



**Wales Centre for Public Policy**  
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**WcVA**  
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# Volunteering and wellbeing in the pandemic

## Part II: Rapid evidence review

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The Wales Centre for Public Policy helps to improve policy making and public services by supporting ministers and public service leaders to access and apply rigorous independent evidence about what works. It works in partnership with leading researchers and policy experts to synthesise and mobilise existing evidence and identify gaps where there is a need to generate new knowledge. The Centre is independent of government but works closely with policy makers and practitioners.

For further information please visit our website at [www.wcpp.org.uk](http://www.wcpp.org.uk)

## About the WLGA

The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales, and the three national park authorities and the three fire and rescue authorities are associate members.

For further information please visit our website at [www.wlga.wales](http://www.wlga.wales)

## About the WCVA

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# Contents

<b>Summary</b>	<b>5</b>
<b>Introduction</b>	<b>6</b>
<b>Definitions</b>	<b>6</b>
<b>Review questions</b>	<b>7</b>
<b>Methodology</b>	<b>7</b>
<b>Volunteering during the Coronavirus pandemic</b>	<b>8</b>
<b>Rates of volunteering</b>	<b>8</b>
Formal volunteering	8
Informal and reciprocal volunteering	9
<b>Wellbeing &amp; volunteering</b>	<b>11</b>
<b>Individual wellbeing</b>	<b>12</b>
Formal volunteering	12
Volunteering in the public sector	22
Mutual aid	25
<b>Community wellbeing</b>	<b>30</b>
Changing social attitudes	30
Community connections	30
Collaboration	33
<b>Conclusion</b>	<b>36</b>
<b>References</b>	<b>38</b>
<b>Annex 1: Definitions of wellbeing</b>	<b>44</b>
Individual wellbeing	44

Community wellbeing	45
<b>Annex 2: Summary of papers</b>	<b>46</b>
<b>Annex 3: Methodology</b>	<b>57</b>
<b>The search approach</b>	<b>57</b>
Sources	57

# Summary

- The volunteer response to the pandemic in Wales has been significant, with increased interest in volunteering since March 2020.
- This report explores the relationship between volunteering and wellbeing during the pandemic by reviewing UK and international evidence.
- We adopted an inclusive definition of evidence, including evidence from practice and unpublished papers, to reflect the fact that many academic papers published during the pandemic have yet to undergo peer review.
- We found key themes related to the changes in volunteering during the pandemic, and how it affected individual and community wellbeing.
- There have been significant changes in who volunteered during the pandemic – with many new volunteers (often younger), while others have had to stop owing to a cessation of services or for health and care reasons.
- The mode of volunteering has also changed, with more digital/remote roles and more intensive face-to-face support provided.
- Much of the evidence points to positive impacts on the mechanisms for change, which lead to improved individual wellbeing, and outcomes including an increased sense of belonging and personal growth.
- Connecting with others, doing something purposeful, and feeling appreciated are hallmarks of the pandemic volunteer experience for many. It has provided crucial distraction at a challenging time.
- However, some roles, particularly involving direct contact with ill or vulnerable groups, have exposed people to challenging, stressful, and potentially traumatic experiences.
- Findings highlight the importance of social connection and creating a meaningful experience to sustain longer-term engagement in volunteering post-pandemic.
- Findings also point to the need to capture better evidence on the impact of volunteering during the pandemic, particularly in relation to sustained engagement over the last year, and its effects on those in the most emotionally demanding roles.

# Introduction

This report provides a synthesis of the evidence that has emerged relating to volunteering and wellbeing during the Coronavirus pandemic. It is based on a rapid search and synthesis of evidence published between March 2020 and February 2021.

The work is part of a wider project on volunteering and wellbeing conducted between February-March 2021, which also includes a synthesis of volunteering case studies from across Wales, collected by the Wales Council for Voluntary Action (WCVA), the Welsh Local Government Association (WLGA), and partner organisations (Taylor-Collins et al., 2021a). These reports should be read in conjunction with the accompanying report on implications for policy and practice (Taylor-Collins et al., 2021b).

The project was led by the WCVA, in partnership with the Wales Centre for Public Policy (WCPP) and WLGA. It was funded by the Welsh Government's Coronavirus Recovery Grant for Volunteering 2020/21. The project will build on the work of the Third Sector Partnership Council's Covid recovery sub-group, informing the Welsh Government's work on enabling the voluntary sector and volunteering to contribute to a recovery that supports the goals of the Well-being of Future Generations Act (2015).

## Definitions

We take an inclusive view of **volunteering** to mean any activity which is unpaid, freely chosen, and benefits others, or the environment (Ellis Paine et al., 2010). This includes both 'formal' volunteering (through an organisation or group) and informal or reciprocal help (such as mutual aid).

By **individual wellbeing**, we mean both the wellbeing of the individual volunteer, and the wellbeing of the person(s) the volunteer is supporting. We use the definition of subjective wellbeing adopted in a recent review of volunteering and wellbeing by Stuart et al. (2020), commissioned by the What Works Centre for Wellbeing:

**how satisfied we are with our lives, our sense that what we do in life is worthwhile, our day-to-day emotional experiences (happiness and anxiety) and wider mental wellbeing.**

This report also draws on the theory of change for volunteer wellbeing in Stuart et al., 2020. Key indicators of individual wellbeing and the theory of change can be found in Annex 1.

The concept of **community wellbeing** which underpins this report aligns to the definition set out in the Well-being of Future Generations Act (2015):

**the state of our population, society and our environment across Wales overall. It looks to ensure that people have the economic, social, environmental and cultural conditions around them to be well.**

There are seven wellbeing goals which can be considered indicators of community wellbeing (see Annex 1). This report uses the following definition for consistency with previous work in this area, particularly by the What Works Centre for Wellbeing, which is similar to the concept of wellbeing outlined in the Act:

**Community wellbeing is the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential.** (Wiseman & Brasher, 2008)

## Review questions

The review focused on one primary question:

- 1 What has been the contribution of volunteering to wellbeing during the Coronavirus pandemic in terms of ...?
  - a. Individual wellbeing
  - b. Community wellbeing

## Methodology

The rapid evidence synthesis was undertaken drawing on academic literature, grey literature, and submissions to a call for evidence. The pandemic has led to a significant shift in academic publishing, with many more outputs being published as pre-prints or in other formats pending peer review. As such, this synthesis took a more inclusive view of the evidence to be included than many more traditional forms of evidence review.

In presenting the evidence, this report makes reference to the Theory of Change for volunteer wellbeing (see Annex 1), and in particular the mechanisms for change and

intermediate outcomes it identifies (Stuart et al., 2020). Full details of the methodology can be found in Annex 3.

# Volunteering in the pandemic

Understanding how volunteering has changed during the pandemic is complex. Some volunteers have seen little or no change to their role; many are volunteering for the first time; some have shifted to digital roles; and others have been forced to stop, either owing to services ceasing, or because they needed to shield or care for others.

## Rates of volunteering

### Formal volunteering

A range of studies suggest that overall rates of formal volunteering have remained broadly similar to the pre-pandemic period, but that this hides a significant shift in terms of who has and has not volunteered during this period (Wan Mak & Fancourt, 2020; DCMS, 2020).

- In England, The Community Life Covid-19 Recontact survey (DCMS, 2020) reported that over half of those involved in Covid-19 volunteering were new to those roles (56%). Covid-19 volunteers were more likely to be female (59%), key workers (33%) and people who had switched to home working (29%).
- More broadly, many studies note a surge in new volunteers who were typically younger than existing volunteers, often with different skill sets, and able to contribute as a result of furlough or recent redundancy (IVAR, 2020; McCabe et al., 2020; Nottingham Trent University et al., 2021; RVS, 2020).
- Conversely, people who were divorced/living apart, or who have a physical health condition, were more likely to have decreased their volunteering (Wan Mak & Fancourt, 2020).
- The picture on older volunteers appears polarised: while some increased their volunteering – and more so than other groups (Wan Mak & Fancourt, 2020) – the English Longitudinal Study of Ageing reports that almost two-thirds decreased (18%) or stopped (43%) volunteering (Chatzi et al., 2020).

In addition, the UCL *UK COVID-19 Social Study* (Wan Mak & Fancourt, 2020) found differences in the type of volunteering between different groups of people:

- More likely to engage in formal volunteering: older people, people from ethnic minority backgrounds, key workers, people with a mental health condition.

- More likely to engage in social action<sup>1</sup>: women, people in employment or students, those with a household income >£30,000 p/a, people with a mental health condition or physical disability.
- More likely to engage in neighbourhood support: women, married/cohabiting couples, key workers.

## Informal and reciprocal volunteering

'Mutual aid groups' have been one of the defining characteristics of the pandemic, and have become emblematic of grassroots, hyper-local, community support. In the UK, over 4,000 groups registered their presence on online directories, which sprang up to help people locate their nearest source of support.<sup>2</sup> Some groups formed off the back of existing neighbourhood, faith, community organising, and political groups, while others emerged in response to the crisis. As such, some overlapped heavily with formal volunteering, while others were not connected to existing social infrastructure.

- An important caveat to the concept of mutual aid is that there are few examples of mutual aid being *mutual*, meaning that it was often one-sided, as opposed to reciprocal (Curtin et al., 2021).
- Some early research in March 2020 found a positive correlation between indicators of socio-economic advantage, such as happiness and life satisfaction, and higher numbers of mutual aid groups (Felici, 2020). However, this correlational analysis has some limitations: it cannot unpick causality; the number of mutual aid groups grew significantly in the following weeks; and the data does not reflect the group size in terms of volunteers, or beneficiaries.
- One survey of 182 members of mutual aid groups (Wein, 2020) suggests that if the data provided by these survey respondents were representative of the over 4,000 UK mutual aid groups (which is unknown), it would equate to a huge contribution of time and effort: 2 million tasks completed by 115,000 people, totalling 3.6 million hours of volunteering.

Data on informal volunteering in the form of unpaid care to someone outside an individual's family is less clear; frequently studies conflate 'family', 'friends', and 'neighbours'. Nonetheless UK and England studies show high levels of support being

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<sup>1</sup> Social action was defined as including donating money for Covid-19, participating in research, creating online entertainment for others, providing pro-bono support to businesses and projects, and non-Covid-19 volunteering.

<sup>2</sup> See <https://covidmutualaid.org/local-groups>.

provided for families, friends and neighbours (DCMS, 2020; Evandrou et al., 2020; The Centre for Ageing Better, 2021).

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## Wales snapshot

### Balancing volunteer supply and demand

Volunteers and the third sector in Wales have responded nimbly to the pandemic. Interest in volunteering appeared to increase, with data from the Wales-wide volunteering website Volunteering Wales (unpublished) showing a significant spike in people registering to volunteer early in the pandemic – from 459 registrations in February 2020 to 10,336 in March 2020. There was also a marked increased interest in youth volunteering between March-June 2020, when an additional 7,706 young people aged 14-25 registered an interest in volunteering in Wales (Walls, 2020).

Nonetheless, as elsewhere in the UK, a “significant number of community organisations and groups closed down during the [first] lockdown” (Lloyd-Jones & Holtom, 2021). Many of these organisations were able to reopen later, either with the support of new volunteers, or offering a reduced, or altered, range of services.

In terms of those who did volunteer, the National Survey for Wales reveals that in June 2020, 10% of people said they had volunteered specifically to help with the Covid-19 situation during the previous four weeks. By September, this fell to 5%, but two-thirds of those expected to continue volunteering for at least another six months.

One study of the Welsh community sector response to Covid-19 concluded that there was a huge influx of people registering to volunteer, with a significant increase in people of working age offering their time, which outstripped the number of available roles (Lloyd-Jones & Holtom, 2021). Similarly, most Youth Led Grant panels, which provide volunteering opportunities and fund youth led volunteering projects, delayed the launch of their grant funds, with an associated negative impact on the availability of volunteering opportunities during the pandemic (Walls, 2020).

This imbalance in supply and demand for volunteers means there are concerns that some people may have been disillusioned, because of not being able to contribute, and hence deterred from volunteering post-pandemic.

A survey of third sector organisations in Swansea (September 2020) found that 27% were highly concerned about a future lack of volunteers, with a further 20% moderately concerned (SCVS, 2020). Public health restrictions also mean that usual opportunities to recruit volunteers have been delayed. For example, research with 115 young people (aged 16-18) highlighted how activities have been missed by those

who would previously have been exposed to volunteering opportunities in places like schools, colleges, universities, youth clubs, or job centres (Walls, 2020).

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## Wellbeing & volunteering

At the overall level, there is evidence (Abrams et al., 2021) that:

1. People who have been involved in volunteering have overall fared better in terms of their wellbeing.
2. Areas of the UK which have invested in social cohesion (i.e., building stronger, more connected communities) have remained more cohesive than other areas.

A study of more than 3,000 people in Scotland, Wales, and several areas of England, between May and December 2020, explored the impact of the pandemic on social cohesion (Abrams et al., 2021). One dimension of social cohesion that the study explored is volunteering, and overall, the study found that those who were engaged in voluntary work were “more protected from some of the worst effects of the pandemic than others”. In December 2020, they reported better outcomes on a range of wellbeing indicators including:

- connection with family and friends (10.5% higher on average);
- sense of neighbourliness (16.5% higher);
- trust in other people to respect Covid-19 restrictions (12.2% higher);
- optimism for the future (5.6% higher);
- subjective wellbeing (5.3% higher).

As with all such research, however, the underlying picture is more complex, and it is not possible to definitively prove a causal relationship. Levels of trust, in particular, fluctuated over the course of the pandemic, and as lockdown measures were imposed and lifted. Nonetheless, the authors conclude:

**“Volunteers not only contribute positively to their local area, they also benefit from their investment and seem better equipped to cope with the challenges posed by the ongoing global pandemic. That the differences hold all the way from June to December suggests that the advantages of being a volunteer are that it supports a deeper, more sustainable psychological resilience in a time of crisis and that a**

**higher level of volunteering contributes to a more cohesive and resilient local area”.** (Abrams et al., 2021, p.43)

On a day-to-day basis, a study of 1,192 people in the USA and Canada looked at the effect of prosocial activities on social wellbeing during Covid-19 (March-August 2020). The authors found that individuals reported higher levels of social satisfaction on days that they engaged in either formal volunteering, support provision, or were the recipient of support (Sin et al., 2021). The findings were consistent across ages, though older people were more likely to engage in prosocial activities.

Few studies have looked at the impact of volunteering by young people during the pandemic. However, one survey of just over 500 adolescents (aged 13-17) in Spain found a negative relationship between volunteering and wellbeing during the pandemic. The authors report that “contrary to what was hypothesized, adolescents who did volunteer work were more likely to feel depressed, anxious and stressed” (Tamarit et al., 2020). The survey did not explore type or frequency of volunteer activity, however, so it is not possible to understand what factors relating to their voluntary roles may have contributed to this effect.

## Individual wellbeing

### Formal volunteering

Most studies taking a national or overarching view on *formal* volunteering during the pandemic are focused on describing changes in the patterns of volunteers and their roles.

Volunteers have seen significant changes in the type of activities they are able to undertake, which is likely to have affected the experience of those who were active both before and during the pandemic. In one study, 42% of organisations reported a reduced range of activities, 30% no change, and 28% an increased range of volunteer roles (Nottingham Trent University et al., 2021). Likewise, community business volunteer roles changed, with shifts to digital delivery on the one hand, and moves to doorstep services on the other (Alakeson & Brett, 2020; Avdoulos et al., 2020).

Some organisations that rely heavily on volunteers, such as community sports clubs, also saw repeated opening and closing of activities in line with local lockdown restrictions, leading to peaks and troughs in volunteer demand (Nichols et al., 2021).

Unfortunately, there is relatively little evidence focusing specifically on the impact that starting or stopping volunteering, or changing the mode or frequency of volunteering, has had on volunteer wellbeing.

For example, the NCVO October snapshot (Nottingham Trent University et al., 2020) highlighted that managers in the voluntary sector had sought to pay more attention to volunteer wellbeing during the pandemic, but did not report any insights on what the wellbeing impacts of volunteering at this time had been.

### **Stopping volunteering**

While many services did manage to shift at least partially to online provision, it was not possible in all instances, or for all volunteers to contribute in this way. As a result, some people were forced to give up their role during the pandemic (IVAR, 2020).

Aside from issues of digital exclusion, NCVO's study on diversity and volunteering (Donahue et al., 2020) notes that the shift to digital has had negative impacts for some minority groups: "For instance, some of the LGBTQI+ organisations we spoke to reported that some volunteers (particularly those who are not 'out of the closet' at home) feel that by not being in the building, they have lost the 'safe space' to volunteer". This would seem to indicate potentially negative impacts on the wellbeing mechanisms of change which reflect **connecting with others** and being able to express **group identity**.

An online survey of 3,100 people measured the experience of Australian volunteers during the early stages of the pandemic, including their wellbeing and mental health (Biddle & Gray, 2020). The study found that volunteers who continued to volunteer during the pandemic experienced less of a decline in **life satisfaction** than those who stopped volunteering, or those who hadn't been volunteering to begin with. The decline in life satisfaction for those who stopped volunteering or who were not previously volunteering was substantial, and the authors estimated that if those who continued volunteering had experienced a similar decline, it would have been the equivalent impact of having a reduction of \$216 (approximately £120) in weekly income. As such, they conclude "being able to maintain volunteering activity appears to be a very important protective factor".

The study also found that people who continued to volunteer throughout the pandemic had lower levels of **psychological distress** than those who stopped volunteering owing to the pandemic, and lower levels of **loneliness**.

**“Volunteers who reported that they had experienced anxiety or worry due to COVID-19 were more likely to have stopped volunteering than**

**those who did not (68.7 per cent compared to 60.6 per cent)**". (Biddle & Gray, 2020, p.5)

A policy-oriented paper from the UK considered the health and wellbeing impacts on older adults of stopping volunteering (Grotz et al., 2020). This primarily reviewed the pre-existing literature to make recommendations. However, it did also identify that volunteer managers were finding that supporting people no longer able to volunteer was one of the hardest parts of their role:

**"One of the biggest challenges during lock down has been how we support our volunteers who are struggling with isolation and lack of purpose ... We are emailing, phoning and producing regular newsletters but it's still been really tough on some of them ... Quite worryingly so in some cases."** (Volunteer Manager quote from: Grotz et al., 2020, p.10)

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## Wales snapshot

Swansea Council for Voluntary Service (CVS)

**Swansea CVS played an important role in the local response to the pandemic as a direct provider of support to individuals, of support to the wider sector (e.g., with information and guidance, and access to funding), and by helping coordinate the local support provision across public and third sector groups.**

**An evaluation (Urban Foundry, 2020) of their activity between March and July 2020 found that they made a rapid and effective shift to digital and remote ways of working. This enabled them to:**

- **Quickly adapt policies and practices to the Covid-19 context;**
- **Provide a single point of contact for people wanting to volunteer;**
- **Support current volunteers to transition to new ways of working;**
- **Put in place systems to support volunteers, and track activities for swift identification of concerns;**
- **Provide training and refresher training, and practical help like PPE.**

## Individual wellbeing: face-to-face roles

Inevitably, the range of face-to-face volunteering roles available reduced dramatically during the pandemic, with only essential services continuing to work in person.

A mixed picture of the wellbeing impacts of face-to-face roles emerges from a study of organisations providing emergency food in Scotland<sup>3</sup> (Mckendrick & Campbell, 2020). Two-fifths of organisations reported concerns about team wellbeing (43%), with 18% reporting that wellbeing was worsening, 64% reporting no change in recent weeks, and 18% an improvement. Wellbeing concerns were significantly higher in urban areas (53%) than rural areas (30%).

The concerns relate to:

- Physical health – owing to the manual labour involved in shifting and delivering large volumes of food and the risk of Covid-19 to volunteers in public facing roles;
- Mental health – owing to the stress arising from high and growing demand; listening to emotional and distressing stories; and sometimes experiencing abuse from members of the public.

The high level of demand and rapid onset of the crisis also contributed to a sense that “in some cases volunteers have been ‘thrown in at the deep end’, finding themselves asked questions they couldn’t answer around things like benefits, housing, or mental health” (BCT, 2020). The effect of this on volunteers themselves, however, is unclear.

It is also worth noting that the study of Big Local areas identified that some volunteers encountered racism. However, it is unclear whether this was directed at volunteers themselves, and if so, the effect this had on those individuals (McCabe et al., 2020).

Likewise, adapting to Covid-19 regulations placed a burden on many volunteers in community sports clubs, particularly those with any indoor facilities where there is a high risk of contact between individuals (Nichols et al., 2021). Although many still felt that their volunteering role was an essential **distraction** - “a lifeline” in the words of one – it presented many challenges. For example, public health requirements meant that volunteers were often forced to “police” other members to ensure compliance, as

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<sup>3</sup> It should be noted that this study did not specifically disaggregate volunteers from workers, but the vast majority of service provision is carried out by volunteers.

well as adapting procedures, increasing communications, and making changes to premises.

**“You had to sign up to your track and trace, which we did by QR code on the gate. But you would not believe how much hassle we had chasing 16 members to do it. And that was a real nightmare to the point where actually we threatened suspending members if they didn't fill it in”.** (Volunteer quoted in: Nichols et al., 2021, p.15)

The **mixed impact on wellbeing** of providing intensive face-to-face support and outreach is also evidenced in a review of the community sector response to the pandemic in Wales:

**“The crisis invigorated people, and many described the sense of energy and purpose. However, over time, the punishingly long hours and often emotionally draining nature of the work was taking its toll upon both paid staff and volunteers, threatening the ability to sustain support over extended periods”.** (Lloyd-Jones & Holtom, 2021, p.25)

Nonetheless, the Scottish report notes that “in many cases ... the very act of helping those in need during the crisis has a positive effect on workers' wellbeing”. The survey was not designed, however, to probe more deeply on the benefits.

The power of “helping those in need during the crisis”, and for supporting the wellbeing of volunteers, is also reflected in comments captured by an evaluation of the Swansea Council for Voluntary Service's activity from March to July 2020 (Urban Foundry, 2020). Again, exploring the relationship between volunteering and volunteer wellbeing was not the primary objective of the study, but feedback from volunteers reflected how their roles gave a real sense of **doing something purposeful** and of **providing distraction and routine**, often mitigating a sense of powerlessness in the face of furlough and the wider pandemic. **Feeling appreciated** had a positive impact on the wellbeing of volunteers:

**“Already being a volunteer for SCVS for two years and being furloughed from work during this period, I wanted to try and do something to help my community. Not only to keep myself busy and give myself a break from the monotony of staying at home, for my mental health and to help others ... I am fortunate that I can drive and am fit and well, so could do something for those who are less fortunate than myself. It has been rewarding to pick up prescriptions for others, saving them putting themselves at risk ... knowing that they now have the medication that is vital for them and to see how grateful they are**

**for the service I have provided. One lady even said I was an angel, which really moved me, I even cried when I went home and told my children, who are very proud of me.”** (Quote from: Urban Foundry, 2020, p.15)

### **Individual wellbeing: hybrid and remote roles**

The shift to total or partial digital delivery has been one of the major changes for many organisations. It has had mixed impacts, allowing people who could not easily volunteer through traditional mechanisms (e.g., as a result of disability or caring responsibilities) to contribute from home and to break down roles into more ‘micro-volunteering’ opportunities, to appeal to a wider range of people. At the same time, many volunteers are older, and issues of digital literacy and exclusion have meant that some have felt unable to continue with their roles.

**“Online digital platforms and telephone buddying schemes have allowed people with disabilities unable to leave their homes or those who were shielding more of an opportunity to get involved although there were a limited amount of these roles available. There has been more “thinking outside the box” for example “micro volunteering”, dividing up volunteering roles which has the potential to open up more opportunities for a wider cohort of people.”** ( County Council volunteering Lead quote from: Donahue et al., 2020, p.16)

The NHS Volunteer Responder scheme has been one of the main examples of hybrid volunteering in England. It requires volunteers to use an app to log their availability and receive notifications about ‘tasks’. Some of those tasks are then virtual (such as ‘Check In and Chat’), while others lead to in-person activities, such as collecting shopping for a local person.

As such, volunteer experience as part of the NHS scheme closely reflects the **mixed impacts** of face-to-face volunteering. Sometimes it has been the design of the scheme and the technology itself which has caused **frustration**, and led people to withdraw from the role (RVS, 2020). Only 62% of volunteers had been assigned a task at the time of the survey in July, having signed up in March 2020.

Unsurprisingly, those who had not been assigned a task were largely dissatisfied with their experience (60% dissatisfied vs. 11% satisfied), compared to a relatively high level of satisfaction among those who had completed at least one task (65% satisfied vs. 21% dissatisfied). Of those who had completed at least one task, there was a clear correlation between an increase in the number of tasks and overall satisfaction

(31% of those completing one task satisfied vs. 84% of those completing more than 10).

26% would not continue to volunteer with the scheme. The experience of those who have been utilised less than they expected is reflected in the reasons why some people are ceasing to volunteer, and the reflections made by some: crucially, from the perspective of individual wellbeing, it is clear that people **don't feel like they are doing something purposeful** – and it appears that for at least some, this has given rise to a sense of disillusionment that would not have occurred had they been given the opportunity to undertake a task. Of those who will no longer volunteer:

- 56% “don't feel like I am making a difference the way I wanted to”; and
- 43% are “unhappy with the way it is managed/organised”.

A further 7% explicitly felt **unappreciated**, and there is a large group of 34% giving other reasons, which include feeling no longer needed, and an inability to resolve technical problems.

**“Frustrated that I was never used!! Feel that my willingness and expertise was not valued at all. No explanation given as to why I was not used.”** (Quote from: RVS, 2020, p.6)

Unlike some of the studies exploring face-to-face support, only 3% report the **stress** of the role as a deterrent to further participation.

More broadly, the 62% who have completed a task have had a positive experience, and 83% will *continue* to volunteer – and reflect intermediate wellbeing outcomes they have experienced so far. Their motivations for doing so (based on selecting their top three) reflect the opposite of those who had not received a task: they have a **strong sense of doing something purposeful** and **making a difference**. Relatively few (7%) identified a direct benefit to their own physical or mental health as a main motivating factor, or the development of personal skills (4%).

- 71% are committed to “the cause – helping the NHS”;
- 69% are committed to “the people I give help to”; and
- 43% value “the difference I am making”.

**“I'm really acutely aware of people who don't have anybody. And I think if I can add value or just be that person at the end of the phone, then I've done something good and worthwhile and that's really important to me.”** (Quote from: RVS, 2020, p.6)

When asked to rate their agreement with a range of statements, the data supports the role as contributing positively to wellbeing outcomes.

**Table 1: Proportion of survey respondents agreeing that volunteering as an NHS Volunteer Responder had a positive benefit in relation to each outcome**

Outcome	% agreeing
I enjoy it	82%
It gives me a sense of purpose	77%
I feel I am making a difference	74%
It brings me into contact with people from different backgrounds or cultures	66%
It improves my mental health and wellbeing	52%
It gives me new skills and experience	41%
It gives me more confidence	36%
It helps me feel less isolated	32%
It improves my physical health	20%
It improves my employment prospects	14%

Source: Information extracted from: Findings from volunteers participating in the NHS Volunteer Responder (NHSVR) Programme during Covid-19 - April to August 2020 (RVS, 2020)

Perhaps unexpectedly, the authors note that agreement with ‘enjoying it’ and ‘a sense of purpose’ is high across all groups, regardless of the number of tasks completed, suggesting that perhaps the simple fact of volunteering in terms of making oneself available, in case of need, can have a positive impact.

Nonetheless, on some of the main wellbeing indicators – **mental health and wellbeing, isolation and physical health** – agreement increases with the number of tasks completed; **a more active volunteer experience appears to confer greater wellbeing benefits.**

**Table 2: Proportion of survey respondents agreeing that volunteering as an NHS Volunteer Responder had a positive benefit in relation to each outcome**

Outcome	1 task	2-4 tasks	5-10 tasks	>10 tasks
It improves my mental health and wellbeing	38%	50%	58%	63%

It helps me feel less isolated	22%	29%	35%	43%
It improves my physical health	11%	16%	21%	32%

Source: Information extracted from: Findings from volunteers participating in the NHS Volunteer Responder (NHSVR) Programme during Covid-19 - April to August 2020 (RVS, 2020)

The evidence supporting a greater benefit from a more active volunteer experience is also reflected in analysis of direct measures of life satisfaction and how worthwhile life is in comparison with other ONS data from the same period. Simply having registered to volunteer confers no additional benefit over the wider population (some of whom will be volunteering in other ways).

**Table 3: Average score of survey respondents in relation to each outcome (on a scale of 1-10)**

Outcome	ONS	No task	>10 tasks
Life satisfaction	7.0	7.1	7.4
Life is worthwhile	7.4	7.4	7.8

Source: Information extracted from: Findings from volunteers participating in the NHS Volunteer Responder (NHSVR) Programme during Covid-19 - April to August 2020 (RVS, 2020)

While the majority reported positive experiences, and the reasons that people give for wanting to continue to volunteer are associated with **positive mechanisms for change** in wellbeing, there are some responses which could be interpreted as potentially negative indicators. In particular, 29% report that they will continue out of “a sense of duty or obligation” and a further 4% because “there is a lack of people to take my place”. **Feeling obliged to volunteer** runs contrary to the idea of volunteering as an “act undertaken through free will”, and is unlikely to confer the same wellbeing benefits, and may in fact be a detrimental source of stress.

In terms of *changes* to how people volunteer, the shift to remote and digital roles has been one of the main changes arising from the pandemic. On the one hand, it has enabled some people to start volunteering, or continue in a role, while for others it has meant having to step back from a voluntary role, or accept a significant change in the experience.

One study in Australia looked at the impact of switching to remote befriending of nursing home residents with symptoms of depression, anxiety, and loneliness (Fearn et al., 2021). Eighteen volunteers interviewed as part of a qualitative study reported primarily positive effects on their own wellbeing, despite the technological and

logistical challenges the shift to phone, web, or mail entailed. There was an **intrinsic joy** in maintaining communication with residents, bolstered by the **gratitude of residents**. These reflect several of the **mechanisms of change** for volunteer wellbeing, and outweigh the reported negative experiences of their role being more challenging in terms of their ability to judge the residents' responses and emotions, and the lack of touch. Overall, while remote volunteering was generally felt to be less satisfactory than face-to-face, it was deemed clearly preferable to ceasing contact altogether.

In the US, another study also explored the impact of remote befriending with isolated older adults (Office et al., 2020). The programme was established in response to the pandemic, and student volunteers were trained to make calls. An online survey followed up with 25 students after their initial call. As the study was restricted to this one-off survey, it is not possible to draw long-term substantive conclusions. Nonetheless, "many students felt positive and empowered; one described feeling inspired by the older adult's story, and several reflected on the senior's appreciation".

The sense that remote volunteering is an imperfect substitute for face-to-face roles, but still better than stopping support altogether, is also reflected in an Australian study of volunteers who supported breastfeeding women in the first few months of the pandemic (Hull et al., 2020). An online survey of nine open questions received responses from 211 volunteers; 59 commented on their feelings about their own role.

The most common themes reflected volunteers feeling that they were **doing something purposeful** and/or were **using their skills**, feeling confident in their ability to help. A few (n=9) mentioned gaining a sense of **personal satisfaction** from being able to help.

Unlike with the befriending schemes, these volunteers were responding to mothers in distress. As a result, this could be a **cause of stress**, as they sometimes felt powerless to provide the level of support needed, or frustration that they were plugging gaps in services in an unsustainable way, worrying about mothers and babies "falling through the cracks". The following quote illustrates clearly how the positive and negative impacts on personal wellbeing can coexist:

**"I feel really sad for the scared mothers. I feel frustrated that support isn't getting through to them. I feel so pleased that we exist. I feel able to make a significant difference to mums"**. (Volunteer quote from: Hull et al., 2020, p.16)

Not all volunteering takes place between individuals in communities. **Pilotlight** is a charitable social enterprise that curates pro-bono support for charities across the UK,

drawing in senior volunteers from business (called ‘Pilotlighters’) who use their skills to provide organisational development support. In 2020, 660 Pilotlighters, delivered support to 135 charities (email correspondence, unpublished).

While the transition to virtual delivery was as successful as the previous face-to-face model, in terms of the direct outcomes for charities and the experience of volunteers, it proved to be less effective for some of the more indirect benefits. These relate particularly to the mechanisms of change **connecting with others** and **developing and using skills**. The data does not suggest a negative impact on volunteer wellbeing, but that there may have been fewer potential benefits through this mode than previously. Specifically, compared to 2019, there was a reduction in the proportion of Pilotlighters saying their involvement had ‘had an impact on their career development’ (from 81% to 66%) and professional networks (from 89% to 73%).

## Volunteering in the public sector

A small sub-set of formal volunteering has placed individuals on the frontline of the pandemic, in direct contact with patients and their families, and sometimes in clinical roles, including with those in intensive care.

The papers which report on these volunteering experiences do not focus explicitly on the relationship between volunteering and wellbeing as a primary research question. Nonetheless, they reveal some insights about the wellbeing impact of volunteering in health settings. It also suggests that there is a significant group of young volunteers who will have been exposed to relatively high levels of stress and trauma, for whom the wellbeing impacts have not been properly explored.

### Students

There are three papers from the UK which reflect on the experiences of medical students who took on volunteering roles during the pandemic. Two of these are short articles written by students themselves, reflecting on their experiences dealing directly with Covid patients and vaccine trial volunteers (Levene & Dinneen, 2020; Prior et al., 2021). The other is a larger quantitative study of students who stepped into research roles to cover for professionals redeployed to patient care – part of the wider programme relating to one of the ethnographic papers (NIHR, 2020).

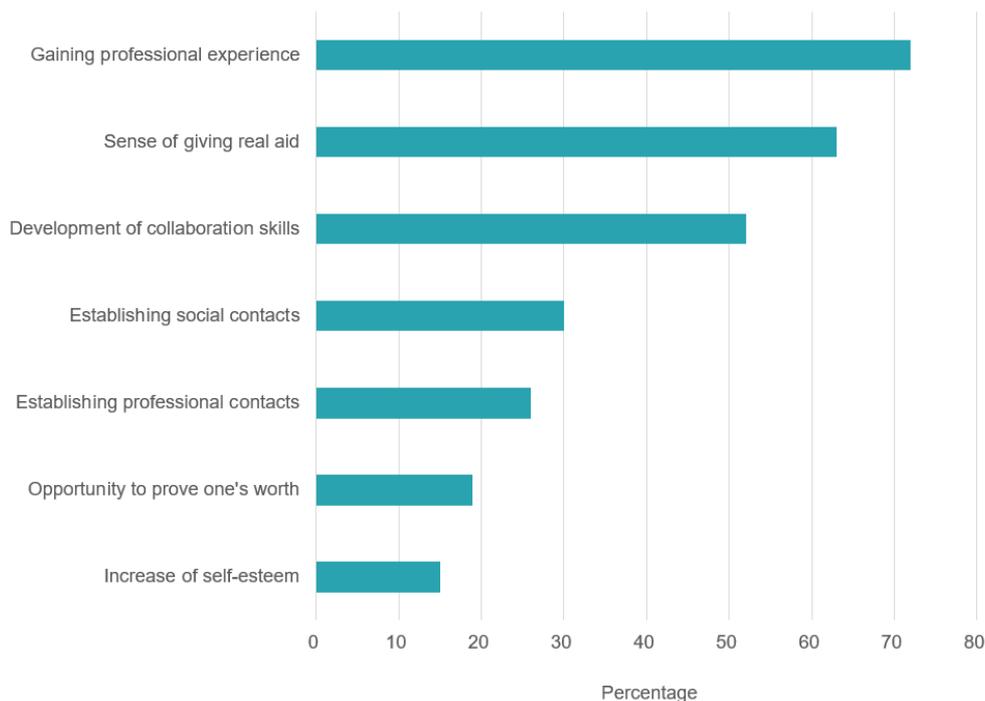
- All three papers capture that the students feel the experience afforded them a unique opportunity for their personal and professional development, and that they valued being able to contribute at such a critical time.
- However, one set of students was deployed to critical care roles, including facilitating end of life calls between patients and families. These students report the experience as having a “profound and lasting impact”, and that they

experienced “many unforgettable highs and lows”. The impact of these on student wellbeing is not, however, explored further.

Two studies of medical students in Poland report similar findings. One study surveyed 580 medical students who volunteered at some point between March and September 2020 in both clinical and laboratory settings (Bazan et al., 2021). While the study measured “satisfaction”, the reasons given by students for their ratings reflect the intermediate outcomes of wellbeing. Students who received **positive feedback** (e.g., in expressions of gratitude or pride) from family, friends and beneficiaries volunteered more time and displayed higher levels of satisfaction than those who did not.

The study also explored the impact of volunteering on several measures which relate to both the mechanisms of change and intermediate wellbeing outcomes. The strongest impacts are on the mechanisms of change as, for example, over half of students reported **developing skills and experiences**, and a sense of **doing something purposeful**. Just under one-fifth reported an **increase in self-esteem**.

**Figure 1: The benefits of volunteering during the COVID-19 pandemic indicated by the surveyed group of Polish medical students (n = 580).**



Source: Medical students as the volunteer workforce during the Covid-19 pandemic: Polish experience (Bazan et al., 2021)

The authors also examined volunteers' experiences of prejudice. These were reported by 9% of students (n=15) and mainly related to **exclusion** from social and family groups, but also included some from other students and hospital patients. Students who had experienced **prejudice** were more likely to have had thought about stopping volunteering (33% vs. 15% of those who had not), but reported *higher* levels of satisfaction than those who did not (median 5 vs. median 4, on 1-5 scale). These experiences reflect the negative flip side of the wellbeing mechanism of change around feeling appreciated, and the intermediate outcome of belonging.

Another study of Polish medical student volunteers, again primarily in clinical settings, surveyed 161 students in May and June 2020, supplemented with four semi-structured interviews (Chawłowska et al., 2021). Although the primary focus of the study was on educational impacts, it found that the benefits to volunteers, such as learning new skills, making new contacts, and the positive reactions from patients and staff, outweighed the costs they measured, which were time spent, and time taken away from other learning.

Many of the benefits measured relate to the ***mechanisms of change*** and ***intermediate wellbeing outcomes***. There are relatively high levels of agreement (over two-thirds) with various outcomes including **learning new skills** (social, organisational, and stress management skills), as well as **increasing social connections** and **feeling appreciated**.

It is also worth noting that three of the four students interviewed in-depth reported **experiencing stress** as a result of their volunteering activity, with one saying it had felt "as if we were sent to war". This was often to do with difficult patient interactions, but also from witnessing an over-burdened health system and the effects of a lack of staff to deliver the needed services. These impacts were not included in the survey so, as with the UK studies, serve primarily as an indicator that the potential negative wellbeing impacts for these student volunteers have not been fully explored.

### **Contact tracers**

One of the other main roles in healthcare which routinely involved volunteers, both in the UK and internationally, was that of contact tracing. Typically, volunteers spoke with people who had received a positive Covid-19 test result, to capture details of others they had been in contact with, and in turn inform those individuals of the need to self-isolate.

A small study in Sheffield looked at the experiences of a 'contact tracing' pilot, focusing on six initial volunteers and their work (Woolliscroft, 2020). The study identified six major challenges from the perspective of the volunteers:

- it was a significant commitment;
- there was a lot of information to manage and consider;
- practical management issues including time management, and priority setting;
- lack of a transition period;
- emotional impact; and
- lack of clarity about their role.

The study found that the administrative complexity of the task, the pace of work, and the evolving and changing nature of the pilot was stressful for volunteers at times. Further, the experience of contacting people who tested positive for Covid-19 was, in and of itself, a “nerve-wracking” experience, especially at the start of the pilot. The nature of the role was also described as “emotionally draining”.

While on the surface, these experiences had the potential to be damaging to the volunteers’ wellbeing, the report indicates that a high level of support was provided to them, including peer support, and the value of this is underscored by the participants. The mechanisms enabled them to ask for help, ‘vent’, and take a break as needed, thus minimising the overall risk to their personal wellbeing.

## Mutual aid

In comparison with formal volunteering research, more attention has been paid to understanding the experiences of volunteers with mutual aid groups, and the impact of this activity on both individual and collective wellbeing. Nonetheless, the distributed and hyper-local nature of organisations, coupled with huge demands of those running websites which map their presence, means that systematic surveying of mutual aid organisers and members has been extremely challenging.

Much of the research published to date relates to experiences of mutual aid volunteers during the first lockdown and the summer of 2020. It is likely, however, that experiences will have been different as the pandemic continued to evolve, with successive lockdowns and increasing political and social controversy over the best way to manage the UK’s response.

One rapid study of mutual aid group members in Bristol was undertaken in weeks 3 and 4 of the first national lockdown (Jones et al., 2020). A survey of over 500 volunteers captured that people were reporting **experiences that map to the mechanisms of change**, and although wellbeing outcomes and impact themselves were not investigated, indicates that volunteering was **having a positive outcome on local and personal relationships**.

In particular, volunteers identified the successes of their initiatives as including:

- Social bonding;

- Community events;
- Community spirit and solidarity;
- Establishing and re-establishing personal contacts.

There were also indications that **some factors may be having a negative impact**, with the “challenging and difficult” experiences reported as including:

- Frustration with not being able to help out more;
- Stress, frustration and mental upset;
- Sustaining support, getting fatigue and losing momentum.

The proportion of respondents reporting these difficulties was small, but the analysis reported does not enable precise percentages to be calculated. In their discussion, the authors report that:

**“accounts of their activities and reported successes and challenges indicate that the experience was often meaningful and rewarding. The COVID-19 crisis has led to new and revived local organisational structures – such as mutual aid groups – and has extended social networks, potentially also making them more diverse”.** (Jones et al., 2020, p.12).

The duality of experience is a common theme in studies of mutual aid – with some parts of the mutual aid volunteering contributing positively to people’s wellbeing, while other aspects simultaneously provided cause for anxiety, stress, or other more negative consequences.

A survey of 182 members of mutual aid groups was conducted in June 2020 by The Dignity Project. It found that the average **life satisfaction** of mutual aid volunteers was lower than the national average from a nationwide survey conducted a month earlier. This may be owing to the toll that an additional month of lockdown had taken on everyone across the country, or it may indicate something about the life situation of volunteers and/or the burden of the role.

**“Whereas the national average life satisfaction in May 2020 was 7.2 (out of 10), mutual aid respondents gave an average score of 6.5. The national average for the extent to which people feel that the things they do in their life are worthwhile was 7.6, compared to 7.1 for our respondents”.** (Wein, 2020, p.18)

Mutual aid volunteers also reported higher **levels of anxiety**. Nonetheless, 55% said they wish they could do mutual aid work “all of the time, even after the pandemic”,

which indicates that for many, the positive impacts outweigh the negative (Wein, 2020).

These findings are echoed in another qualitative study which explored the impact of participating in a mutual aid group on 11 volunteers (Mao et al., 2020). All were members of a pre-existing social justice campaigning organisation, and came from across the country. Interviews revealed five main themes:

- positive emotional experiences;
- negative emotional experiences;
- increased sense of engagement in life;
- new or strengthened social relationships; and
- greater sense of control.

Positive emotional experiences were primarily related to the ***mechanisms of change*** (e.g., doing something meaningful – “making a difference” - and feeling appreciated) and their ***identity and values*** (an expression of altruism). The increased sense of engagement in life reflects a similar set of mechanisms of change and outcomes, but also illustrates how **volunteers themselves explicitly linked their volunteering activity to their own wellbeing**. Importantly, volunteering also provided **structure and distraction** at an unusual time.

New and strengthened social relationships speaks to having met and built connections with other volunteers and/or beneficiaries (depending on the individual’s role). However, the individual relationships themselves are identified as being secondary to the “sense of camaraderie”, **feeling part of something**, and belonging to a group with a shared identity.

A greater sense of control relates to the volunteers’ experience of **increased self-efficacy, and self-confidence**. For some, in the context of this politically active group, it also increased their sense of **empowerment** and belief that they can make a difference on a larger scale.

**“A recurring narrative in the present study was that whilst the Covid crisis had caused participants to feel helpless, being part of the mutual aid group had helped them to regain a sense of personal agency.”**  
(Mao et al., 2020, p.17)

Mutual aid has also provided opportunities for people who were traditionally isolated or excluded from their community to become more actively involved. Providing the example of a woman who had previously had little community connection, but who was now the recipient of support (in the form of shopping and calls from neighbours)

as well as a provider (cooking for others in the network), the authors of one report note:

**“The ability to contribute on equal terms and play a role in turn has the potential to transform the wellbeing and self-esteem of people who are too often estranged from their communities”.** (Tiratelli & Kaye, 2020, p.20)

Negative emotional experiences appear to have been a less prominent part of volunteers’ overall experience, but nonetheless were evident. Sometimes, encountering people felt to be “exploiting the generosity of the system” caused frustration, undermining the feeling of making a difference. It could also be a **stressful** experience, both in terms of protecting one’s own personal safety, and realising the importance of the role to some of the most vulnerable in the community. Witnessing people in difficult situations, differences in values with other local people, or the laying bare of inequalities and unequal power dynamics, also challenged some of the volunteers’ sense of **identity and place in their community**.

**“It just made me feel uncomfortable with my position in society rather than making me feel proud about my position as someone trying to help it.”** (Quote from: Mao et al., 2020, p.24)

It is also the case that difficulties can arise *within* community and mutual aid groups. This is particularly the case where groups have become politicised, or there are differences in how members feel the group should be led. In some cases this has resulted in some people **stopping their volunteering** role, or given rise to **stress and tensions** (Tiratelli & Kaye, 2020).

### **Non-place-based mutual aid**

Finally, while most mutual aid happened at the neighbourhood level, some grassroots organising brought local people together to help the NHS at a national level. There have been over 100 initiatives across the UK where individuals and groups came together to form “scrub hubs”, sewing scrubs for NHS staff.<sup>4</sup> There has been no wide-scale evaluation of the volunteer experience or impact on their wellbeing, but one study in Tamworth explored the motivations and the emotional resonance for a local sewing group (Gilbert, 2020).

The mixed-methods study found that participation had **a positive association with both the *mechanisms of change* and *intermediate wellbeing outcomes***.

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<sup>4</sup> See <https://scrubhub.org.uk/>.

Volunteers were motivated by feeling that they were “doing something practical to support NHS and healthcare workers at a critical time”. Participation also appeared strongly linked to people’s sense of identity and community, as local residents, or with many having personal connections to front-line staff.

Many volunteers were also explicit that it had positive benefits for their wellbeing and mental health. It provided distraction at a stressful time, provided social opportunities, and the chance to connect with others, and it gave them a sense of individual and collective pride in their actions.

Somewhat differently, in Italy, ‘Social Workers Helping Each Other’ was created to help practitioners remain resilient and be mutually supportive. A study explored the impact on 45 social workers of supporting one another throughout the pandemic through peer group discussions (Cabiati, 2021). While the social workers are professionals, their participation in the mutual support group was voluntary and outside working hours.

Content analysis of over 50 hours of recorded discussions (during the first wave of the pandemic) revealed five main benefits to participation:

- (1) increased participants’ reflexive practice;
- (2) allowed social workers to experience relationships of reciprocal care as a basis to provide help and stay healthy;
- (3) revitalized social workers’ capacities to adapt to unpredictable challenges and cope more effectively with stressful life events;
- (4) supported social workers’ advocacy for their and others’ needs; and
- (5) fostered a strong sense of community among social workers.

The author concludes by noting that:

**“During the last group session, participants expressed that they highly valued the supportive and collaborative nature of the groups, recalling the ‘helper therapy principle’ ... which suggests that when an individual (the helper) provides assistance to another person, the helper also benefits ... This initiative confirmed that mutual support groups can be a source of help and wellbeing not only for service users but also for social workers, even beyond the COVID-19 pandemic.”** (Cabiati, 2021, p.11)

# Community wellbeing

The review uncovered a limited number of studies which looked at the impact of volunteering during the pandemic on community wellbeing. This is, of course, also challenging to disaggregate from the wider and hugely disruptive impacts of the pandemic on community life and wellbeing. Even despite its inherent locally-led, community-based, and collective nature, there has been little research looking specifically at the impact of mutual aid groups on community wellbeing.

Nonetheless, there are some indications of the impact that volunteering during this time – and the changes in who is giving and receiving help, and how – may have on community wellbeing in the medium to longer-term.

## Changing social attitudes

One of the core domains of community wellbeing is ‘people’ – how we live together and relate to one another. Prior to the pandemic, some forms of help-seeking, particularly for example needing to use foodbanks, were often stigmatised (Garthwaite, 2016).

The pandemic has dramatically shifted the narrative about who needs help, who can provide help, and its meaning. The authors of a report on the community response to the pandemic in Wales concluded that the crisis created opportunities to have a long-term impact on how communities can support wellbeing, both individually and collectively.

**“The ‘permission to ask for and give help’ that COVID-19 provided offers some insights into how wellbeing can be supported within communities (and, for example, how the perceived stigma of failure that comes from having to seek support can be addressed)”.** (Lloyd-Jones & Holtom, 2021, p.37-38)

In a study of how citizenship was understood and performed by UK mutual aid groups, providing help on the basis of ‘trust’ and ‘universality’ was a strong theme – emphasising a lack of judgement about who may or may not need help and why. This was conceptualised around the idea of ‘human rights-based citizenship’ that says “everyone is entitled to help” (O’Dwyer et al., 2020).

## Community connections

Increasing connections between people from different social groups – creating ‘bridging capital’ – is widely recognised as important in growing social cohesion and community wellbeing (Putnam, 2000).

People's attitudes and perceptions about each other and their community identity before the crisis also are linked to prosocial behaviour during the pandemic. A study of just over 200 UK adults explored these relationships using an online survey at three time points: in November 2019, February, and May 2020. Stronger pre-crisis community identity and perceived neighbourly support predicts self-reported helping behaviour in the form of providing emotional support to others (Stevenson et al., 2020).

In the second half of 2020 and early 2021, The Together Initiative held “the UK's biggest-ever public conversation about what divides and unites us, and what could bring our society together in these difficult times” (/Together, 2021). The study engaged nearly 160,000 people through a combination of methods.<sup>5</sup> This was not intended to be a study of mutual aid or volunteering per se, but its timing and the nature of the study meant that it has revealed some useful insights about how informal volunteering has been experienced across the country.

Informal volunteering and “neighbourly acts of kindness” are reported to have brought people together in new ways, enabling people to **connect with each other**, often across ethnic and faith divides. In turn, this activity is reported as having **“fostered shared local identities and new local relationships”**.

While it was not the primary purpose of the report – and hence the analysis was not focused around this question – it is worth noting that some participants themselves noted that areas with stronger social capital and sense of ‘community’ seemed to have fared better in the pandemic. Separately, people also made the link to volunteering being an important mechanism for creating bonding and bridging capital; this suggests that people also **perceive a collective wellbeing benefit from local volunteering**.

Analysis of data from the NatCen Homes and Communities Study 2020 showed a similar pattern, with an indication that people who felt a stronger sense of social capital prior to the pandemic were more likely to offer informal support.

**“Those who have a sense of belonging to their neighbourhood are much more likely than those who don't to have helped others in various ways during lockdown: While almost a third (30%) of 50-69 year olds who have a sense of belonging to their neighbourhood provided**

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<sup>5</sup> The methods comprised: an open survey (c.79,000 responses July 2020 – January 2021); five nationally representative surveys (c.10,000 people across March, May, November, December 2020 and January 2021); 281 people in online discussion groups; 218 stakeholders who provided evidence or took part in online discussions; and c.65,500 people who took part in surveys and other research activities carried out by partners.

**help with shopping for neighbours during lockdown, this was the case for fewer than one in ten (7%) of those in this age group without that sense of belonging”.** (The Centre for Ageing Better, 2021, p.3)

The survey of NHS Volunteer Responders also revealed that almost half (49%) felt more connected to their neighbourhood since the Covid-19 outbreak, with some evidence that this is linked to their volunteering role: 41% of those who had not yet received a task felt more connected, rising to 46% of those who had completed one task, and 53% of those who had completed 10 or more (RVS, 2020).

A full analysis of the papers and research relating to the pandemic’s impact on social cohesion are beyond the scope of this review. It is worth noting, however, that one paper drawing on Understanding Society data from June 2020 found that levels of social cohesion declined during the first months of the pandemic, albeit with some caveats related to the nature of the pre-pandemic data (Borkowska & Laurence, 2020). The effects were not evenly felt, with people from Black and disadvantaged communities showing a more negative experience of change, compared to White people, and those in more affluent areas. Perhaps reflecting the upsurge in mutual aid and neighbourly support, the lowest level of decline was measured on the indicator of perceiving that neighbours are “willing to help one another”.

Nonetheless, a survey of mutual aid volunteers in June 2020, towards the end of the first lockdown, identifies some potentially positive impacts (Wein, 2020) for increasing social connections, and improved social cohesion. The report notes that “when it comes to income, age, and education, these mutual aid groups brought together many of the groups that have been divided in Britain’s recent political convulsions”.

55% of respondents either strongly or somewhat agreed that the pandemic had changed their view of society. Unfortunately, the research does not capture whether that change has been positive or negative. However, with 75% also saying that they feel “this is a time when great change is possible in our society”, it is to be hoped that for the majority, the shift is in a positive direction for community wellbeing.

Research in Wales revealed similar insights, with ‘building community networks’ an important outcome of the work of many place-based groups responding to the pandemic (Havers et al., 2021). The feedback from group coordinators reflects how new relationships have been built with the ambition for sustained change.

**“I made some quite deep connections with some of those families, especially elderly people that we were helping, and I help them now on a weekly basis not necessarily ... I don’t see myself as a volunteer**

**for that, I'm just doing it because they're now my friends, you know".**  
(PBG coordinator quoted in: Havers et al., 2021)

Analysis using data from the NatCen Homes and Communities Study 2020 also identified that feelings of 'connectedness' grew among UK adults during the first lockdown (The Centre for Ageing Better, 2021). In July 2020, the level of trust in neighbours was high (71%), over half (57%) reported a good level of contact with others in their local area, and around one-third know someone who would help if they were unable to go out.

**"Almost half (46%) of people said that they felt a greater sense of belonging to their neighbourhood/local area post-lockdown. This proportion increases with age – from 37% of 18-29 year olds to 60% of people aged 70 and over ... Two-thirds of people aged 50-59 (66%) said that they knew more people they can now count on to help out. This increases to 72% of people aged 60-69 and 84% of people aged 70 and over."** (The Centre for Ageing Better, 2021, p.1)

While on the surface this appears to be a positive indicator for community wellbeing, significant differences between those who are 'better off' and those who are 'struggling to get by' paint a more complex picture. One element of community wellbeing relates to the concepts of equality of opportunities and inclusion; yet among adults aged 50-69, those who are struggling to get by reported significantly lower levels of trust, connection, belonging, and access to help or support, than those who are better off.

## Collaboration

Another key dimension of community wellbeing is 'power', which relates to political voice and participation, and a collective sense of control and influence. Collaboration is an important part of community wellbeing and is one of the five ways of working under the Well-being of Future Generations Act. As such, the relationships between people, grassroots organisations, the formal voluntary and community sector, and local authorities can be fundamental in shaping how power is shared and experienced.

This was reflected in interviews with 29 mutual aid volunteers who "constructed their groups as existing within networks of pre-existing organisations and groups in the community ... The most important relationship ... was [with] the local council" (O'Dwyer et al., 2020).

In many places there have been more strategic efforts to adopt 'intersectoral', 'systemic' or 'holistic' approaches, bringing together different service providers to

tackle local needs in innovative partnerships that included third sector and/or volunteer-led groups, working more closely alongside public and private sector bodies. The flourishing of new, flexible, and more collaborative ways of working has been seen across the UK, such as in Merthyr Tydfil where housing associations and social businesses collaborated to meet essential needs in the first weeks of the pandemic (Coutts et al., 2021).

This kind of work, a key facilitator of volunteering, relies on ‘cogs of connection’ (Locality, 2020) or ‘interconnectors’ and ‘intermediaries’ (Goff, 2020). For example, Glasgow City Council facilitated efforts by local school and nursery pupils to send video messages to residential care homes for older people to help them feel less isolated (CCIN, 2020).

In Wales, research found that over time, the interactions between public sector and community sector developed, “drawing strength from their difference, with the benefits of community action often stemming directly from its separation from the state, and vice versa” (Havers et al., 2021).

The Building Communities Trust study of the community response to the pandemic revealed that, in most parts of Wales, collaboration between county-wide organisations (councils and county voluntary councils [CVCs]) and community groups was rated as good.

**“Community organisations have reported an atmosphere of trust and easy information sharing that hasn’t been there before in some areas. There has often been a very clear delineation of tasks and clarity of communication between the key organisations which has allowed grass roots bodies to get consistent information and provide key support when requested”. (BCT, 2020)**

Other research with informal community groups in Wales also highlights how even small grants, administered through a light-touch application process by councils or CVCs, could be a ‘game changer’, and that coordinators valued the trust and flexibility it afforded them to have local impact. Likewise, support with practical issues, such as developing GDPR and safeguarding policies, was hugely helpful to new groups (Havers et al., 2021).

Likewise, other research has noted that the pandemic has provided a genuine opportunity for people across both community and public sectors to develop leadership skills and experience, and highlighted the value of linking local assets, organisations, and people for collective benefit (Lloyd-Jones & Holtom, 2021).

Nonetheless, relationships between different actors in community life have by no means improved everywhere. It has been suggested that the charity sector and community groups ‘were not part of the solution’, particularly from the perspective of UK government, with criticism of the limited emergency funding made available to charities and existing community organisations (Morrison et al., 2021). This represents a potentially significant structural undermining of the social infrastructure that supports volunteering and community wellbeing.

Research by New Local also highlighted the “make or break power” that local governments have, and how the success of mutual aid was often shaped by the attitude and support of local authorities (Tiratelli & Kaye, 2020). Further, indifference or insistence that mutual aid and community groups adhere to rigid structures imposed by the local authority can undermine trust between public and community sectors.

In Wales, too, representatives of community organisations in a few counties felt that collaboration was poor and “councils made no attempt to work with existing community groups. This has led to a limited provision of minimal central support and a patchwork of isolated local work” (BCT, 2020). The same report also highlighted that tensions can arise when volunteers are out providing face-to-face support, while public sector and housing association employees are being protected.

Many community organisations in Wales are also frustrated at what they feel are unrealistic expectations about their ongoing role, particularly those who already provided a wide range of local services and opportunities before the pandemic.

**“What are you doing? What are you going to do next?” I thought, “Well hang on. We are already doing so much in this town. Do we now need to come up...?” I found myself a bit defensive about that.** (PBG coordinator quoted in: Havers et al., 2021).

Ultimately, it has been argued that:

**“The concept of mutualism, with its emphasis on horizontal relationships and two-way commitments between people, represents a radical divergence from both traditional public services and traditional volunteerism. In this sense, Mutual Aid groups have offered us a glimpse of something powerful and different”.** (Tiratelli & Kaye, 2020)

# Conclusion

This report shows the importance of volunteering to individual and community wellbeing during the pandemic and for a wellbeing-led recovery in Wales. We highlight the important role that volunteering has played – not only in supporting many people and communities, but in helping volunteers themselves to navigate the challenges of the pandemic.

The pandemic has dramatically shifted dynamics around giving and receiving help. Needing help with the basic necessities of life has often been stigmatised in the past, leading to reticence on the part of some to seek the support they need. The pandemic has exacerbated some vulnerabilities, but also created new ones and meant there has been change in who needs help and who is able to provide it.

The shift to more digital delivery of services has also shaped volunteering during the pandemic. It has enabled some people to volunteer for the first time, while excluding others.

In many ways, the upsurge of interest in volunteering has been positive for community wellbeing. It has created new connections within communities, and for many increased their sense of belonging to the local area. Mutual aid groups and new ways of working have also shifted relationships between the public, private, and third sectors, and the communities they work within. In some places there is potential for long-lasting change, which will lead to a strengthening of the way in which communities and volunteers can influence and act at a local level.

A crucial question, however, relates to the sustainability of such changes. Many new volunteers had a new surplus of time resulting from furlough, redundancy or lockdown, and it is yet unclear if and how these volunteers can be retained beyond the duration of the pandemic. There is also evidence of some disparities in the extent to which positive benefits have been experienced at the community level, and the extent to which inequalities have been exacerbated in some places requires further attention.

The evidence suggests that for those who were able to continue or start volunteering during the pandemic, the experience has been largely positive for individual wellbeing. While data on subjective wellbeing outcomes have been rarely captured during this time, there is a modest but consistent picture that demonstrates a positive impact for many volunteers in terms of their relationships and their purpose, identity and values.

Most compelling is the evidence on how volunteering during this time has had a positive impact on the mechanisms of change, which underpin the role of volunteering in shaping wellbeing. Recurring themes across the research speak to how people have welcomed the distraction and sense of purpose volunteering provides, and enjoyed making a difference and feeling appreciated. It is also common for people to reflect positively on making new connections.

Nonetheless, some volunteering experiences have had negative impacts for individual wellbeing. This appears to be particularly the case for those exposed to more traumatic situations: facing people in crisis at foodbanks or on their doorstep; speaking to people directly affected by Covid-19; or working in clinical and social care settings. These volunteers are more likely to report stress and anxiety, or to have experienced negative interactions with either beneficiaries or the wider public. Those who have been forced to stop volunteering, or switch to a mode they find less engaging or practical, also tend to have experienced negative wellbeing impacts.

It is important to note that these (potentially) negative impacts have often only emerged incidentally through research. There is a clear need for future research to explore a more holistic understanding of the impacts of volunteering during this time. It is important to ensure that there is not a cohort of volunteers who have been unintentionally left with longer-term negative wellbeing impacts, and to understand how best to re-engage and support those who have been unable to continue in a valued role.

Overall, the literature analysed in this report provides valuable insight into how volunteering has changed during the pandemic and the way in which it has affected both individual and community wellbeing. This report also provides important indications of where more research is needed to understand how best to sustain the positive benefits beyond the pandemic, mitigate potential negative unintended consequences for some, and capitalise on the upsurge in volunteering for the future wellbeing of Wales.

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# Annex 1: Definitions of wellbeing

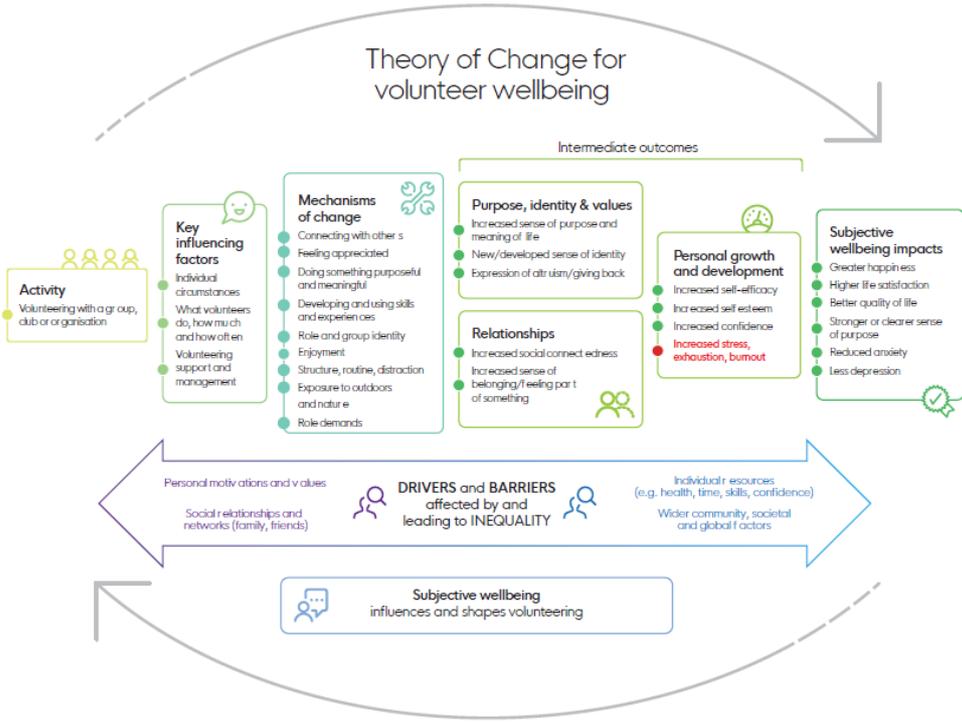
## Individual wellbeing

Key indicators of individual wellbeing used in this analysis are those adopted by Stuart et al. (2020) in their review of volunteering and wellbeing:

- Life satisfaction
- Happiness
- Quality of life
- Sense of purpose
- Sense of control
- Anxiety
- Depression
- Social connection and inclusion

This report also draws on the theory of change for volunteer wellbeing in Stuart et al, 2020 (see Figure 2). This gives a visual representation of how and why volunteering can result in changes in the subjective wellbeing of volunteers, identifying the ‘mechanisms of change’, and ‘intermediate outcomes’, that lead to wellbeing impacts.

**Figure 2: The theory of change for volunteer wellbeing**



## Community wellbeing

We used the wellbeing goals of the Well-being of Future Generations (Wales) Act 2015 as indicators of community wellbeing:

- **A prosperous Wales:** An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.
- **A resilient Wales:** A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).
- **A healthier Wales:** A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
- **A more equal Wales:** A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).
- **A Wales of cohesive communities:** Attractive, viable, safe and well-connected communities.
- **A Wales of vibrant culture and thriving Welsh language:** A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.
- **A globally responsible Wales:** A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

## Annex 2: Summary of papers

This annex provides an overview of the papers included in the review. The final column, “Covid period” provides an approximate indication of the pandemic period which research participants will have reflected in their responses. This has been determined from a combination of fieldwork dates and question formats where reported, but may not be exact. We have also assumed that if a study did not specifically place a time-frame around the research that participants could respond on the basis of their full experience since March 2020.

Authors	Paper name	Region	Methods	Sample size	Covid period
/Together	Our chance to reconnect: Final report from Talk/together	UK	Mixed	160,000	03/20-01/21
Abrams et al.	Community, Connection and Cohesion During COVID-19: Beyond Us and Them	UK	Quant	2,027	03/20-06/20
Alakeson & Brett	Local Heroes How to sustain community spirit beyond Covid-19	England	Case study synthesis	n/a	03/20-04/20
Avdoulos et al.	Navigating uncertainty and remaining resilient	England	Qual	27	03/20-08/20
Bazan et al.	Medical students as the volunteer workforce during the COVID-19	Poland	Quant	580	03/20-09/20

Authors	Paper name	Region	Methods	Sample size	Covid period
	pandemic: Polish experience				
BCT	Community Responses to Covid; what's been going on?	Wales	Qual	~70	03/20-06/20
Biddle & Gray	The experience of volunteers during the early stages of the COVID-19 pandemic.	Australia	Quant panel	~3,000	12/20-02/21
Borkowska & Laurence	Coming together or coming apart? Changes in social cohesion during the Covid-19 pandemic in England	UK	Quant panel	11,164	03/20-06/20
Cabiati, E	Social workers helping each other during the COVID-19 pandemic: Online mutual support groups	Italy	Qual	30	03/20-05/20
CFE research	Community Business Market Survey 2020: Impact of the Covid-19 pandemic.	England	Quant	449	03/20-06/20
Chatzi et al.	Changes in older people's experiences of	England	Quant panel	6,448	03/20-07/20

Authors	Paper name	Region	Methods	Sample size	Covid period
	providing care and of volunteering during the Covid-19 pandemic				
Chawłowska et al.	Student Volunteering as a Solution for Undergraduate Health Professions Education: Lessons From the COVID-19 Pandemic	Poland	Quant	158	03/20-06/20
Coles, G	Big Conversation 2020 results	UK & Eire	Quant	?	Late 2020
Coutts et al.	COVID-19 and Communities Listening Project: A Shared Response	UK	Case study	80	03/20-09/20
Curtin et al.	Solidarity in a time of crisis: The role of mutual aid in Covid-19	Scotland	Qual	39	03/20-10/20
DCMS	Community Life COVID-19 Re-contact Survey 2020: Main Report.	UK	Quant panel	2,812	03/20-07/20
Donahue et al.	Time Well Spent: Diversity and volunteering	GB	Mixed	n/a	Unknown

Authors	Paper name	Region	Methods	Sample size	Covid period
Evandrou et al.	Older and “staying at home” during lockdown: informal care receipt during the COVID-19 pandemic amongst people aged 70 and over in the UK.	UK	Quant panel	2,597	03/20-04/20
Fearn et al.	Befriending Older Adults in Nursing Homes: Volunteer Perceptions of Switching to Remote Befriending in the Covid-19 Era	Australia	Qual	18	03/20-06/20
Felici, M.	Social capital and the response to Covid-19	UK	Secondary data	n/a	03/20
Gallagher & Wetherell,	Risk of depression in family caregivers: unintended consequence of Covid-19	UK	Quant panel	7,527	03/20-05/20
Gilbert, B.	Examining the motivations and emotions linked to the formation of a voluntary sewing group formed in response to Covid-19	England	Mixed	99	03/20-04/20

Authors	Paper name	Region	Methods	Sample size	Covid period
Goff, C.	Neighbourhood working beyond the pandemic: how Covid-19 has shone a spotlight on the power of local approaches.	England	Qual	13	03/20-07/20
Grotz et al.	Pandemic policy making: the health and wellbeing effects of the cessation of volunteering on older adults during the COVID-19 pandemic	England	Mixed	n/a	Unknown
Havers et al.	The role of communities and the use of technology in mitigating loneliness during the Coronavirus pandemic	Wales	Qual	71	03/20-01/21
Hull et al.	Providing breastfeeding support during the COVID-19 pandemic: Concerns of mothers who contacted the Australian Breastfeeding Association	Australia	Qual	340	03/20-05/20

Authors	Paper name	Region	Methods	Sample size	Covid period
IVAR	Briefing-12: Complicated and messy. IVAR Covid Briefings, 12.	UK & Eire	Qual	43	03/20-10/20
Jones et al.	Apart but not Alone? A cross-sectional study of neighbour support in a major UK urban area during the COVID-19 lockdown	England	Quant	539	03/20-04/20
Levene & Dinneen	A letter to the editor: reflection on medical student volunteer role during the coronavirus pandemic	England	Ethnography reflection	2	04/20-05/20
Lloyd-Jones & Holton	A community response to Covid-19	Wales	Qual	51	03/20-04/20
Locality	We Were Built For This: How community organisations helped us through the coronavirus crisis- and how we can build a better future	England & Wales	Qual	~70	03/02-05/20

Authors	Paper name	Region	Methods	Sample size	Covid period
Mao et al.	Therapeutic alliance: How participation in Covid-19 mutual aid groups affects subjective wellbeing and how political identity moderates these effects.	UK	Qual	11	03/20-05/20
Mccabe et al.	Stronger than anyone thought	England	Qual	~300	03/20-09/20
Mccabe et al.	Stepping up and helping out: grassroots volunteering in response to COVID-19	England	Qual	Unknown	03/20-09/20
Mckendrick & Campbell	Local action in Scotland to tackle food insecurity during the coronavirus crisis.	Scotland	Quant	211	03/20-05/20
Nanavaty, J.	Volunteerism during COVID-19	USA	Ethnography reflection	1	03/20-04/20
Nichols et al.	Community Sports Clubs' response to covid-19, July 2020 to February 2021: resilience and innovation	England & Scotland	Case studies	12	03/20-02/21

<b>Authors</b>	<b>Paper name</b>	<b>Region</b>	<b>Methods</b>	<b>Sample size</b>	<b>Covid period</b>
NIHR	Volunteers in research programme	England	Quant	221	03/20-08/20
Nottingham Trent University et al.	Respond, recover, reset: the voluntary sector and COVID-19 (October 2020)	UK	Quant	697	08/20-09/20
Nottingham Trent University et al.	Respond, recover, reset: the voluntary sector and COVID-19 (November 2020)	UK	Quant	639	09/20-10/20
Nottingham Trent University et al.	Respond, recover, reset: the voluntary sector and COVID-19 (January 2021)	UK	Quant	384	10/20-11/20
Nottingham Trent University et al.	Respond, recover, reset: the voluntary sector and COVID-19 (February 2021)	UK	Quant	710	01/21
O'Dwyer et al.	Rehearsing post-Covid-19 citizenship: Social representations and social practices in UK mutual aid groups	UK	Quant	854	03/20-04/20
Office et al.	Reducing Social Isolation of Seniors during	USA	Qual	14	Unknown

Authors	Paper name	Region	Methods	Sample size	Covid period
	Covid-19 through Medical Student Telephone Contact				
Prior et al.	Challenges for NHS hospitals during covid-19 epidemic	England	Ethnography reflection	6	Unknown
RVS	Findings from volunteers participating in the NHS Volunteer Responder (NHSVR) Programme during Covid-19 - April to August 2020	England	Quant	12,048	04/20-08/20
Sin et al.	Helping Amid the Pandemic: Daily Affective and Social Implications of COVID-19-Related Prosocial Activities	USA & Canada	Quant	1,028	03/20-08/20
Stevenson et al.	Collectively Coping with Coronavirus: Local Community Identification Predicts Giving Support and Lockdown Adherence During	UK	Quant panel	~200	03/20-05/20

Authors	Paper name	Region	Methods	Sample size	Covid period
	the COVID-19 Pandemic				
Tamarit et al.	Psychological impact of COVID-19 pandemic in Spanish adolescents: risk and protective factors of emotional symptoms	Spain	Quant	523	05/20-07/20
The Centre for Ageing Better	Community spirit: Findings from the NatCen panel Homes and Communities Study 2020	England	Quant panel	3,390	03/20-07/20
Tiratelli & Kaye	Communities Vs. Coronavirus: The Rise of Mutual Aid	UK	Qual	Unknown	03/20-06/20
Urban Foundry	Swansea Council for Voluntary Service: Evaluation of the Covid-19 response - March-July 2020	Wales	Case study	1	03/20-07/20
Walls, F	The future of youth volunteering in Wales	Wales	Case study/ Mixed methods	n/a	03/20-06/20
Wan Mak & Fancourt	Predictors of engaging in voluntary work during the Covid-	UK	Quant panel	31,890	03/20-04/20

<b>Authors</b>	<b>Paper name</b>	<b>Region</b>	<b>Methods</b>	<b>Sample size</b>	<b>Covid period</b>
	19 pandemic: analyses of data from 31,890 adults in the UK				
Wein, T.	New Solidarity: How mutual aid might change Britain	UK	Quant	~200	03/20- 05/20
Woolliscroft, T.	Sheffield Community Contact Tracing (SCCT)Evaluation Report (Phase 1)	England	Qual	6	03/20

# Annex 3: Methodology

This rapid summary of the evidence is based on a literature search undertaken in the week commencing 22 February 2021, and an associated Call for Evidence which was live between 17 February and 10 March 2021. The Call for Evidence was promoted online and circulated through the networks of the Wales Centre for Public Policy, WCVA, and The Young Foundation.

## The search approach

The literature search duplicated that of the Rapid Evidence Assessment undertaken for the What Works Centre for Wellbeing in 2020: The Impacts of Volunteering on the Subjective Wellbeing of Volunteers (Stuart et al., 2020) but with two additions (highlighted below in italics) to reflect terms that have increased in common usage during the pandemic.

The search was restricted to papers published in 2020 and 2021, in English.

### Primary search string:

volunteer\* OR voluntarism OR “voluntary action” OR “volunt\* work” OR “social action” OR “civic service” OR “unpaid help” OR “community help” OR *“mutual aid”* AND wellbeing OR well-being OR “well being” OR happ\* OR unhapp\* OR “life satis\*” OR “quality of life” OR “purpose in life” OR autonomy OR depress\* OR anxiety

### Secondary search string

volunteer\* OR voluntarism OR “voluntary action” OR “volunt\* work” OR “social action” OR “civic service” OR “unpaid help” OR “community help” OR *“mutual aid”* AND “social connect\*” OR network\* OR belong\* OR “sense of community” OR trust\* OR exclu\* OR isolat\* OR empath\* OR confiden\* OR “self-esteem” OR “self-efficacy” OR mindset OR resilien\* OR anger OR tension OR stress OR pressure OR burnout OR identit\* OR empower\* OR worthwhile\* AND outcome\* OR impact\* OR benefit\* OR *resilien\**

## Sources

The following databases were searched: Scopus, Web of Science, and PsychInfo and several pre-print repositories. The following journals were also manually searched:

**Voluntary and community sector journals:** Voluntas, Non-profit management and leadership, Voluntaristics Review, NVSQ, International Journal of Non profit and Voluntary Sector Marketing, Voluntary Sector Review, Journal of Community Practice, Work, Employment and Society, Journal of Civil Society, Journal of Sociology and Social Welfare, Social Indicators Research, Sociological Perspectives, European Sociological Review and Social Forces.

**Wellbeing journals:** International Journal of Qualitative Studies on Health and Well-being, International Journal of Well-being, Journal of Happiness Studies, Applied Research in Quality of Life, Psychological bulletin and Journal of Health and Social Behaviour.

**Other:** Journal of Ageing Studies, Disability and Society, Journal of Youth Studies, Gender and Society.

In addition, we used the following sources to identify other relevant academic or grey literature:

- Google and Google Scholar
- A secondary review of evidence already gathered by The Young Foundation as part of projects relating to the impact of the pandemic on volunteering and on community life (funded by DCMS, the Wellcome Trust, and the British Academy).
- The Call for Evidence
- The publications and project pages of major longitudinal studies relating to Covid-19: The Community Life Covid-19 recontact; Understanding Society; ONS Opinions and Lifestyle; ELSA Covid19 Study; Covid19 Social Study; NCMH Covid19 Study; The RAMP Study

The research team then undertook an initial title and abstract screening. Studies were excluded if they were based on volunteering outside Europe, North America, Australia, and New Zealand. These countries were selected as having a broadly analogous socio-economic and cultural context for volunteering activity. Short-listed papers were then subjected to full paper review, before inclusion or exclusion.

## Author details

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**Jo Stuart** was expert advisor on this project.

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