key expenses at least until care leavers become eligible for the higher adult rate of JobSeeker Allowance (when they turn 22 years old) should ensure a reasonable safety net for most of this population. But there are sub-groups of care leavers who may require longer

and specialized forms of assistance, including: young parents, those with a disability or poor mental health, those transitioning from youth justice custody, those living in remote communities, those leaving residential care who may not have been enabled to develop independent living skills in their placements, and Indigenous young people who may lack connection with their culture and identity. There is an increasing consensus that OOHC should be extended until at least 25 years in order to reduce the intersectional inequalities experienced by many care leavers (Sacker et al., 2021).

Once a nationally consistent extended care model is established, an independent evaluation of that model would need to ascertain whether or not the allocated funding and supports were adequate to meet the demonstrated needs of care leavers. Such an evaluation would need to be co-designed with a group of care leavers from every jurisdiction to ensure that the real experiences and challenges of care leavers were formally recognized and costed.

Step two: All care leavers have access to significant informal social supports to facilitate their inclusion in mainstream social and economic life (Jacinta Waugh)

Existing literature identifies that normative social experiences and gradual managed transitions are essential to help care leavers navigate transitional difficulties (Okpych et al., 2018). Informal social supports can facilitate care leavers' access to developmental (e.g. emotional and behavioural development) and environmental (e.g. housing) resources which, in turn, help with a gradual transition.

Our doctoral study conducted in Victoria, Australia, interviewed eight care leavers and six support people nominated by the young participants. Additionally, six professionals were interviewed and six participated in a focus group to present their knowledge of care leavers' social capital. We defined social capital as a network of relationships between a care leaver and a person they nominated as important to them, with the support person providing access to developmental and environmental resources. Social capital is usually an unconscious phenomenon in a personal relationship (Bourdieu, 1986; Coleman, 1988), which is particularly significant when working with young people with a state care background. Paradoxically, they are likely to be overly conscious of lacking the kind of relationships that confer these invisible relational advantages.

The social capital functions represent the mechanisms - bonding, bridging and linking, reciprocity, informational channels, social norms and effective sanctions - that enable youth to access (Bourdieu, 1986; Coleman, 1988; Putman, 2000) developmental and environmental resources. In comparison, social support (i.e., practical, informational, emotional, esteem, appraisal and companionate) are active behaviours that indicate the presence of social capital, rather than being a component of it (Beaudoin 2007). Social capital may facilitate supportive actions of individuals within the social structure (Beaudoin, 2007;

Coleman, 1988).

Using these concepts, we developed an analytical framework to closely examine the interactions of social capital functions and social support actions to assist in accessing developmental and environmental resources. This deductive analytical process involved identifying passages in the text of the transcripts of each care leaver and support person participant, searching for these concepts and finding relations between them. This information was then evaluated for what developmental or environmental need was being met.

Our study found that informal social capital and social support can be valuable for all care leavers. The more social resources a young person has access to, the more likely they are to experience a gradual transition to adulthood. Some of the participants had experienced severe pre-care trauma needing specialist formal support. However, the study showed that even for these young people, consistent informal social capital provided by a caring adult from a young age helped to slow down their transition.

Social capital for care leavers is experienced on a continuum, and depends on the context of their circumstances. The effectiveness of the support people being nominated reflected the considerable skills and life experiences they bring to the task. Even if these same qualities would be present in the professional workers responsible for the care of these young people, the same outcome cannot be assured. It is the very informality of the social capital provided in these relationships that is ongoing and more available than what workers can provide. The social capital provided to the young participants through their nominated support people is a stabilising influence that allows the bond between the young participants and their respective nominated support people to grow.

The invisible or unconscious relational advantages of social capital are relevant when examining their opportunities for 'normal' social experiences. For instance, the learnt skill of food shopping or the more difficult skill of navigating a government service, which are both mainly dependent upon relational role-modelling, vanishes through the routine normalcy of the experience. It brings attention to the social capital function not widely understood in the literature on leaving care, the *information channel* (Coleman, 1988). As a subtler function of social capital, when examining what is occurring for the young participants' access to resources and 'normal' social experiences, the information channel is a significant component that allows this access.

Low expectations of care leavers by community members can have a negative impact on young people in and leaving care. However, through adult assistance, some of the young participants in this study benefitted from interactions related to social norms about expected behaviour and the effective sanctioning of such behaviour. These functions of social capital interact mainly with information and appraisal support. Social norms, bonding and effective sanctions help create the incremental, socially typical experiences necessary to teach '*progressive responsibility*,' which can be considered a characteristic of a gradual and managed transition. It is not a feature of the

accelerated transition from state care experienced by many young people, in which multiple 'responsibilities' come simultaneously and rapidly (Stein, 2012).

The well-known social capital functions of bonding, reciprocity, bridging and linking are essential to a person's accrual of resources in their network of informal personal relationships. Equally critical are the less recognised information channels, social norms, and effective sanctions. Therefore, policymakers and practitioners must elevate the importance of identifying and developing the young person's positive or potentially positive relationships in their social network *before* leaving care. This would include actively advancing the young people's relationships with family members (immediate and extended) when safe to do so, and identifying and helping them consolidate natural mentors in their social circle. Investment in sporting, cultural and community activities is also needed for young people to build and maintain positive social networks. Not only do we want the formative benefits of the unacknowledged, incremental, informal support for young people in care; we want to have these intangible resources established and settled when they transition into adulthood.

Step three: A peer support workforce is embedded into all transition from OOHC programs (Jade Purtell)

There is growing recognition of the need for innovative responses to issues surrounding young people's transitions from care. The erosion for many of care of through social, family and community networks and the social capital they bring places care leavers in a particularly challenging place in society. As discussed above, this position typically sees care leavers approaching adulthood reliant on government benefits and subsidised housing – and being stigmatised for this reliance – despite practices by transition-from-care services that direct young people to social services at every turn. Young people transitioning from care need to see and hear other care leavers who have travelled positive pathways to young adulthood, but who also recognise that the challenges faced by young people are real.

Consequently, we conducted a small, scoping project on the benefits and challenges of developing and supporting a peer workforce in transitions from care services. The project, conducted in partnership with Anglicare Victoria, included an initial co-design meeting with care experienced young people, a subsequent international forum for invited specialists in youth participation and OOHC, and an international survey. Here, we report on key identified themes concerning a peer support workforce for OOHC and Transitions from Care (TfC) to build the social capital and community connections that are essential for supporting a normative experience of early adulthood.

Our review of literature found no established research studies on peer support models *specifically* for OOHC and TfC. There is, however, emerging literature on youth participation and peer research linked to OOHC and TfC and established studies on peer support models for mental health and addiction services. Peer support work involves

direct support and intentional or purposeful disclosure of a peer worker's own experiences of service system involvement which is highly relational work (MacNeil & Mead, 2005). Youth participation, co-design or co-production and lived experience consulting are often different kinds of work to peer support, and in Australia, very strong models of youth participation and lived experience consulting are in place (although not yet present in research literature as such; Canosa et al., 2022; Cataldo et al., 2020; CREATE Foundation, 2018; Purtell & Mendes, 2019; Purtell et al., 2019; Vosz et al., 2020).

Peer support work in mental health, addiction and homelessness and other human services does not necessarily face the same challenges as peer work in transitions from care. Rather, in OOHC, relational trauma, ongoing crises and complex compounded disadvantage are common and an additional lack of positive family relationships is a feature. For these reasons, it is important to conduct more research with care experienced young people and service providers to ensure that the background context of OOHC is understood and taken into account in supervision and support.

The existing youth participation and peer research literature suggests that peer support models can be effective in enabling the contributions of care experienced young people at high levels of policy thinking and innovation and also in advancing the participation of other care leavers in research. Both of these themes were identified in our research project. Discussions around the value of peer workers proposed that peer work provides a unique and extremely valuable perspective on service systems no less valuable than that of other professionals and therefore to be paid at levels that recognise this. Feedback in the international forum suggested that some people's felt peer work was devalued and stigmatised as it was not classed as professional work and it was not paid at professional rates. Peer workers could feel 'tokenised' by roles purely serving to improve service user engagement through their credibility. In the co-design session, young people argued that care experienced peer workers would be able to engage young people transitioning from care far more effectively than other support workers. They felt that a care experienced support worker would help them open up more and not make them feel judged.

“Feeling judged makes you shut down. If they're judging you how are they going to help you?”

Young people said they would feel more understood by peer support workers who knew what they were talking about in relation to their care experiences – which are unique and not well-understood by people outside the care systems. The critical need for this understanding became evident when young people in the co-design session shared how frequently care leavers did not engage with support services available to them. They highlighted the almost ubiquitous trust issues for people who experienced attachment traumas resulting from the very nature of child protection interventions and care systems characterized by regular placement and school moves and disconnection from family members.

“If you trust your worker, you're more likely to let them help you”.

In the co-design session, young people mentioned that in order to work through issues or find supports, one needs to be able to talk openly with the worker; they would be better able to trust a person who had seen the care system from the inside and strongly felt that peer workers could build trust and rapport easily, which was crucial for the worker-young person relationship to work. Young people transitioning from care needed to feel enough trust in a worker to talk openly and to accept help.

The international forum discussed the devalued nature of peer support work as a lack of 'institutional power;' peer-work-experienced participants from other fields expressed some frustration at the limitations placed on their roles when contributing to leadership discussions surrounding systems change or organisational issues in their employing organisations. Given the strong motivation of many care leavers to influence systems change lest other young people would have to endure the same adversities, it is likely that peer work roles for TFC may confront similar challenges. There is much that care leavers can offer in terms of engagement work, but they rightly want peer support roles to extend beyond engagement to also incorporate involvement in policy and advocacy.

Different forms of peer work have been identified in the peer support literature and these classifications seem to transfer across to OOHC and TFC. Given the research evidence around care leavers' particular disadvantages, training, supervision and boundaries issues that can be part of this work will require further examination to ensure occupational health and safety of peer workers themselves.

Conclusion

In this article, we have argued that three key reforms are required to end the intersectional injustice and social segregation many care leavers experience. The first innovation is the introduction of a nationally consistent universal extended care program continuing till at least 21 years of age. The program needs to be carefully costed and evaluated to ensure that it is adequate to meet the core material needs of all care leavers including those in the most vulnerable sub-groups. The second priority is ensuring all care leavers are connected to strong informal support networks and relationships that enable them to acquire the social capital required to access core life opportunities. The third innovation is the introduction of a peer support workforce into all transitions from OOHC services that advances the holistic well-being of care leavers and empowers peer workers themselves.

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