Creating Ecosystems of Care Through Mutual Aid: Flattening Hierarchal Aid in the Early Months of COVID-19

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Abstract: As COVID-19 (Coronavirus Disease) spread in the United States in Spring 2020, conventional safety nets were overwhelmed and unable to meet widespread and growing needs. Mutual aid practices proliferated as an essential form of resource provision and community care, including exchanges of food, financial assistance, and social connection. Our qualitative study interviewed 25 individuals engaged in mutual aid in Colorado, USA to investigate the perceived benefits of providing and receiving care through mutual aid in the early months of the COVID-19 pandemic. We found that nonhierarchical care offered entry points to equitable ways of supporting communities through and beyond crisis. The non-hierarchical approach to care described in our study illustrated redistributed power and agency to meet community needs, and decentering institutional decision making. The experiences of mutual aid participants propose a significant ideological shift regarding our sense of care and community when conventional systems are insufficient to meet collective and individual needs, and suggest a need for future expansions of and changes to social work practice to embrace non-hierarchical care.

Keywords: COVID-19, mutual aid, collective care, non-hierarchical structures

In the spring of 2020, COVID-19 (Coronavirus Disease) entered the United States and spread quickly, growing from just a handful of identified cases at the start of March and surpassing 100 million confirmed cases by the end of 2021 (World Health Organization, 2021). Rapid spread resulted in increasingly complex needs, including delays in testing, contact tracing, and treatment across the United States (Sharfstein & Marx, 2020). It was not long before economic and social consequences of the pandemic also became widespread, with increased reports of unemployment, millions of Americans at risk of eviction, and reduced access to basic needs of housing and food (Bender et al., 2020). This burden was disproportionately experienced by communities of color who, due to existing health and social inequities, had higher rates of employment as "essential workers" (Fehr et al., 2020; Rollston & Galea, 2020).

The U.S. government preparation and response to COVID-19 has been widely criticized, with accusations of inadequate planning for the degree of coordination and collaboration required across the complex systems involved, failure to provide sufficient resources, and failure to share information (Silver & Hyman, 2020). Government aid fell

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particularly short, failing to deliver necessary and immediate resources to those who needed them (Office of Inspector General, 2021).

As COVID-19 threatened safety nets, and conventional systems were overwhelmed, mutual aid (community-driven, informal exchange of assistance and care) proliferated as an essential form of resource provision and community care. Mutual aid practices that stem from long-standing traditions across identity boundaries, time, and political cartographies now grew quickly to provide food, financial assistance, and social connection amidst isolation (Bender et al., 2021; Fernandes-Jesus et al., 2021). Amidst these contexts of widespread distress–and widespread care–our research team aimed to explore mutual aid, the informal care structures which filled voids amidst insufficient institutional care. In doing so, we offer an opportunity to understand the potential individual and community benefits of collective care during times of acute crisis and beyond. As world crises continue to compound, our findings from the early months of the COVID-19 pandemic continue to shape our understanding of mutual aid, social work practice, and safety nets more broadly.

Literature Review

Conventional, Vertical Aid in Crisis Response

Conventional mechanisms of aid, such as governmental crisis response, are one of the primary means for creating vertical links to resources between community members and those in power to respond to humanitarian needs in times of crisis. By way of example, federal government-centered emergency response systems, such as the Federal Emergency Management Agency (FEMA), are designed under the assumption that crises will emerge in a consolidated, geographically localized manner and resources are to be allocated accordingly through grant processes (FEMA, 2024). Yet a report from the Office of Inspector General describes how, in the early months of the COVID-19 pandemic, FEMA had challenges distributing and allocating various aid (e.g., personal protective equipment, ventilators) and lacked strategic documents to lead pandemic response efforts leading to confusion of agencies' roles and responsibilities (Office of Inspector General, 2021). Rather than respond with a sense of equitable distribution, efficiency, and agility to a rapidly changing crisis, federal response institutions were ineffectual in providing basic needs. The failure of FEMA to adequately address the COVID-19 pandemic reflects how the design of the system addresses the desires of power consolidation over equitable distribution (Hodge et al., 2007). Rather than effectively address the needs which emerged from the effects of the COVID-19 pandemic, public health officials had to establish orders to control public behavior to reduce risk of transmission as a reactive measure to address the snowballing effects of the pandemic, leading to a proclivity of political and social challenges and a failure to meaningfully address the pandemic.

Theorists posit that linking social capital, or the transfer of resources from those in authority to those in need, can create connection and shared sense of responsibility between those in disparate levels of power (Szreter, 2002), yet previous research has documented failures in providing such social capital to communities post-disaster, even prior to COVID-19. Trust between communities and institutional authorities is often lacking post-

disasters, particularly when authorities discount or fail to consider local community knowledge as decisions are made (Castro-Correa et al., 2020). Lo and Fan (2020) highlight how, in moments of crisis when individuals and communities are in need and seeking help from authorities, people in power often act as gatekeepers to necessary resources, a process referred to as *elite domination*. The challenges faced in actualizing the productive link of disparate power structures are exasperated by lack of accountability between those in power and those in the community (Lo & Fan, 2020). Social support organizations, frequently part of the vertical linkage system, often tout strict eligibility criteria concerning who is "deserving" and "undeserving" of care (see, e.g., Beito, 2000; Katz, 1990), leading to exclusive criteria and inextricable power dynamics in determining who is worthy of being helped and what that help may entail. As such, conventional authoritative aid (e.g., FEMA) may often be positioned as the first source of relief, but it has struggled during crises (COVID-19 and other crises) to understand and meet the needs of community members.

This challenge extends to the broader care and service system, including social work and non-profit organizations, that is known to restrict and constrain care to communities via strict eligibility requirements, silo care, and focus on capitalist-oriented outcomes during and beyond crisis (Adler-Bolton & Vierkant, 2022; INCITE! Women of Color Against Violence, 2017). Abolitionist scholars like Ruth Wilson Gilmore, and others, have argued that the "[non-profit industrial complex] … [functions] as a 'shadow state' constituted by a network of institutions that do much of what government agencies are supposed to do with tax money in the areas of education and social services" (INCITE! Women of Color Against Violence, 2017, pp. 8-9). Further, it is critiqued that this complex was borne out of a desire to fill in and step up where government was failing yet mimicked many of the same processes and has since failed in many of the same areas (INCITE! Women of Color Against Violence, 2017).

Mutual Aid as Horizontal Care

Amidst failure of conventional hierarchical aid, mutual aid is one model of community care that may arise to replace or supplement governmental and non-profit delivered resources (which we refer to as "horizontal" and "flattened" approaches to care interchangeably throughout this paper). Mutual aid broadly refers to practices of people caring for one another by building "new social relations that are more survivable" than those (un)available by formal government supports (Spade, 2020, p. 136). Nelson et al. (1998) defines mutual aid organizations as "settings in which people with a problem in living, or a common experience, come together on a voluntary and equal basis to share their experiential knowledge and to provide and receive informal social support" (p. 889). Within the context of social work, mutual aid practices–for example, through peer-to-peer support–have filled in the gaps when professionalized social work has fallen short (Loumpa, 2012; Nelson et al., 1998). Further, mutual aid has centuries-old roots among marginalized communities and often proliferates broadly out of necessity during crises (Aldrich, 2012), resulting in "post-disaster trust" among communities (Lee, 2020; Solnit, 2009). While mutual aid efforts are working to meet people's survival needs, often in moments of crisis, Spade (2020) repeatedly highlights how one of the key components of

mutual aid work is engaging in collective political education to "build a shared understanding of why people don't have what they need" (p. 9). Because mutual aid work necessitates reeducation and cogent structural analyses of social problems, the promise is great for mutual aid offering sustainable, alternate ways of caring for one another, with unique benefits and advantages over conventional aid or hierarchical resource allocation.

An emerging literature has examined mutual aid during the COVID-19 pandemic, and how it impacted those organizing and participating in mutual aid. In the United Kingdom, for example, a researcher found that mutual aid groups developed trust and found joy in their collective work, sustaining them through a unique crisis (Fernandes-Jesus et al., 2021). As such, engaging in mutual aid in COVID-19 increased participants' localized sense of community cohesion, resulting in an "irreversible change" towards collectively caring for their community (Fernandes-Jesus et al., 2021). For example, Landau (2022) provides a case study of the role of mutual aid group Occupy Sandy which provided disaster relief to community members during the 2012 Hurricane Sandy. The group which was part of a coalition of others in a network called Mutual Aid Disaster Relief (MADR), would later pivot when COVID-19 became the disaster of the moment, sharing insights and best practices, and shaping how other community groups organized and met the pressing and ever-expanding chasm between government intervention and direct aid. These findings mirror research prior to COVID-19 which found that, along with a high degree of hope, taking collective action toward change led to a more solid belief in group efficacy while sustaining individuals and groups to continue through change agendas (Cohen-Chen & Van Zomeren, 2018). Together, these findings suggest that engaging in mutual aid is an important part of building community in crisis and beyond.

Mutual aid during COVID-19 also amplified political resistance. Jun and Lance (2020) described how existing mutual aid groups increasingly resisted reliance on government aid during the COVID-19 pandemic, highlighting how mutual aid organizations center non-hierarchical structures, and trust for neighbors over capitalist governments. Similarly, Springer (2020) suggests that the pandemic helped more people understand mutual aid as a natural human action, while also affirming participation in mutual aid as an act of political resistance against capitalist structures.

Current Study Focus

The emerging literature suggests mutual aid may have important benefits to those involved, and that participants develop strength and motivation to resist oppressive power structures through engaging in mutual aid. Thus, while there are dire consequences to the failure of traditional/governmental aid during COVID-19 (and beyond), mutual aid may have benefits or advantages that countervail deficits of traditional aid and create opportunities for deeper, non-hierarchal forms of collective support and care. With the understanding that conventional aid from government failed to meet community needs in the early months of the COVID-19 pandemic, our paper explores Colorado, U.S.-based organizers' perceived advantages of building nonhierarchical care structures through mutual aid during this time. We consider what our findings may mean for shifting conventional helping professions' approaches to care far beyond the COVID-19 pandemic.

Method

Positionality Statement

This work brings the radical praxis of mutual aid into the academic sphere and, as its authors, we understand the complexity and conflict of this. We (Black, White, queer, questioning, straight, nonbinary, and cisgender) come to this work with the aim of deepening our collective understanding of how mutual aid emerges and transpires, as well as the complex politics that drive this care work. While this research was in part an intellectual pursuit, each author is also dedicated to deepening and strengthening their commitment to a politic of collective care. Some members of the team have engaged in mutual aid for many years, and others have stepped into this praxis more recently. All team members are embedded in the social work profession (as educators, practitioners, researchers), and recognize how the professionalization of care is often in direct conflict with the ethos of mutual aid. We are committed to practicing and teaching a way of social working that is in solidarity with people, communities, and social movements. These experiences with mutual aid, our social identities, and our ties to professionalized social work, shaped how we approached this work–with commitment, care, and the understanding that our present social structures are limited in meeting our needs (while we work to survive and care for one another within them).

Study Overview and Design

The present study uses a phenomenological approach (Creswell, 2013) to understand the specific ways mutual aid participants experienced benefits from engaging in non-hierarchical collective care during the early months of the COVID-19 pandemic. A team of researchers conducted qualitative, semi-structured interviews with participants and facilitators in mutual aid groups and intentional communities.

Sample and Recruitment

Our team aimed to understand a variety of experiences from mutual aid groups who formed in response to the pandemic, as well as those who had been practicing mutual aid for quite some time. In the early months of the COVID-19 pandemic (June-August 2020), we recruited members of mutual aid groups (i.e., those who defined themselves with mutual aid in the title or description of the group) as well as intentional communities where mutual aid was integrated into residential spaces in more informal ways. These groups were identified through Google searches and through word-of-mouth networks confined to the state of Colorado where our team was located (with the rationale that early responses to COVID-19 varied considerably by state). Interviewees had to be 18 years or older and identify as a part of a mutual aid network or intentional community in Colorado. It is helpful to share a bit about Colorado and its early response to the COVID-19 pandemic. Colorado has a population of over 5 million people, over 80% of whom identify as White and 40% as Democratic-leaning and Republican leaning, respectively (Pew Research Center, 2014; U.S. Census Bureau, 2019). After announcing its first COVID-19 cases in

early March 2020, the state exercised a range of stay-at-home orders and nonessential business lockdowns in Spring 2020 (Roberts, 2020).

For both mutual aid and intentional community recruitment, potential participants were invited to an hour-long interview focused on understanding the unique ways that mutual aid has emerged during COVID-19 as a form of collective care. Interviews took place via video conference (Zoom) or phone (if preferred and/or to increase accessibility). Participants were asked to share our study description and invitation with others in their networks who might be interested in being interviewed.

Our resulting sample (n=25) included mutual aid (n=17) and intentional community (n=8) members that spanned a wide age range (26-70) and shared the following identities/experiences most commonly: straight (50%), White (80%), women (60%), and living in urbanized areas (72%). Examples of mutual aid practiced by participants included organizing meal and grocery deliveries, sharing food and supplies among networks, making and distributing masks, facilitating cash transfers to cover basic needs, and offering caretaking to neighbors.

Data Collection

Semi-structured interviews began with eliciting verbal informed consent, followed by participation in a brief online demographic survey, and then proceeding with the semi-structured conversation. Participants were assigned an identification code to connect demographic data with qualitative interview data. Interviews lasted approximately one hour and were audio recorded and transcribed with participant permission. Interviews were conducted by a human-subjects trained researcher, and all protocols were approved by our university Internal Review Board. Participants were sent a $20 gift card to honor their time participating.

Measures

The demographic survey collected the following: participants' age, gender, race, ethnicity, sexual orientation, country of origin, marital status, education level, employment status, whether one was considered an essential worker, housing situation, household composition, and length of involvement in mutual aid work.

The semi-structured interviews asked participants about a variety of experiences related to their mutual and collective care (e.g., mutual aid functions; mutual aid engaged in during the COIVD-19 pandemic; mutual aid benefits and byproducts; mutual aid beyond COVID-19). Our analysis for this paper focused on questions specific to the benefits and byproducts of engaging in mutual aid:

- "How does giving/receiving through mutual aid feel different than charity?"
- "What makes you show up in this work?"
- "What are the tangible and intangible benefits and impacts of participating in mutual aid?"
- "What does it look/feels like to go beyond 'the transactional' in this work?"

Data Analysis

Interview transcripts were analyzed in their entirety with two researchers excerpting all content relevant to the research question at hand, first co-excerpting to establish consistency and then dividing remaining transcripts to be excerpted by the primary coders. Excerpts relevant to the research question were then inductively coded using a values coding frame (Saldaña, 2021).

An iterative process was used to develop a codebook. The first quarter of the excerpts were coded independently by the two primary coders who then met to clarify, combine or delete codes as needed to develop consensus and a draft codebook. The two coders then used the draft codebook to code another quarter of the excerpts, met to establish coding consistency and make final revisions to the codebook, and then used the final codebook to individually recode the first quarter of the excerpts and code the second half of the excerpts.

Upon completing coding, the two primary coders met with a third research team member to review coded data, and group codes into patterns that became themes. An initial summary description of each theme was brought to a fourth and fifth research team members for revisions and adjustments to framing before the entire team met to reconcile and refine a final set of results and generate discussion points and implications. Please note that "..." in findings indicates that participant text was omitted for clarity.

Findings

Our findings help to illustrate the experiences of mutual aid organizers and participants during the early months of the COVID-19 pandemic. Participants shared collective care when conventional governmental care fell short, and, in doing so, perceived benefits of engaging in non-hierarchical care in communities. Four themes were developed through our analysis: *destigmatizing receiving of aid*; *expanding what is offered and who contributes*; *developing a sense of meaning and hope*; and the *spiritual benefit that comes with liberation*.

Themes

Destigmatizing receiving of aid. Mutual aid offers resources and care to people without requiring them to show or prove a need to anyone. This accessibility and normalizing of the need for support is described in contrast to conventional need-based aid. One participant described how people often fall through the bureaucratic cracks of the current governmental care system. This participant finds mutual aid to be successful by providing care without recipients having to ask or jump through hoops; they state: "Because it's peer to peer...it ought to feel less paternalistic to the recipients, more of an equal exchange. It has more dignity to it. " (White straight man in Carbondale involved in mutual aid for 4 months).

Several participants described the fundamental notion that everyone has the possibility of being a recipient of aid, which breaks down the more conventional giver and receiver hierarchy of care often seen in social service and charity structures. Reconceptualizing

"need" in this way means providing equitable community care; as one participant states "We know that we're all here for each other...if somebody needs more help than somebody else, that's fine, because we're all, we're just in this together and our journeys are going to be different" (White straight woman in Fort Collins involved in mutual aid for 3 years). Needs are not placed in a hierarchy, but instead met collectively and simultaneously, given the resources and capacity of the mutual aid network.

This philosophy of care was destigmatizing for participants and those who were involved in their mutual aid networks. As mutual aid networks support individual community members based on need and an aim for equity, they remove power structures that require proof of need. As such, mutual aid was noted to be a "positive environment, very non-judgmental" and the support provides care from the community "in a way that is not shameful" (Multiracial straight woman in Grand Junction involved in mutual aid for 5 months). This approach creates a network that reduces "embarrassment" and "disgrace" in the process of receiving aid, feelings commonly associated with receiving conventional hierarchical forms of aid.

Expanding what is offered and who contributes. Participants in our study described how mutual aid practices often involved sharing resources that extended beyond and decentered money. Participants described exchanging various assets and raw materials already on hand in the community, such as meals and rides. These resources were exchanged individual to individual or individual to organizing entity outside of payment or financial contribution.

These non-monetary acts of care allowed more people to be involved in contributing to solutions to the challenges at hand. Doing so strengthened the resources and support available to the individual, and consequently the larger societal ecosystem (rather than necessitating reliance on money handed down through traditional means, such as government aid). One participant reflects how much easier it is for individuals to make a difference compared to common structures of aid, "you're building relationships with people in your neighborhood for when something comes up in the future and then like building relationships, building social capital" (White queer woman in Denver involved in mutual aid for 2 years). Holding ideals that anyone can make a difference and flattening aid structures offers greater opportunities for more individuals to have agency to create change in their communities.

Developing a sense of meaning and hope. A sentiment, among participants, that there was no action, idea, or resource too small to contribute, offered some an opportunity for "fighting against hopelessness." During a walk home early in the COVID-19 pandemic, one participant struck up a conversation with a community member who was making a living structure for themselves by the river. The participant reflects on the decision to bring this community member food and water, noting that it can feel "really hopeless" to think that a non-profit or a police unit might be unhelpful or (likely) harmful; this participant forged hope through their ability to make an immediate difference via an individual sharing of resources (in this case, food and water). Engaging in person-to-person mutual aid by providing even small things was described as "more meaningful" than traditional forms of aid; the care was coming from another human being who was "compelled to…first of all,

see you as another human being" (Multicultural straight man in Littleton involved in mutual aid for 3 years).

This sense of hope sustained those involved in mutual aid. Mutual aid was described as "a reason to get up for a lot of us, for a really long time. And it was something to stay grounded and stay present" (White nonbinary pansexual participant in Golden involved in mutual aid for 1 year). After experiencing several challenges through the pandemic, one participant describes mutual aid as pulling them through this difficult time; they shared: "I was in such a dark hole for a second. And then I started volunteering. And I was like, 'Whoa, this is really cool'" (Multiracial straight woman in Grand Junction involved in mutual aid for 5 months). Another participant noticed a shift in others in their mutual aid network: "I've seen some people that, when I first met them early on at the distribution stuff, they looked like they didn't have a hope left in the world. Today, their eyes are bright, and they have a purpose" (White straight woman in Grand Junction). Bringing a sense of hope and providing meaningful engagement provided several participants with a sense of purpose.

Pathways to liberation. By engaging a mutual aid praxis and making necessary resources more accessible, less hierarchical, and less stigmatized, participants understood that when individuals come together, they can build power and make meaningful change; it was described as a pathway to liberation. Participants gave examples of how mutual aid leads to liberation by filling in the gaps and easing oppression of those most impacted by our current systems of imperialism and capitalism. One participant remarked:

...no plan works without mutual aid...We will never find liberation through capitalism, through communism, or socialism without mutual aid...it fills the gaps. It finds the need and...identif[ies] the need, and then fills it no matter what. And like that's, that's it. We won't have liberation as people, as oppressed people under U.S. imperialism and capitalism and then the patriarchy without Mutual Aid. (Black/Multiracial nonbinary/two-spirit participant in Grand Junction involved in mutual aid for 7 months)

This pathway to liberation required personal growth and political awareness. One participant outlined their personal journey, attributing much of their growth to acknowledging their own privilege in society. They describe: "that's where mutual aid happens, is where there is the destruction of privilege. So, here we are" (White nonbinary pansexual participant in Golden involved in mutual aid for 1 year). Through the experience of losing their job, for reasons related to the pandemic, this participant began to understand how certain societal privileges enabled them to be more comfortable or secure. The participant described an empathetic response and noted a decrease in their sense of judgment towards others; they also noted that sharing that experience in a mutual aid setting led to "huge" personal growth and an acknowledgment that more people should have access to these same privileges.

Our findings describe how mutual aid replaces notions of conventional aid, as care is exchanged through non-hierarchical sharing of needs and resources outside conventional power structures. These sentiments were summed up by one participant:

I think for most of us that is, that is a very important outcome of just that we are, we're organizing people, we're mobilizing people, we're giving people a way to help and empowering them and helping them understand that they don't need to like go through a nonprofit or a soup kitchen or a government program or anything formal in order to make difference in their community. (White queer man in Wheat Ridge involved in mutual aid for 5 months).

Mutual aid may be a means to flatten the vertical transfer of aid and resources from authorities to those in need and to instead subvert conventional power structures by creating what participants describe as an "ecosystem for all people" (Black/Multicultural nonbinary/two-spirit pansexual participant in Grand Junction involved in mutual aid for 7 months). In doing so, participants recognize the reality that we all may receive aid at times, that there are many things we may offer and many people who may contribute. Acknowledging we are all connected offered a sense of meaning and hope for many participants; for some, the personal growth experienced through engaging mutual aid led towards the recognition that liberation for all people from capitalist structures may be possible.

Discussion

Our study investigated the perceived benefits of providing and receiving care through mutual aid during an acute widespread time of governmental failure in the early months of the COVID-19 pandemic. Our findings suggest that this nonhierarchical care offered certain windows into more equitable ways of being which may sustain beyond crisis. The non-hierarchical approach to care decentered state and federal agencies and institutions, lessened gatekeeping, and instead, out of necessity, redistributed power and agency among community members left to meet one another's needs. This horizontal care was described as destigmatizing; there was no shame in having needs because mutual aid did not discriminate givers from receivers. Mutual aid practitioners asserted that regardless of background or proof of need, everyone could be both a recipient and provider of care.

Our study also finds the flattened care structure of mutual aid enabled participants to center autonomy and voice to respond equitably to individual and community needs. This community-driven care overcame limits of more conventional aid offered by those in power which has been critiqued as out of touch with local knowledge of the community, leading to distrust and power divides (Castro-Correa et al., 2020). Assuming resources are available, there is an advantage to communities guiding and responding to needs within, rather than requiring communities to appeal to a government authority (and imposed eligibility requirements) to meet needs.

Engaging in non-hierarchical care was also a conduit for fostering hope and meaning among participants, with mutual aid feeling generative and sustaining for many. In a very challenging time, the sense of shared purpose helped participants move through the crisis and think about how to continue their care work beyond it. This finding is promising in light of previous research that finds when hope for social change is high, group efficacy can predict collective action (Cohen-Chen & Van Zomeren, 2018). Thus, prioritizing community-level horizontal care structures may create opportunities for effective

collective action quite different from the experience of being involved in governmental and charitable aid. For example, Colting-Stol (2022) discusses how mutual aid practitioners took their work after the initial crisis of COVID-19 and transformed it into further grassroots organizing and community engagement, allowing some people who had previously felt disenfranchised to develop a sense of political education and advocacy. Furthermore, Rankins (2023) described how the distribution of funds by mutual aid networks is shaping policies about banking and taxes in unique ways that have long-term implications for fundraising and formal organizing. The positive impact of collective hope and enfranchisement seen within the proliferation of mutual aid during this acute period may signal shifts in how care systems adapt to reflect a more empathetic model.

Finally, participants described mutual aid as leading towards liberation. Through their mutual aid engagement, participants felt connected to individuals they had not previously been in community with; they subsequently felt prompted to tie their individual sense of well-being to a larger sense of community health. This is an important contribution to extant literature, as a common critique of rapid mutual aid proliferation is that its practice can become divorced from its political underpinnings (O'Taylor, 2020). While explicit political education was not mentioned as part of the mutual aid groups in our study, this finding suggests that shifts in ideals – around who has needs and deserves support and how our needs can be met – may develop through involvement in mutual aid structures.

Partelow (2021) describes a similar phenomenon during earthquake recovery in Indonesia, where disasters created collective action problems that reshaped social relationships and capital exchange; those involved were able to be more reflective of their own positionality within the community and felt deeper ties to their community. Similarly, Mississippi-based organizer Kali Akuno shares that offering and receiving mutual aid can be a catalyst for shifting political-ideological frameworks, suggesting that wholistic change models which aim to enlist and empower as many participants into the change cycle as possible is how transformation will come to be (Shear, 2021). Our study similarly finds that because mutual aid destigmatizes care, more individuals feel welcome to participate as both givers and receivers. This disrupts conventional emphasis on individualism and limited worthiness. This participation, which welcomes everyone, all needs and all offerings, flattens care structures to create equitable sharing of resources. A greater sense of hope develops as participants realize they are living within a shared ecosystem of care and can thus be a part of collective liberation.

Limitations

Certain study limitations should be considered as readers interpret our findings. We sampled mutual aid groups across the state of Colorado. Because states vary in their politics, demographics, geography, and COVID-19 response it is important that readers consider the transferability of our findings to their contexts. Within Colorado, we sought to capture diverse experiences, yet some voices such as Indigenous communities were underrepresented in our sample. An urgent desire to capture a unique time point limited the ability to build longer-term relationships in these communities, and these voices will be critical to center through future research that allows for deeper community engagement.

Furthermore, our work represents the early months of a much longer ongoing disaster. This potentially limits the transferability of our findings to more acute post-disaster responses and means our data, at one timepoint, does not capture shifts in perspectives that may have occurred as the pandemic continued. Longer-term analysis of mutual aid work and experiences – the expectation of participant burnout and the difficulty of sustaining this work while under oppressive systems – is needed.

Implications for Social Work

Given our findings of the benefits and advantages of providing care through mutual aid – including flexibility, responsiveness, reduced stigma, and a sense of liberation and hope – what can (and should) our current hierarchical care structures learn from mutual aid? Our previous work, which explores the values and beliefs underlying mutual aid in the early months of the COVID-19 pandemic, acknowledges there is both convergence and divergence in the values and practices of mutual aid and those of professionalized helping structures (Littman et al., 2022). While nonprofit and governmental organizations may be attempting to meet similar community needs to those of mutual aid networks (e.g., providing tangible resources and social support), there is significant contrast between mutual aid and the constraints of our more rigid and exclusive formal institutions of care which prioritize "deservingness" in allocating care (Beito, 2000; Katz, 1990). It is also important to recognize the inherent and perhaps irreconcilable tensions between the capitalist undergirding of nonprofit and governmental aid organizations and mutual aid, which is firmly rooted in an anti-capitalist, abolitionist politic (Kim et al., 2024). Research has demonstrated that human service workers employed in agencies with commitment to market-based managerialism (emphasis on productivity, accountability & efficiency) found it more difficult to adhere to the mission and values of their profession, including caring for the most vulnerable and working toward social change (Zelnick & Abramovitz, 2020). Thus, decades of defunding, and austerity of rigid conventional care structures based on offering services through a market-based transactional approach, likely diverge from the values and principles mutual aid groups exemplified in their care (Woodly et al., 2021).

Joining the voices of other social workers, we call for critical dialogue among helping professional organizations, in social work and other allied helping professions, to reckon with how to live into our mission to care for community while fighting for social and racial justice (Toraif & Mueller, 2023). As a profession, we must grapple with the benefit of dismantling the giver/receiver binary, broadening who can and should be part of offering care, and how that care should be provided. One way to attend to this tension is to do as Bell (2021) describes, by decentralizing giver/receiver professional identities in care systems and decentralizing ways of meeting community needs which can create opportunities for community members that often experience marginalization.

However, this would require a paradigm shift for most nonprofit, governmental, and charity social work organizations and reinvestment in the care economy broadly (Marcil, 2023; Sonsterng-Person et al., 2023). Many of these organizations are invested in neoliberal capitalist norms of professionalism, credentialing, liabilities, and eligibility, often addressing individual deficits rather than garnering collective action for structural

change (Finley et al., 2012). This would require de-emphasizing professionalism and credentialled care providers and instead elevating localized knowledge and resources among those with shared lived experiences. For example, in the state of Colorado, new legislation has removed barriers to clinical licensure by removing the provisional license requirement, increasing the possibility of diversity within the profession and allowing for more social workers from marginalized racial backgrounds to receive licenses (Nienow et al., 2023) as well as those who provide peer support without professional credentials (Haubner, 2024).

Our calls for significant rethinking of how our social work profession provides care align with other recent calls in the wake of the COVID-19 pandemic and racial injustice uprisings. Elkassem and Murray-Lichtman (2022) similarly urge our profession to take an explicitly anti-racist stance and eradicate coloniality in the profession; such work involves reconceptualizing care and practice through critical race and anti-colonial lenses. This time period, in coming through global crisis and racial reckoning, has opened critical dialogues long overdue about the work of social work and the harmful origin and practices of the white lineage of the profession These dialogues also cover what can be learned based on care models driven by and in solidarity with community.

Beyond shifting formal care systems, our findings offer a call to individuals interested in collective liberation to consider ways to catalyze opportunities for collective care and mutual aid. Popular media has documented growing involvement in mutual aid (and other forms of horizontal care such as community fridges, time banks, and tool sheds) which have become more accessible through digital organizing (Bender et al., 2021). Considering the anticipated demands of the growing climate crisis (Brulle and Norgaard, 2019) alongside racial justice movements and ongoing stressors of COVID-19, liberatory practices that organize for justice, meet community needs, foster hope, and create space for all members to contribute and receive will be essential to ensuring our collective safety and security. For those social workers interested in joining the movement, there are ample opportunities to begin their mutual aid education. We offer a few suggestions for getting started including developing a deeper understanding of mutual aid as a social justice project by exploring a tool kit created by Sustainable Economies Law Center (2020). Individuals can also find their local mutual aid group by visiting the website Mutual Aid Hub (n.d.). In tandem, mutual aid begins in the simplest ways through shared trust and connection. Individuals can cultivate interdependent relationships by convivially connecting with their neighbors and others in close physical proximity to them, as well as groups with shared affinity and connection – this relationality is the cornerstone of mutual aid practice and central to collective striving and community care.

Finally, we offer some critical considerations to accompany these implications: 1) To what extent do mutual aid networks and practitioners wish to inform versus dismantle or replace conventional care structures in imagining and working towards these changes? 2) Further, what, if any, role is there for social work scholars, trained in researching social change and educating a workforce in care provision, when considering or supporting "alternative" horizontal care structures? These will be important questions to consider as care landscapes continue to shift and adapt amidst ongoing and compounding crises; we urge those in similar positions of privilege to listen carefully, and act caringly, in these

conversations and aligned actions. Finally, we invite social work students, educators, practitioners, and scholars to bring their colleagues and communities into dialogue about these key questions as we collectively work towards 'doing care' in an ever-changing social landscape.

Conclusion

Our study describes how mutual aid – a form of care that offers mutuality, reciprocity, inclusion, and a sense of liberation – proliferated in the context of the early months of COVID-19. Yet, mutual aid has existed for centuries in communities at the margins (Spade, 2020) due to government failures that span well beyond acute crises. With the growing complex crises of the future, mutual aid will likely be needed on broader scales. In an interview with Shear (2021), Jackson, Mississippi-based organizer Kali Akuno suggests we need "maximum participation from as many folks as can be involved" and this widespread participation "is where the real political education is going to come from" - where widespread community action, political education, and transformation is possible (p. 24).

The experiences of mutual aid participants shared here propose a significant ideological shift regarding our sense of care and community. This shift is echoed eloquently by Roy (2020) who, early in the pandemic, proposed that the pandemic may be a "portal" from one way of being to the next; Roy writes: "in the midst of this terrible despair, [the pandemic] offers us a chance to rethink the doomsday machine we have built for ourselves. Nothing could be worse than a return to normality" (para. 47). Mutual aid organizers in our study describe a liberatory horizontal care system that values dignity and mutuality and generates hope – an approach we should collectively consider fostering considering government failure in acute crises and beyond.

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