

# Volunteering and helping out in the COVID-19 outbreak

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in partnership with:

**NatCen**  
Social Research that works for society

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The fact that many of us are living longer is a great achievement. But unless radical action is taken by government, business and others in society, millions of us risk missing out on enjoying those extra years.

At the Centre for Ageing Better we want everyone to enjoy later life. We create change in policy and practice informed by evidence and work with partners across England to improve employment, housing, health and communities.

We are a charitable foundation, funded by The National Lottery Community Fund, and part of the government's What Works Network.

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# Executive summary

**High levels of informal ‘helping out’ were seen at the start of the COVID-19 outbreak in England. This appears to have been a general response to the emergency with most people both giving and receiving help in the first lockdown. By the end of the second lockdown however, informal helping out appears to have become a support channel specifically for vulnerable groups.**

- Mutual helping out relationships were very common in the first lockdown, when people were extremely likely to both give and receive assistance to and from their friends, family and local communities. By the end of the second lockdown, people were less likely to be part of a mutual helping out group, with a decrease in the number of people who both gave and received help (to or from family, friends and their local communities) and an increase in people who gave but did not receive, forms of help.
- In the second lockdown, help was directed at more vulnerable groups. The groups that were more likely to have received uninterrupted informal help during the pandemic were people above the age of 70, single-person households, people facing financial hardship and those with long-term health conditions and disabilities which affected their day-to-day activities.

**Patterns of formal volunteering during the pandemic largely mirror trends found in earlier pre-pandemic studies. The only exception found in this study was a higher level of formal volunteering reported by people from a Black, Asian and minority ethnic (BAME) community.**

- The likelihood of taking part in formal volunteering increased with age, with people below the age of 50 being the least likely to have volunteered.
- Among people below the age of 50, those from a BAME background were more likely to have been involved in formal volunteering than those from a White background.
- Across all age groups, people in a favourable financial situation were more likely to have been involved in formal volunteering.

**People involved in formal volunteering either before or during the pandemic were also particularly likely to offer informal assistance during the outbreak and to be part of mutual helping out networks.**

- People who did not volunteer during the COVID-19 outbreak were more likely than those who took part in formal volunteering, to receive help (with or without giving help themselves).



- People who offered informal assistance to their friends, family and local communities were also more likely to have started new formal volunteering during the outbreak.
- People offering informal assistance were also the group most likely to have stopped any formal volunteering that they had started before the outbreak of COVID-19. This suggests that many people who were unable to continue with formal volunteering in the pandemic kept offering assistance to others through informal helping out channels at this time.

# Introduction

The COVID-19 outbreak, and the restrictions introduced to contain and slow the spread of the virus across the country forced individuals and society to abruptly change how they lived and worked, almost overnight. Some of the most affected areas of life were people's social relations and contact with others, due to the strict measures that were introduced to limit in-person interaction between people from different households.

Traditional networks and pathways for offering and receiving both practical help and emotional support were hugely impacted by these restrictions. Formal volunteering (assistance offered through structured organisations providing support and services at no financial cost) had to deal with significant practical limitations on how they delivered assistance to those in need. These changes often led many organisations to either suspend or reduce their efforts at the onset of the pandemic.

In this context, informal assistance became more important after the outbreak of COVID-19. For many people, it was the only form of assistance available to them at a time of heightened need. This emotional or practical support from friends, family or neighbours included activities such as chatting over the phone, helping out with shopping, getting medicines or collecting items from food banks.

This report aims to understand the patterns of formal volunteering and informal support that emerged in, and between, July 2020 and November 2020. The data used in this report was collected in two survey waves of the NatCen Opinion Panel, using a probability-based sample recruited from people who had previously responded to the British Social Attitudes survey. The first wave of data was collected between 2 July and 26 July 2020. This fieldwork period coincided with the gradual easing of many restrictions after the first national lockdown<sup>1</sup> but the survey primarily asked people questions about their experiences during the first national lockdown (which started on 26 March 2020). Fieldwork for the second wave of the study ran from 19 November to 20 December. Therefore, most of the data for this wave was collected during the second national lockdown (imposed on 5 November). Of note, however, some respondents completed the second survey after the national lockdown was replaced with the 'three-tier' system on 2 December; this matched stricter restrictions to areas where the outbreak was worse (see Haddon, Sasse and Tetlow, 2021).

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1 Schools re-opened for all pupils in key academic years on 1 June and non-essential shops opened on 15 June before social restrictions were eased on 23 June. Additional services, including pubs, restaurants and hairdressers, were allowed to operate from 4 July 2020.

The first chapter of this report focuses on informal assistance or ‘helping out’. The initial section of this chapter sets out four helping out groups, based on the help that people responding to the survey offered or received during the COVID-19 outbreak. It then investigates differences in giving and receiving informal assistance between July and November 2020, and how this relates to study participants’ individual characteristics. The chapter then explores if and how helping out is related to access to the internet. Finally, it investigates differences in the quality of life and wellbeing of those people who gave or received help during the outbreak.

The second chapter looks at formal volunteering during the COVID-19 outbreak, focusing on people who continued, started or stopped their volunteering activities during this time. It also investigates the attitudes of people in the study towards volunteering and the barriers they met that prevented them from being involved in more formal volunteering activities. It then looks at the relationship between helping out and formal volunteering during the outbreak, by exploring whether patterns of informal assistance given or received were associated with participants’ involvement in formal volunteering before and during the pandemic.

All the findings discussed in this report are statistically significant to a p-value threshold of 0.05. That is to say, statistical analysis suggests that there is less than a 5% likelihood that the relationships found in the data only occurred by chance. Occasionally, non-significant findings are presented in the report to illustrate general trends in the data; in any such case, it will be made clear that this finding is not statistically significant within this report.

One of the central considerations of this report is age. This is used on its own in studying community connectedness, but also in combination with other demographic characteristics to explore if and how the relationship between such factors and community connectedness differs by age. We restricted the age analysis to three broad groups (under 50 years old, 50 to 69 years old and 70 years old or above) to ensure a large sample size is available for robust analysis in the subgroups of interest.

# 1 Helping out during the COVID-19 outbreak

This chapter explores the idea of informal assistance, or helping out, in July 2020 and November 2020, and how it changed over this time period. Informal assistance (unpaid support from friends, family and neighbours) was particularly important during this time as many formal volunteering organisations were struggling to continue with their usual activities. This was certainly true at the beginning of the outbreak, as social distancing restrictions were introduced abruptly and gave existing formal channels of support little time to adjust.

We categorised study participants into helping out groups for this analysis, based on what we learnt about whether people had offered or received help during the COVID-19 outbreak. Information about helping out was collected in both the first and the second national lockdowns. People responding to the survey were asked if they had given or received help in a variety of ways. Questions were asked about help given to or received from family, friends, neighbours and volunteers, as well as that received and offered through foodbanks or religious organisations. Activities that were asked about included practical tasks (such as shopping, obtaining medicines or going to food banks), and emotional help (such as contacting others by telephone).

Answers given to these questions were combined to create four groups of participants in the pandemic. These four helping out groups were:

- People who both gave and received informal help during the COVID-19 outbreak.
- People who received, but did not give, informal help during the COVID-19 outbreak.
- People who gave, but did not receive, informal help during the COVID-19 outbreak.
- People who did not give and did not receive any form of informal help during the COVID-19 outbreak.

The analysis carried out in this chapter suggests two overarching conclusions about informal assistance over the course of the outbreak. First, informal assistance seemed to have developed as an emergency response across society during the first lockdown when levels of giving and receiving help were at their highest. However, levels of informal assistance received by participants fell in the second lockdown. This may suggest that people

learned how to cope and adjust after the initial shock of the outbreak, meaning that less informal assistance was required by November 2020.

Nonetheless, the reduction in informal help received in November 2020 was not found across all groups of participants. In fact, during the second national lockdown, informal assistance was directed towards the most vulnerable groups, with people who were better off being less likely to receive help in November 2020 than they had been four months earlier.

## 1.1 Helping out groups during the outbreak

The proportion of people in each of the four helping out groups outlined above was very different at the end of the first national lockdown (July 2020) compared to during the second national lockdown (November 2020). In particular, there was a significant drop in the number of people who both received and gave help, and in those who received but did not offer help. Conversely, the proportion of people who gave but did not receive help more than doubled, while the proportion who neither gave nor received help also increased, but to a much smaller extent. These trends suggest that fewer people were on the receiving end of informal help in November 2020 compared to July 2020. However, a larger number of people still assisted their family, friends or people in the local area in the second lockdown, many of whom received no informal support themselves.

Changes in helping out activities do not appear to be related to study participants' age as similar trends were seen for all age groups (Table 1). Nonetheless, at both time points, older people were much more likely than younger people to both give and receive help and were much less likely to give, but not receive help. This was still true even in November 2020, when the proportion of people above the age of 70 who gave but did not receive help was six times higher than in July 2020 – this is the highest increase across all the age groups.

**Table 1: Membership of helping out groups by age group, July and November 2020**

	All 18+		Below 50		50 to 69		70 and above	
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov
	%	%	%	%	%	%	%	%
Both received and gave help	56	34*	54	28*	47	31*	72	57*
Received, but did not give, help	12	5*	10	3*	12	4*	22	13*
Gave, but did not receive, help	20	45*	22	49*	28	52*	4	24*
Did not give and did not receive any help	12	16*	14	20*	13	14	2	6*
<b>Net: Gave help</b>	76	80*	76	77	75	83*	76	81*
<b>Net: Received help</b>	68	39*	64	31*	59	34*	94	70*
Unweighted count	3,375	3,277	881	809	1,999	1,972	490	493

\* Statistically significant change vs previous wave

NatCen Opinion Panel Jul-2020 and Nov-2020. Base: population of England aged 18+

To gain a better understanding of changes in behaviour across these helping out groups over the course of the pandemic, we examined individual changes in giving and receiving help between May and November 2020. This analysis is presented in the next section.

## 1.2 Changes in giving and receiving help during the COVID-19 outbreak

The outline above focuses on membership of the helping out groups over the two time periods, and changes between the end of the first national lockdown (July 2020) and the second national lockdown (November 2020). This section builds on these findings by looking in more detail at factors that were associated with changes in giving or receiving informal help between the first and second national lockdowns.

To do this, we looked at whether a participant received help in both July and November 2020, received help only in July (and not in November 2020), received help only in November (and not in July) or did not receive help at either time. We also recorded whether a participant offered informal assistance at any of these time points (in both July and November, in July only, in November only or in neither period).

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## 1.2.1 Age

### Help received

The likelihood of having received informal help in both lockdowns increased with age; 70% of participants aged 70 or over, 28% of those age 50-69 and 25% of participants under 50 reported receiving help in both July and November 2020 (Figure 1). Participants aged 70 and above were also the least likely to have received no help in either July or November (5%, compared to 35% of those aged 50-69 and 30% of those below 50 years old).

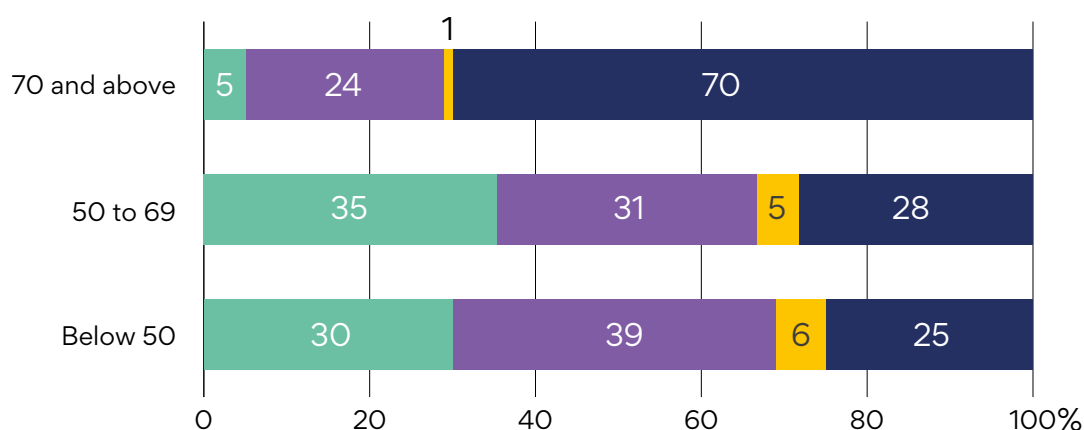
In contrast, adults below the age of 50 were the most likely to have received help only in the first lockdown (39% of those under 50, compared to 31% of those aged 50-69 and 24% of those aged 70 and above). The decline in help received among younger participants during the second lockdown might be connected with the disproportionate economic impact the pandemic had on younger groups, most of which was experienced in the early stages of the pandemic (Belot et al, 2021). Older people were less likely to be in employment at the start of the pandemic, so they tended to suffer less disruption to their income than people reliant on earnings from work, (Smith and Taylor, 2021), particularly if they worked in industries and services shut down by the pandemic.

The ongoing assistance received by people in later life may be due to the fact that older people required support even before the pandemic. However, they also likely reflect the increased need for shielding amongst this group. Older people, along with other clinically vulnerable people, were asked to follow stricter restrictions on their behaviour to protect themselves from the greater health risk they faced from COVID-19 infections<sup>2</sup>. This may have led to a greater need for ongoing practical assistance and emotional support throughout both lockdowns.

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2 ELSA COVID-19 sub-study data suggest that 16.8% of people above the age of 50 in England were contacted by the NHS and invited to stay at home all times because considered at high risk of severe consequences from COVID-19. 85.6% of the people in high-risk group and 72.3% of the average-risk group either shielded or stayed at home during the first lockdown (Steptoe A., Steel N. (2020), The experience of older people instructed to shield or self-isolate during the COVID-19 pandemic, September 2020. Available at: <https://www.elsa-project.ac.uk/covid-19-reports>).

Figure 1: Patterns of help received in July and November 2020, by age group



- Did not receive help in either July or November
- Received help in July but not in November
- Did not receive help in July but did in November
- Received help in both July and November

NatCen Opinion Panel Longitudinal data Jul-2020/Nov-2020. Base: population of England aged 18+. Unweighted count: Below 50, 746; 50 to 69, 1,868; 70 and above, 430.

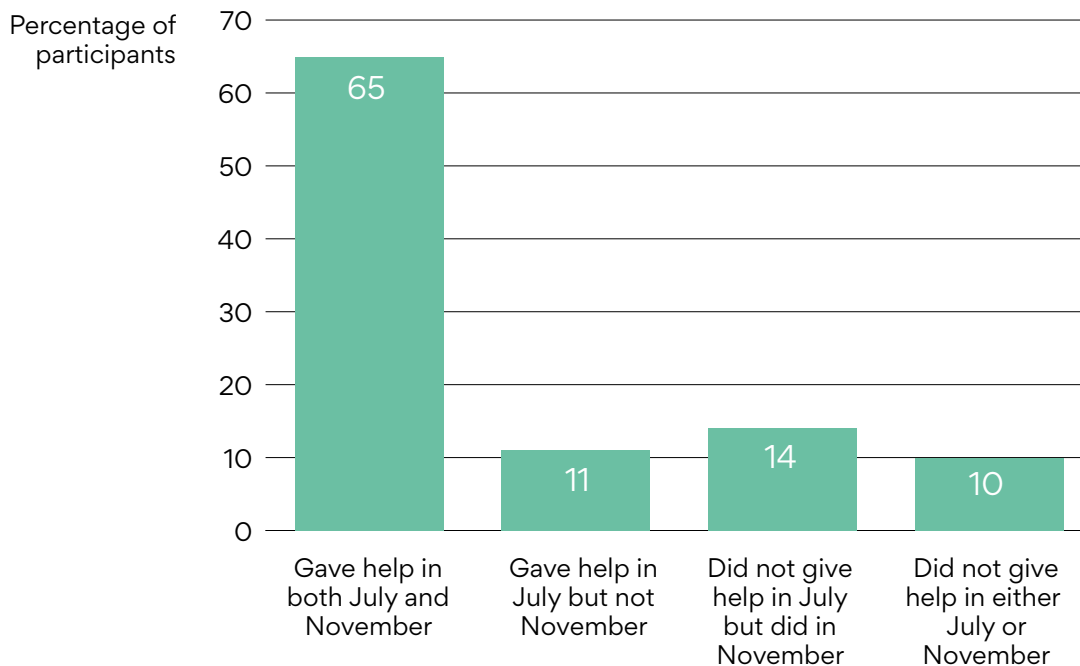
### Help given

High levels of helping out were reported in both lockdowns (Figure 2). The majority of participants (65%) gave help in both July and November with much smaller proportions (from 10% to 14%) giving help at just one of those times or not at all. Where people helped out in just one time period, it was more likely to be November than July. This did not vary between age groups.

This supports the findings outlined in section 1.1, which highlighted the increase in the proportion of people who gave help, but did not receive it, between the first and second lockdowns. It suggests that the changes in the composition of helping out groups – which was noticeable across all age groups – were driven primarily by changes in the amount of help people received, and not changes in the amount of help they reported giving.



**Figure 2: Patterns of help given in July and November 2020**



NatCen Opinion Panel Longitudinal data Jul-2020/Nov-2020. Base: population of England aged 18+. Unweighted count 3,044.

### 1.2.2 Ethnicity

Participants from a White background were more likely than those from a Black, Asian or Minority Ethnic (BAME) background to have given no informal help in July but to have helped out in November (15% compared to 8%). This relationship did not vary by age.

One of the possible explanations for this trend might be the return to face-to-face jobs for BAME groups as the economy gradually reopened towards the end of 2020, as well as the higher prevalence of burnout and bereavement experienced by people in some BAME groups (Bergen and Wilkinson, 2021), due to a higher rate of COVID-19 morbidity and mortality (Morales and Ali, 2021).

No other significant differences were seen when comparing changes in giving or receiving help between people from White and BAME backgrounds, even when age was added to this analysis.

### 1.2.3 Financial situation

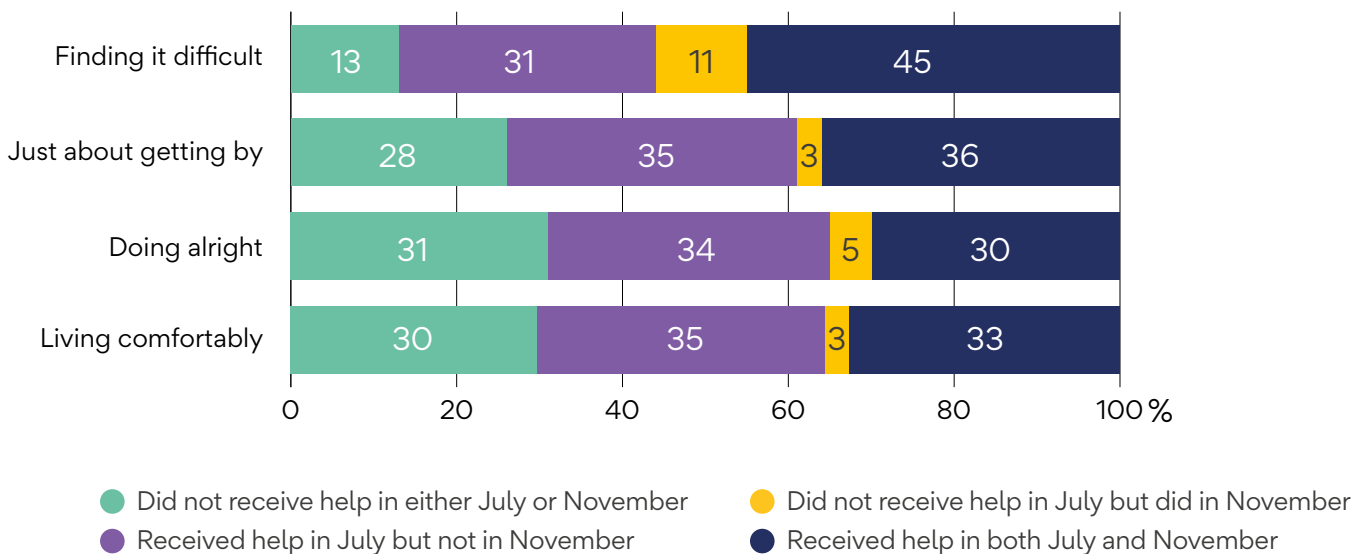
#### Help received

Study participants who found it difficult to make ends meet were more likely to have received some form of assistance during both the first and second national lockdown (45% compared to 36% of those just about getting by, 30% of people who were doing alright and 33% who were living comfortably) (Figure 3). They were also less likely to have received no help at all: only 13% of respondents who were finding it difficult reported receiving no help in either wave of the study, compared to 26% of those just about getting by, 31% of those doing alright and 30% of those living comfortably.

Interestingly, people in a more difficult financial situation were also more likely to have received help only during the second national lockdown in November 2020 (11% of people finding it difficult compared to between 3% and 5% of those in a more comfortable financial situation). These findings suggest that informal assistance was effective in providing a network of support for people who were in greater economic need. This was not only seen after the initial onset of the COVID-19 pandemic but appeared consistent throughout 2020. This could suggest that these respondents had experienced a deterioration of their economic situation between July and November 2020 or that they had exhausted any potential savings or financial safety nets by the time of the second lockdown.

There was no evidence to suggest that the relationship between people’s financial situation and changes in the help they received differed between age groups.

**Figure 3: Patterns of help received in July and November 2020, by financial situation**



NatCen Opinion Panel Longitudinal data Jul-2020/Nov-2020. Base: population of England aged 18+. Unweighted count: Living comfortably, 770; Doing alright, 1,273; Just about getting by, 701; Finding it difficult 303.

## Help given

The financial situation of study participants was not associated with changes in help given in July and November 2020. The likelihood of offering help did not change when age was added to the analysis of financial situation either.

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### 1.2.4 Health conditions

#### Help received

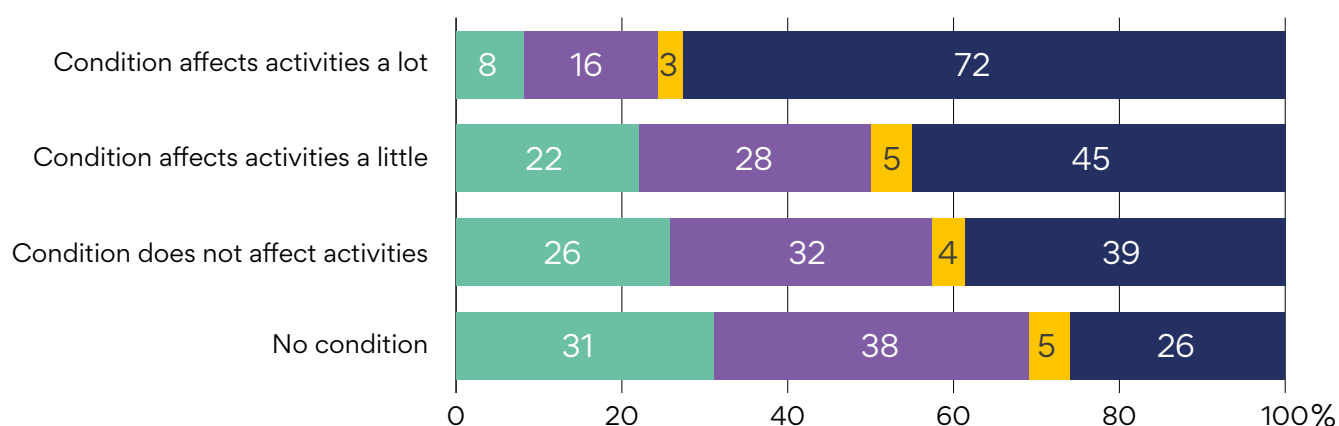
When looking at the impact of long-term health conditions on day-to-day activities, we once again see that more vulnerable groups were more likely to have consistently received help in both national lockdowns (Figure 4). The likelihood of receiving help in both July and November was higher for those with a long-term condition or illness than for those without. And among those with a long-term condition or illness, it increased with the extent to which that condition or illness limited day-to-day activities. A majority of people whose conditions limited their day-to-day activities a lot (72%) received help in both lockdowns, compared to 45% of people with a health condition that affected them a little, 39% with a health condition with no effects and 26% of those who did not have a long-term illness or condition at all.

People with health conditions that limited their daily activities a lot were also the least likely to have received no assistance in either July or November 2020 (8%). This proportion was more than twice as high among people with a health condition that limited their activities a little (22%), one that did not limit their activities at all (26%) or among people with no health condition (31%).

People with no long-term health conditions were the most likely to have lost or given up informal assistance between the first and second lockdowns. Specifically, 38% of people without a long-term condition received informal help only in the first lockdown, and this proportion was significantly lower among people with a long-term health condition (between 16% and 32%, depending on the extent to which the condition limited their daily life).

These patterns of receiving help did not vary significantly by age. This suggests that for all age groups, the reduction in the number of people receiving help between the two national lockdowns was found mostly among people who did not have any long-term illness or condition.

**Figure 4: Patterns of help received in July and November 2020, by long-term health condition**



- Did not receive help in either July or November
- Received help in July but not in November
- Did not receive help in July but did in November
- Received help in both July and November

NatCen Opinion Panel Longitudinal data Jul-2020/Nov-2020. Base: population of England aged 18+. Unweighted count: No long-term conditions or illnesses, 1,926; long-term conditions or illnesses do not affect day-to-day activities, 351; long-term conditions or illnesses affect day-to-day activities a little, 521; long-term conditions affect day-to-day activities a lot, 248.

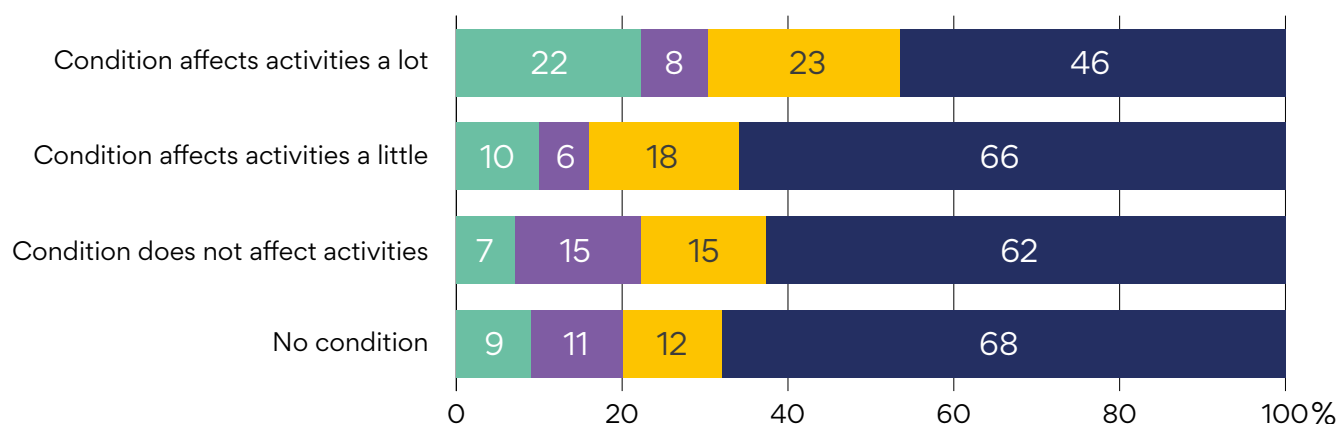
### Help given

People with a health condition limiting their day-to-day activities a lot were the only group in which only a minority of participants said they had offered informal help in both July and November 2020 (46% compared to 62% or higher in the other groups) (Figure 5). They were also more than twice as likely to have given no informal help in either lockdown compared to all other groups (22% compared to 10% or less).

Study participants without a long-term condition (11%) or those with one which does not affect day-to-day activities (15%) were more likely to have given help only during the first lockdown than other groups (6% to 8%). Conversely, 23% of people with a condition that limited their activities a lot offered help in the second but not in the first lockdown, more than in any other health group (between 12% and 18%).

Once again, these relationships between having a long-term health condition and changes in helping out in the two national lockdowns did not differ significantly by age.

**Figure 5: Help offered in July and November 2020, by long term health condition**



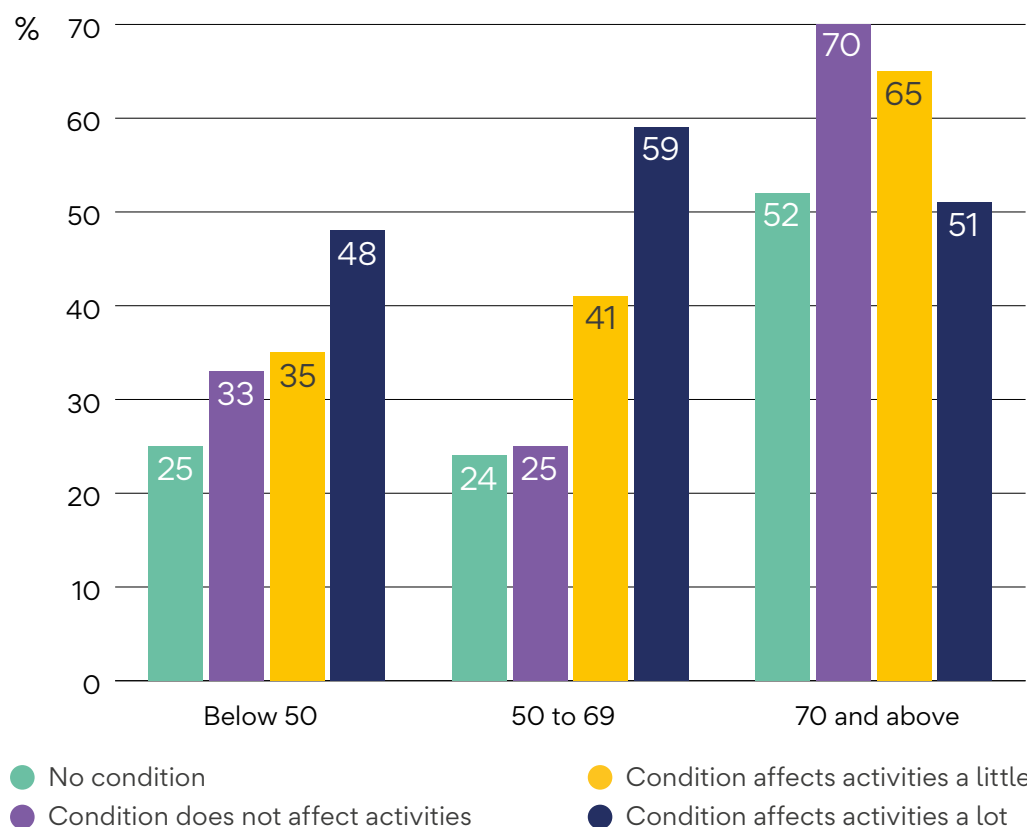
- Did not give help in either July or November
- Gave help in July but not in November
- Did not give help in July but did in November
- Gave help in both July and November

NatCen Opinion Panel Longitudinal data Jul-2020/Nov-2020. Base: population of England aged 18+. Unweighted count: No long-term conditions or illnesses, 1,922; long-term conditions or illnesses do not affect day-to-day activities, 353; long-term conditions or illnesses affect day-to-day activities a little, 519; long-term conditions affect day-to-day activities a lot, 248.

This data suggests that people with a long-term health condition were more likely than those with no health condition to start giving informal assistance as the pandemic progressed. As they were also more likely to receive informal help throughout lockdown, it indicates how people with long-term health conditions were also more likely to become part of mutual helping out groups in the second lockdown. Specifically, 53% of people with health conditions limiting their day-to-day activities a lot were both giving and receiving help in November 2020, compared to 45% of people with a condition that limited them a little, 40% with a non-limiting condition and 28% of those without any long-term health condition.

This relationship did vary by age (Figure 6). Study participants aged between 50 and 70 years old who had a long-term condition limiting their day-to-day activities a lot were more likely than both older or younger study participants with such a condition to both give and receive help; 59% of participants with a very limiting health condition aged 50-70 years old were in mutual support relationships, compared to 51% of those aged 70 or above and 48% aged below 50.

**Figure 6: Proportion of participants both receiving and giving informal assistance in November 2020 within each age group, by effect of long-term health condition.**



NatCen Opinion Panel November 2020. Base: population of England aged 18+. Unweighted count: Below 50, 809 (No long-term conditions or illnesses, 606; long-term conditions or illnesses do not affect day-to-day activities, 71; long-term conditions or illnesses affect day-to-day activities a little, 82; long-term conditions affect day-to-day activities a lot, 50). 50-69, 1,972 (No long-term conditions or illnesses, 1,209; long-term conditions or illnesses do not affect day-to-day activities, 66; long-term conditions or illnesses affect day-to-day activities a little, 125; long-term conditions affect day-to-day activities a lot, 178). 70 and above, 493 (No long-term conditions or illnesses, 252; long-term conditions or illnesses do not affect day-to-day activities, 66; long-term conditions or illnesses affect day-to-day activities a little, 125; long-term conditions affect day-to-day activities a lot, 49).

## 1.2.5 Household composition

### Help received

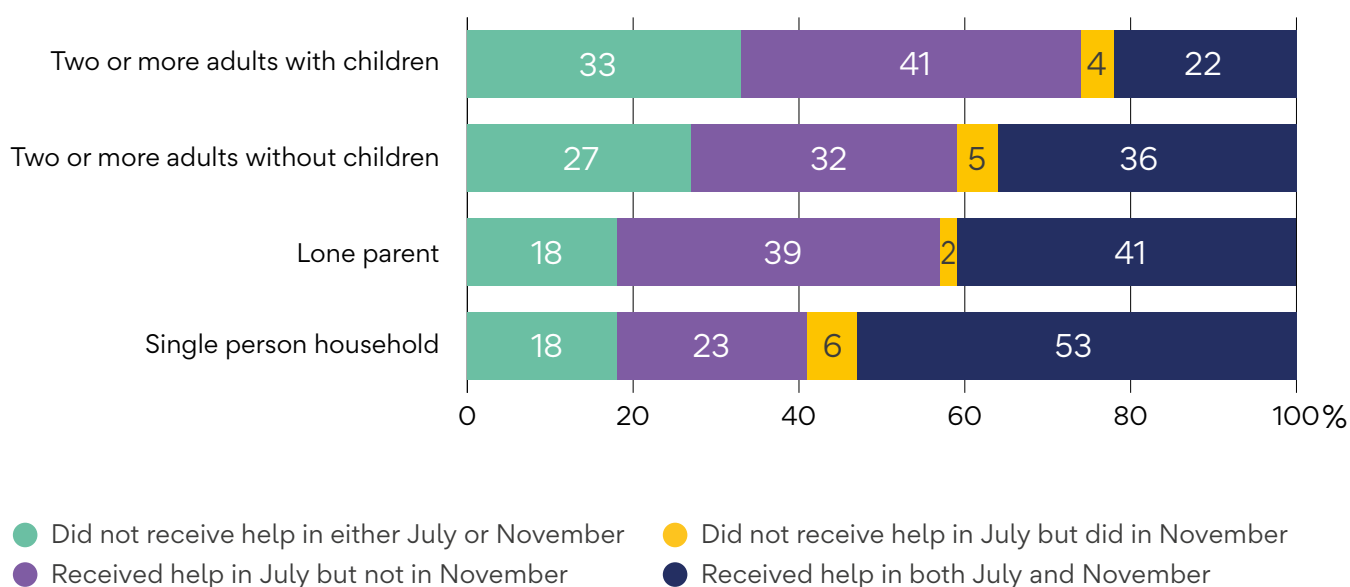
The make-up of the household in which participants taking part in the study lived was also associated with the likelihood of receiving informal assistance in the COVID-19 outbreak, though none of these relationships varied by age. Across all age groups, households with more adults were the most likely to have received no help in either of the national lockdowns; 33% of households with two or more adults with children and 27% of households

with two or more adults without children reported receiving no help in either July 2020 or November 2020, compared to 18% of lone parent households and 18% of single person households (Figure 7).

Conversely, adult households with only one adult resident were more likely to have received help in both July and November 2020 (53% of single person households and 41% of lone parent households compared to 36% of households with two or more adults with no children and 22% of households with two or more adults with children). These findings may reflect the fact that people in households with multiple adult residents can rely on each other for emotional, practical and financial support and are therefore less likely to reach out for help beyond their household.

Furthermore, households with children were more likely than those without to have received help during the first lockdown but not in the second lockdown (41% of households with two or more adults with children and 39% of lone parent households, compared to 32% of households with two or more adults without children and 23% of single person households). This may be because physical schooling was only available to a small minority of pupils (including vulnerable children and the children of key workers) during the first national lockdown. However, from the start of the academic year in September 2020, schools re-opened more fully, and levels of home-schooling decreased which potentially relieved some of the burden, and therefore need for assistance, among households with children.

**Figure 7: Patterns of help received in July and November 2020 by household composition**



NatCen Opinion Panel Longitudinal data Jul-2020/Nov-2020. Base: population of England aged 18+. Unweighted count: Single person household, 778; Lone parent, 114; Two or more adults without children, 1,545; Two or more adults with children 602.

## Help given

Changes in giving informal help during the two national lockdowns also did not differ between participants according to their household composition.

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### 1.2.6 Population turnover

To investigate if contextual factors were associated with changes in helping out between July and November 2020, a way to measure of population turnover in the local area was created and used in this analysis (see appendix). However, there was no evidence of a significant relationship between population turnover in the area in which someone lived and changes in the informal help that they offered or received between July and November 2020.

## 1.3 The relationship between digital exclusion and helping out during the outbreak

This section looks at the relationship between internet usage and helping out during the COVID-19 outbreak. It first investigates changes in giving or receiving help in the two national lockdowns by frequency of internet use to explore whether any changes in these behaviours are associated with people's internet usage. It then uses the helping out groups outlined at the start of this report to investigate whether frequency of internet access and attitudes towards online activities differed between people in different groups.

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### 1.3.1 Internet use and changes in giving and receiving help during the COVID-19 outbreak

#### Help received

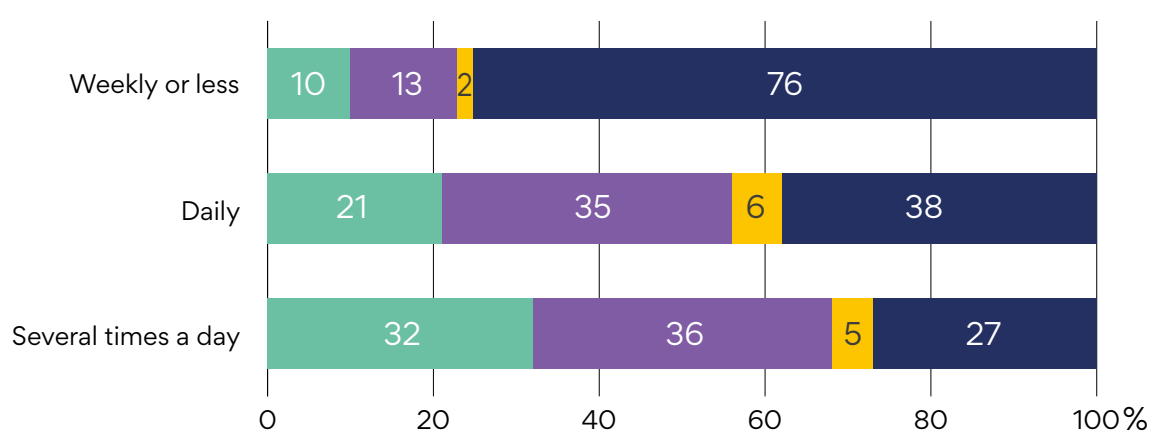
Study participants who used the internet the least frequently (once a week or less) were the most likely to have received help in both lockdowns (Figure 8). In fact, around three quarters of this group (76%) reported receiving help in both July and November 2020, compared to only 38% of participants who used the internet every day and 27% who used it several times a day. In addition, the likelihood of not receiving help in either July and November was higher among those who used the internet more frequently (32% of participants who used the internet several times a day, 21% of those who used it daily and 10% of those who used it weekly or less received no help in either lockdown).



These findings suggest that people who were more digitally excluded (as measured by their frequency of internet usage) received the most consistent support between July and November 2020. Indeed, 22% of those who received help in both lockdowns reported using the internet weekly or less frequently, compared to 4% of those who received help in only the first or in the second lockdown or did not receive help at all.

These relationships do not differ by age, suggesting that the association between internet usage and receiving help was consistent across age groups.

**Figure 8: Patterns of help received in July and November 2020, by frequency of internet use**



- Did not receive help in either July or November
- Received help in July but not in November
- Did not receive help in July but did in November
- Received help in both July and November

NatCen Opinion Panel Longitudinal data Jul-2020/Nov-2020. Base: population of England aged 18+. Unweighted count: Several times a day, 2,091; Daily, 745; Weekly or less, 210.

As described earlier, the overall number of people receiving help decreased between July and November 2020. However, older study participants and those with a long-term health condition were the most likely to have received help in both lockdowns. As people in later life and those with severe health conditions are less likely to use the internet often, it is perhaps unsurprising that it was less frequent internet users who were more likely to have received help in both lockdowns.

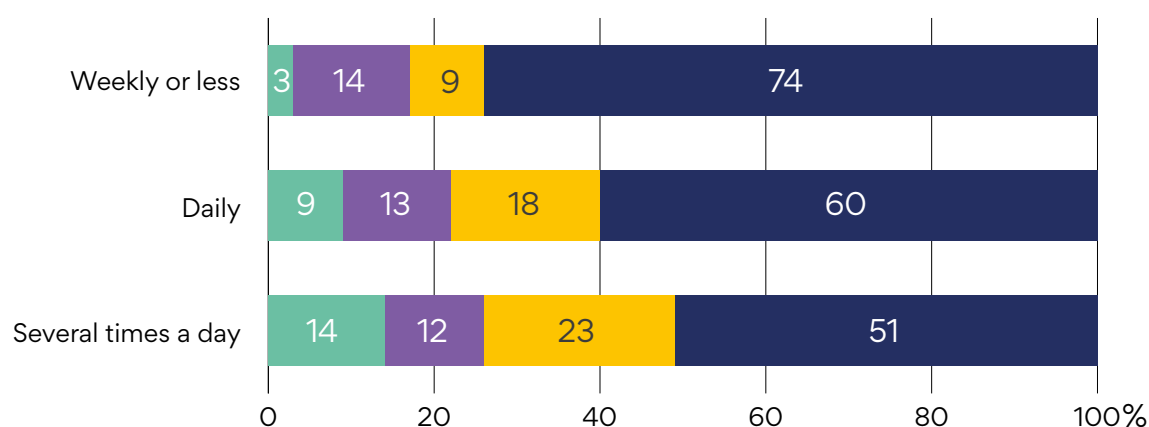
### Help given

However, although internet use was associated with receiving informal help in the two lockdowns, there was no evidence from this data that levels of internet use were associated with amount of help provided by study participants in July and November 2020.

### 1.3.2 Internet usage by helping out groups

In July 2020 the least frequent internet users (people who accessed the internet weekly or less) were the most likely to report both receiving and giving help during the COVID-19 outbreak (74% compared to 60% of those who accessed the internet daily and 51% who accessed it several times a day) (Figure 9). In contrast, people with the most frequent internet usage were the most likely to give but not receive help (23% compared to 18% of those who accessed it daily and only 9% who accessed it once a week or less) and to have neither given nor received help (14% of study participants who used it daily, three times as many as the 3% of those who used it once a week or less).

**Figure 9: Membership of helping out groups, by frequency of internet use in July 2020**



- Did not give and did not receive any form of help
- Received, but did not offer, help
- Gave, but did not receive, help
- Both received and gave help

NatCen Opinion Panel Jul-2020. Base: population of England aged 18+. Unweighted count: Several times a day, 2,298; Daily, 829; Weekly or less, 245.

### 1.3.3 Desire to use the internet more by helping out groups

Study participants who said that they would like to use the internet more frequently or for more activities were more likely to have both given and received help than those who did not want to use it more often. Six out of ten people who wanted to use the internet more (61%) were in mutual support relationships, compared to 54% of those who did not want better digital access and 50% of those who said they did not know. Conversely, people who did not want to use the internet more were the most likely to

have given, but not received, help in July 2020: while almost a quarter of people who did not want to use the internet more (23%) had given but not received help in the first lockdown, this fell to 16% of people who did want to use the internet more and 20% of those who did not know. These patterns did not vary by age.

As study participants who wanted to use the internet more were the most likely to be in mutual support relationships, this suggests that limited access to the internet was not a large barrier to receiving or giving help during the first lockdown. However, access to the internet could also be associated with individuals' economic situation (if people had financial constraints) and demographics (people in later life tend to use the internet less than younger people). Therefore, these differences may reflect the fact that the less financially secure and older people are more likely to receive help.

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### **1.3.4 Importance of online activities by helping out groups**

In July 2020, study participants were also asked how important they considered the internet to be in helping with activities affected by the COVID-19 outbreak. These activities included both practical needs (such as shopping or accessing health services) and social activities (including keeping in touch with people). The level of importance given to the different internet activities varied across the helping out groups identified in July 2020, but these did not vary further by age (Table 2).

People who neither gave nor received help in July 2020 were less likely than people in the three other helping out groups to agree that the internet was important for talking to friends and family during lockdown. Although a majority of people who did not give or receive help (72%) agreed with the statement, it was consistently lower than the proportion of people who only received help (75%), only gave help (81%) and who both gave and received help (80%).

Study participants who neither gave nor received help were also the least likely to say that using the internet during lockdown was important for contacting voluntary groups; only 8% of this group agreed it was, compared to 19% of those who both gave and received help, 14% of those who only received help and 15% of those who only gave help. As many formal, as well as informal, support systems moved online during the first national lockdown, this may reflect the greater need or ability of the other helping out groups to engage with voluntary organisations online.

Furthermore, those in the two helping out groups that received help in July (whether they provided help to others or not) were more likely to agree that using the internet during the COVID-19 outbreak was important for contacting their GP and local health care workers. Around half of each of these groups (54% of those who only received help and 48% of those who both gave and

received help) agreed with this statement, compared with 38% of those who only gave help and 30% of those who neither gave nor received help during the first lockdown. As people who were part of mutual support relationships (who both gave and received help) were more likely to have long-term health conditions, this may also reflect a greater need in this group for digital support and services from health professionals during this time.

Around one in five study participants (22%) who both gave and received help agreed that the internet was important for contacting support or community groups (which included groups for disabled people, faith groups and mental health support groups). This fell to 17% of those who only received help, 16% of those who only gave help and 10% of those who neither gave nor received help in the first lockdown. Interestingly, there was evidence that this relationship differed by age. People in mutual support relationships (those who both received and gave help) were less likely to agree that the internet was important for contacting support or community groups as age increased; 30% of people aged under 50 in this group agreed with this statement, compared to 19% of those aged 50-69 and 8% of those 70 or older.

**Table 2: Percentage of participants reporting internet was ‘important’ or ‘very important’ for activities in lockdown, by helping out groups in July 2020**

	All	Both gave and received help	Received help only	Gave help only	Did not give or receive help
	%	%	%	%	%
Talk to friends or family*	79	80	75	81	72
Contact local voluntary groups*	16	19	14	15	8
Contact GP and local health care workers*	45	48	54	38	30
Do shopping	56	59	56	52	52
Contact other online support/community groups*	19	22	17	16	10
Surf the internet for news and discussion	64	63	64	65	67
Unweighted count	3,367	1,763	412	797	403

\* Statistically significant ( $p < 0.05$ )

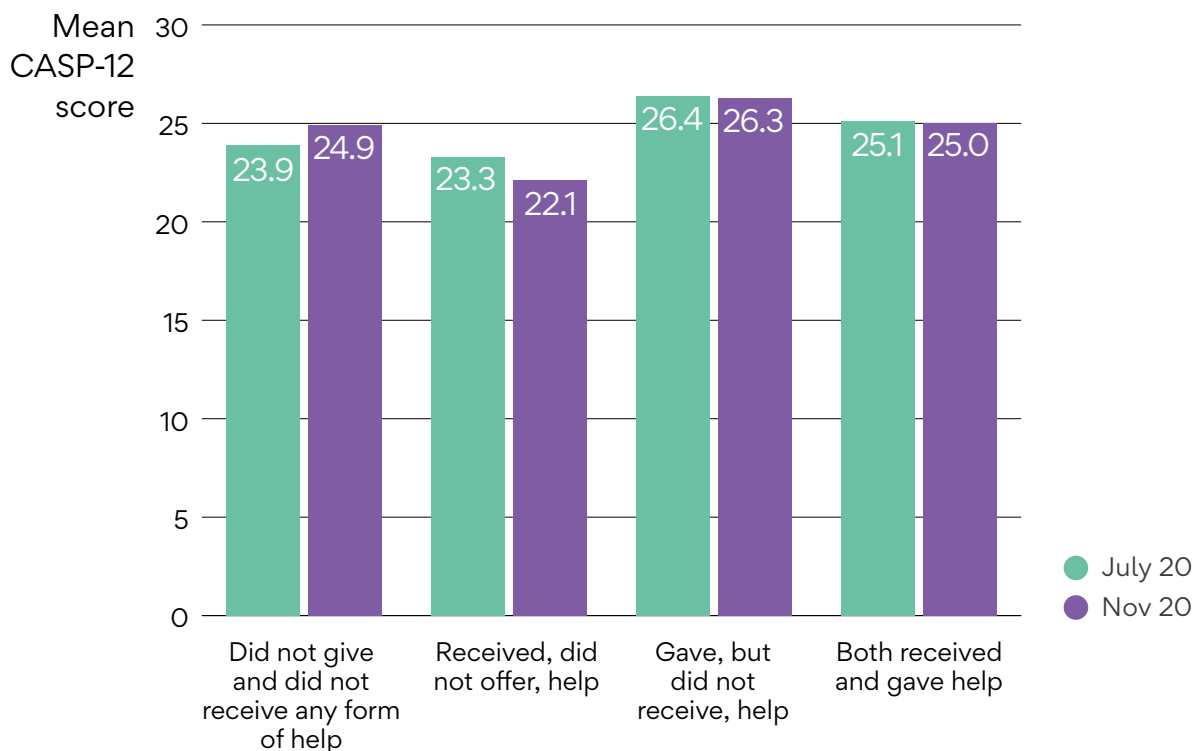
NatCen Opinion Panel Jul-2020. Base: population of England aged 18+.

## 1.4 The relationship between wellbeing and helping out during the outbreak

In both waves of the study, participants aged 50 or older were asked 12 questions that together form a composite measure of wellbeing and quality of life. This measure is specifically designed to capture the self-assessed quality of life of older people. The composite scale, called the Control, Autonomy, Self-Realisation and Pleasure scale (CASP-12), has a score ranging from 0 to 36, where higher values reflect a higher quality of life.

In both periods of the study, participants who gave but did not receive help reported a higher quality of life than any other group (a mean value of 26.4 out of 36 in July and 26.3 in November 2020) (Figure 10). The lowest scores were recorded by those who received but did not offer any help in either wave (23.3 in July and 22.1 in November). There was no evidence from longitudinal analysis of participants in both study waves that their helping out group was associated with changes in their quality of life between July and November 2020.

**Figure 10: Mean quality of life score (CASP-12) for participants aged 50 or over, by helping out groups in July and November 2020**



NatCen Opinion Panel Jul-2020 and Nov-2020. Base: population of England aged 50+. Unweighted count: Jul-20, 2,479 (both received and gave help, 1,284; received but did not offer help, 330; gave but did not receive help, 577; did not give and did not receive any form of help, 275). Nov-20 2,454 (both received and gave help, 828; received but did not offer help, 110; gave but did not receive help, 1,202; did not give and did not receive any form of help, 314).

Given the strong association between participants' financial and health situations and their helping out behaviour, it is likely that these mean quality of life scores are – at least to some extent – reflecting the different financial and health situations of people in different helping out groups.

## 2 Formal volunteering during the COVID-19 outbreak

Having discussed the informal assistance and helping out that was both given and received during the COVID-19 outbreak in the first and second national lockdowns, this chapter considers changes in formal volunteering over this same period. In this study, formal volunteering was defined to participants as ‘providing your time, unpaid, with an organisation, whether local or national’. The wording in the survey also clarified that ‘this doesn’t include help you might give to family, friends or neighbours, that is people you know, for example, with shopping”.

This chapter starts by investigating how the COVID-19 outbreak affected formal volunteering. In particular, it looks at whether people decided to continue or stop previous volunteering activities, or whether they started volunteering during the pandemic. It then explores participants’ attitudes towards volunteering and the reasons people gave for not engaging with formal volunteering during the pandemic.

Our findings suggest that patterns of volunteering did not differ significantly from those identified in existing literature before the outbreak. The one exception to this was the higher levels of formal volunteering found in this study among participants from a BAME background, who were more engaged with formal volunteering than people from a White background. This was particularly true for people below the age of 50.

This study also found that participants who were engaging with formal volunteering were more likely to also offer informal help to their family, friends and neighbours without receiving any help in return. They were also more likely to be in mutual informal helping out relationships (where they both gave and received specific forms of assistance) than people who avoided formal volunteering.

## 2.1 Patterns in formal volunteering during the COVID-19 outbreak

The pandemic posed a unique set of challenges for organised formal volunteering. Restrictions on social interactions meant that volunteering could not continue as it had done before the outbreak, affecting both what volunteering organisations and individual volunteers could do. Organisations needed to adjust their operations in order to provide the same services as before the outbreak began, or to expand into new areas. At the same time, volunteers faced additional barriers to volunteering, including the additional health risks posed by COVID-19, as well as the changing social and economic context in lockdown.

Across all study participants, only one in five people (21%) reported volunteering before or during the COVID-19 outbreak<sup>3</sup>; just 11% of all participants said they had continued volunteering during the lockdown, while 6% reported having stopped previous volunteering activities and 7% started new volunteering activities during this period (this final group also included people who started volunteering after the beginning of the outbreak, but had since stopped). These patterns were not, however, consistent across all groups of people, as outlined below.

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### 2.1.1 Age

When patterns of volunteering are reviewed by age, it is clear that the oldest group of study participants were the most likely to have done some formal volunteering either before or during the pandemic. Most participants below 50 (81%) had not formally volunteered, nor had 78% of those aged 50-69. This compares with 73% of those 70 and above which means that just over a quarter in this age group had done some formal volunteering at some point, more than for the younger age groups (Figure 11).

Older participants were also the most likely to have continued with formal volunteering that they had started before the pandemic; 17% of participants aged 70 and above continued pre-pandemic volunteering during this period, compared to only 12% of those 50-69 years old and 9% of those below 50. These results echo trends seen prior to the pandemic where older groups were more likely to participate in formal volunteering (Jopling and Jones, 2018).

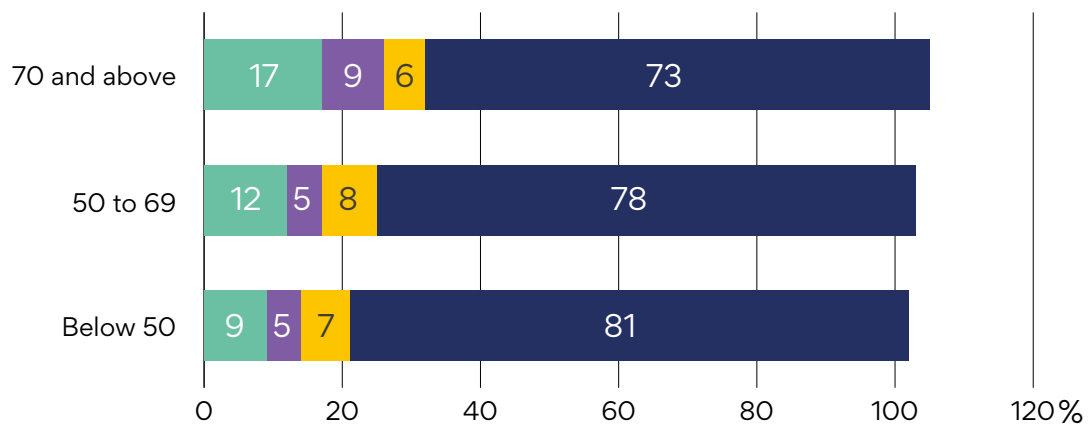
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3 This estimate does not statistically differ from the findings of the Community Life Survey between 2015 and 2020 on people who volunteered at least once in a month (Department for Digital, Culture, Media & Sport (2020), Community Life Survey: 2019/20 Data Tables, “Community Life Survey 2019/20”. Available at: <https://www.gov.uk/government/statistics/community-life-survey-201920>



As expected – given the major disruption brought about by the COVID-19 pandemic – there were study participants in all age groups (6%) who stopped formal volunteering they had done before the start of the outbreak. Stopping volunteering was most likely for the oldest group (aged 70 and over), 9% of whom were no longer volunteering (compared with 5% of younger groups) and likely reflects the greater risk the virus presents to older people. Formal volunteering activities could have put many older people in high-risk situations at a time when they were advised to shield by the NHS during the national lockdown. However, the likelihood of starting formal volunteering activities after the onset of the pandemic did not vary significantly by age.

**Figure 11: Patterns of formal volunteering during the COVID-19 outbreak, by age group**



- Continued with volunteering
- Stopped volunteering
- Started volunteering
- Not done any volunteering

NatCen Opinion Panel Nov-2020. Base: population of England aged 18+. Unweighted count: Below 50, 809; 50 to 69, 1,969; 70 and above, 493. Note that total percentages can add to more than 100% as respondents could select more than one option (they could both have started a new form of formal volunteering and continued a pre-pandemic commitment).

### 2.1.2 Sex

Men were more likely than women to have continued any formal volunteering activities they had started before the pandemic; 14% of men said they were continuing with pre-pandemic volunteering compared to 9% of women. This association did not vary by age.

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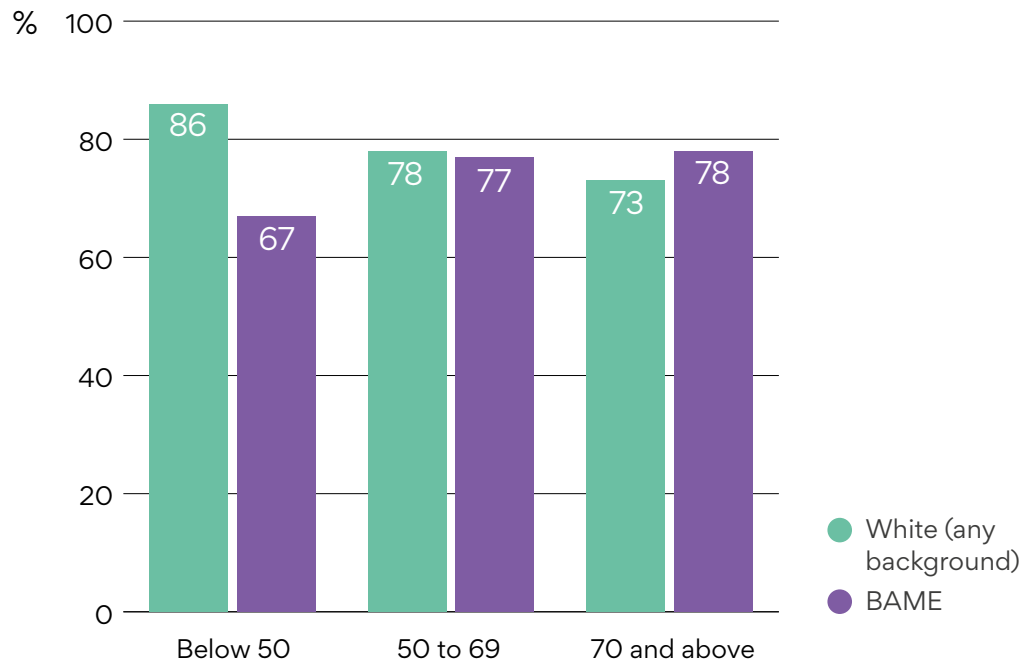
### 2.1.3 Ethnicity

People in the study from a BAME background were more likely than those from any White background to have stopped formal volunteering activities that they had started before the outbreak: 10% of BAME respondents stopped volunteering compared to 5% of White respondents. We found that this relationship between ethnicity and stopping volunteering at the start of the pandemic did not vary by age. This difference may reflect the greater risk of COVID-19 illness and death among ethnic minorities (Morales and Ali, 2021). However, study participants from a BAME background were also more likely than White participants to have either continued pre-pandemic volunteering activities or to have started volunteering in lockdown, though these differences were not statistically significant (15% of BAME respondents continued with volunteering initiated before the pandemic, compared to 11% of White respondents; 12% of BAME respondents started volunteering in this period compared to 6% of people from a White background).

Participants from a White background were more likely than those from a BAME background to have done no formal volunteering during this period (81% compared to 70%) (Figure 12). The difference was particularly stark among adults younger than 50 among whom 86% of those from a White background did no volunteering, compared to 67% of people from a BAME background.

Previous research has found that people from BAME backgrounds are less likely to engage in formal volunteering (Jopling and Jones, 2018). However, more recent studies report that people from a BAME background were more likely than people from a White background to have engaged with formal volunteering during lockdown (Mak and Fancourt, 2021). It is important to note that strong differences were found between ethnic groups in the Community Life Survey, with people from Black ethnic groups being more likely to engage in formal volunteering than people with an Asian background (Department for Digital, Culture, Media & Sport, 2020).

**Figure 12: Proportion of participants who did no formal volunteering, by ethnicity and age group**



NatCen Opinion Panel Nov-2020. Base: population of England aged 18+. Unweighted count: White any background 2,998 (below 50, 679; 50 to 69, 1,839; 70 and above, 479); BAME background 227 (below 50, 117; 50 to 69, 99; 70 and above, 9).

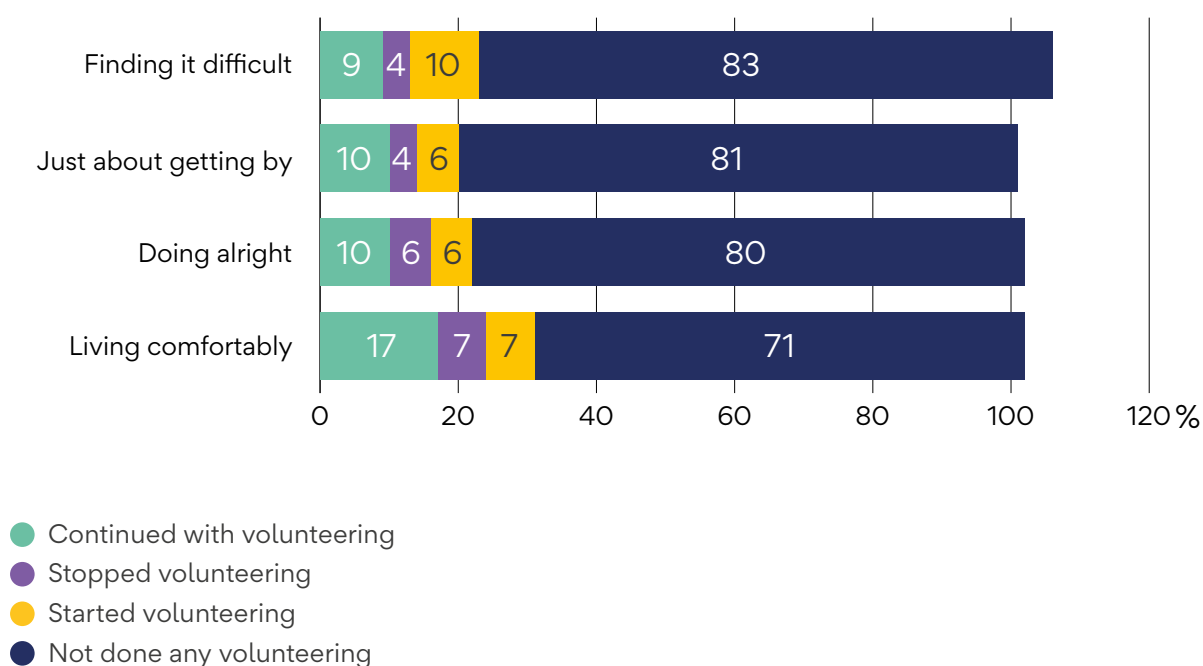
### 2.1.4 Financial situation

Participants' financial situation was also connected with their formal volunteering activities (Figure 13). Although only a minority of people took part in any volunteering activities, those who felt they are living comfortably were more likely than those in more precarious financial situations to continue formal volunteering during the outbreak. Almost one in five people living comfortably (17%) continued their pre-pandemic volunteering, compared to one in ten of those who were doing alright (10%), just getting by (10%) or finding it difficult (9%). This trend did not vary by age.

Similarly, those who were living comfortably were more likely to have done some formal volunteering during this time than any other groups: 71% of them had not done any volunteering (meaning that almost one in three had) compared to 80% of those doing alright, 81% of those just about getting by and 83% of those finding it difficult. Once again, this trend did not vary by age.

These results are line with existing evidence that suggest that those of a higher socio-economic status are more likely to participate in formal volunteering (Jopling and Jones, 2018).

**Figure 13: Patterns of formal volunteering during the COVID-19 outbreak, by financial situation**



NatCen Opinion Panel Nov-2020. Base: population of England aged 18+. Unweighted count: Living comfortably, 812; Doing alright 1,365; Just about getting by, 762; Finding it difficult, 329. Note that total percentages can add to more than 100% as respondents could select more than one option (they could both have started a new form of formal volunteering and continued a pre-pandemic commitment).

## 2.1.5 Health conditions

The likelihood of continuing with any formal volunteering which had started before the pandemic did not vary according to the presence or severity of long-term health conditions. However, the combination of age and health status does appear to have had an impact.

For people with long-term health conditions or illnesses that do not affect day-to-day activities much or at all, people aged 50 or over were more likely to have continued volunteering, compared to people below the age of 50. Among those with a long-term condition not affecting day-to-day activities, 26% of those aged 70 and above and 19% of those aged 50 to 69 continued with volunteering started before the pandemic, compared with 1% of those younger than 50. Similarly, among those with a long-term condition that affects day-to-day activities a little, 19% of those aged 70 and above and 16% of those aged 50 to 69 continued with their volunteering, compared with 7% of those younger than 50.

Almost everyone (90%) with a long-term health condition or illness affecting their day-to-day activities a lot had done no formal volunteering during the period compared to 74% of those with a condition affecting their activities a little, 81% of those with a condition not affecting their activities and 78% of those without any long-term condition. This trend did not vary by age.

This finding supports previous research that suggests that people in poorer health with long-term conditions are less likely to participate in formal volunteering (Jopling and Jones, 2018).

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### **2.1.6 Household composition**

There were no significant differences seen in patterns of formal volunteering following the start of the pandemic by household composition. The number of people, including children, in a participant's household did not influence their likelihood to continue with, stop, start or avoid engaging in formal volunteering during this time.

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### **2.1.7 Population turnover**

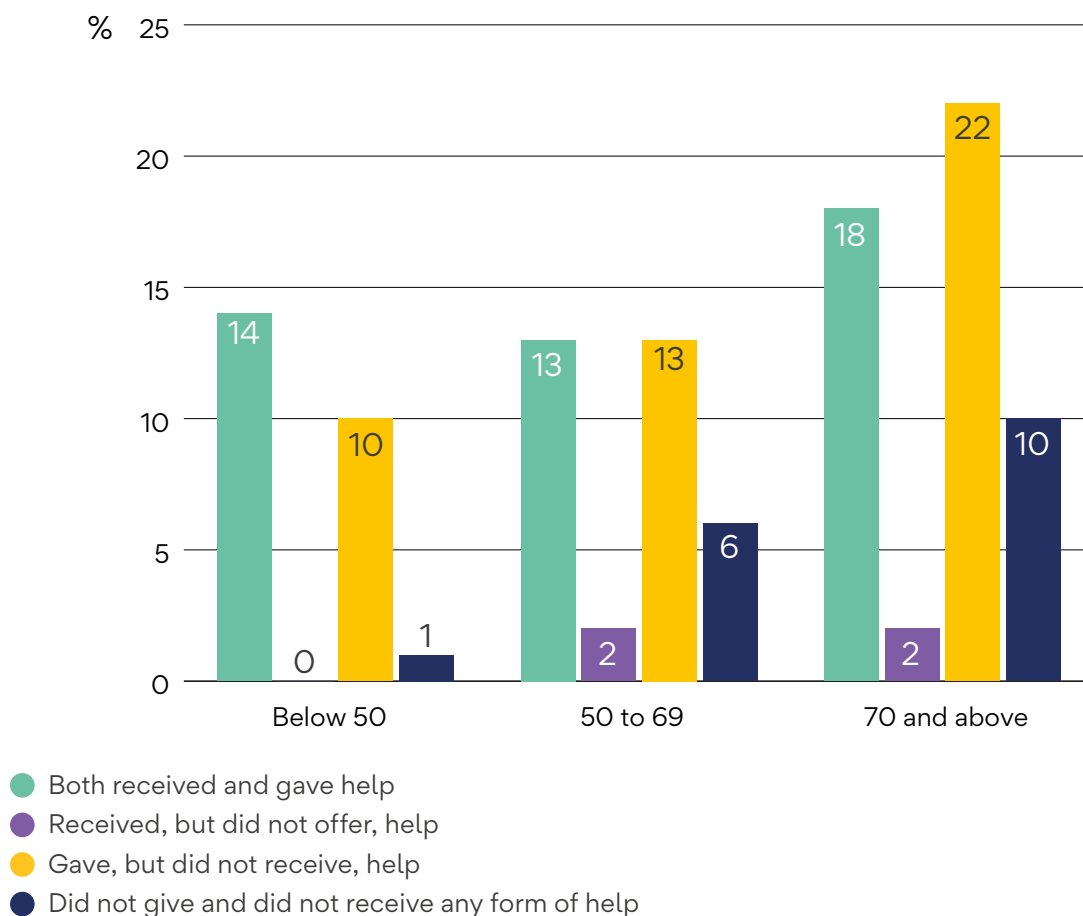
Although Phillipson's 2021 qualitative study carried out by the Manchester Urban Ageing Research Group found that people living in areas with high levels of population turnover developed a higher sense of alienation towards their community, making them less likely to engage in volunteering, the current analysis found no significant variation in patterns of formal volunteering by population turnover.

## **2.2 Formal volunteering and helping out**

People who gave and received informal help during the COVID-19 outbreak were the most likely to have continued with any pre-pandemic formal volunteering too: 15% of people in this group (who gave and received informal help) continued formal volunteering, along with 12% of those who gave but did not receive help, 2% of those who received but did not give help and 3% of those who were not part of informal helping out relationships (who neither gave nor received help).

The likelihood of continuing formal volunteering in the group of people who gave but did not receive help increased with age: 10% of this group who were aged younger than 50 continued volunteering, compared to 13% of those aged 50 to 69 and 22% aged 70 or above (Figure 14).

**Figure 14: Proportion of participants who continued formal volunteering during the COVID-19 outbreak, by helping out group in November 2020 and age group**



NatCen Opinion Panel Nov-2020. Base: population of England aged 18+. Unweighted count: Both received and gave help, 1,037; (below 50, 202; 50 to 69, 569; 70 and above, 263). Received but did not offer help, 132 (below 50, 20; 50 to 69, 70; 70 and above, 42); Gave but did not receive help, 1,627 (below 50,423; 50 to 69, 1057; 70 and above, 147). Did not give or receive any help, 478 (below 50, 164; 50 to 69, 27;; 70 and above, 41).

Interestingly, people falling into the two informal helping out groups that gave help (the “both received and gave help” group and the “gave but did not receive help” group) were also more likely to have stopped formal volunteering, although the differences between groups are minimal (Figure 15). This suggests that people who had volunteered before the pandemic and had been forced to stop were more likely to keep helping informally during lockdown when the activities of many formal volunteering organisations ceased.

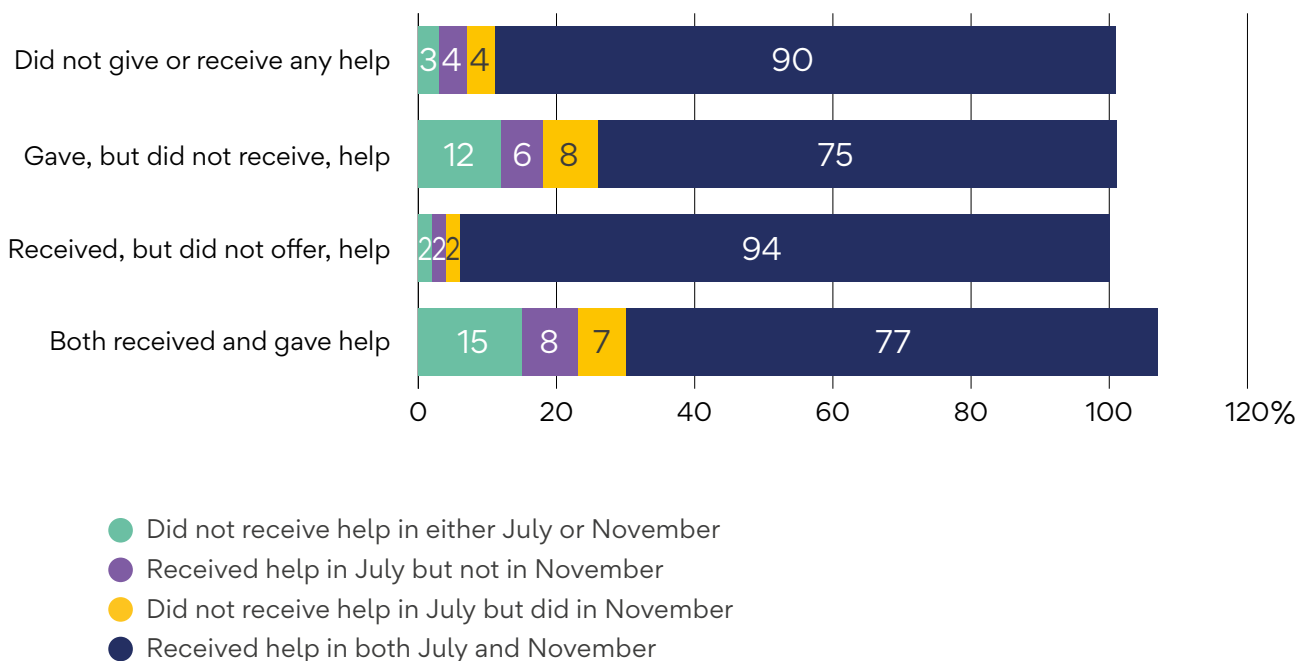
People who offered informal assistance were also more likely to have taken up volunteering during the outbreak. Indeed, study participants who started volunteering after the beginning of the pandemic were more likely

to fall into the two groups offering informal assistance (giving and receiving help or giving but not receiving help) than into the groups that did not.

Furthermore, non-volunteers were more likely to get help without giving it (94%) and to neither give nor receive help (90%), compared to people in the other helping out groups (77% of those who both received and gave help and 75% who gave but did not receive help and did not volunteer).

These results suggest that people involved in volunteering either before or during the pandemic were also particularly likely to offer informal assistance during the outbreak or to belong to mutual helping out networks and relationships (both giving and receiving informal assistance). This may be because they were already predisposed to offer assistance within their local communities and networks, or because they were more likely to be in good health and in a strong financial position so better able to offer assistance.

**Figure 15: Patterns of formal volunteering during the COVID-19 outbreak, by helping out group in November 2020**



NatCen Opinion Panel Nov-2020. Base: population of England aged 18+. Unweighted count: Both received and gave help, 1,037; Received but did not offer help, 132; Gave but did not receive help, 1,627; Did not give or receive any help, 478.

Note that total percentages can add to more than 100% as respondents could select more than one option (they could both have started a new form of formal volunteering and continued a pre-pandemic commitment).

## 2.3 The role of digital inclusion in formal volunteering

As the COVID-19 outbreak forced some traditionally in-person formal volunteering to move online (Phillipson et al, 2021), having easy digital access was expected to have played a role in determining patterns of formal volunteering. However, the data collected in this study did not reveal any significant differences in changes to volunteering activities by frequency of internet use. Those who accessed the internet several times a day, daily, weekly or less were not significantly more or less likely to have continued with, stopped, started or done no formal volunteering in this time.

## 2.4 Attitudes towards formal volunteering

In November 2020, study participants who had engaged in formal volunteering either before or during the pandemic were asked how much they agreed with eight different statements about volunteering. Four statements focused on positive aspects of volunteering and four asked about more negative elements.

### **Positive statements on formal volunteering**

Study participants reported particularly high levels of agreement with statements suggesting that formal volunteering is fulfilling and that it helps them to connect with their local community, with slightly lower levels of agreement with the statement that it helps to build new social relationships (Table 3). Levels of agreement with these statements did not vary statistically by age.

However, only a minority of participants agreed that their volunteering had led them to think about a new job and responses to this question did vary by age. The youngest group of participants was significantly more likely than older participants to agree that formal volunteering led to them to think about a new job (26% compared to 11% of 50-69-year-olds and 2% of over 70s). This is likely explained by the fact that younger people are more likely to be of working age and more likely to be interested in potential new job opportunities.



**Table 3: Levels of agreement with positive statements about formal volunteering, by age group**

	Below 50	50 to 69	70 and above
	%	%	%
I have found it personally fulfilling	92	88	87
It helped me feel more connected with the local community	69	72	80
I met people I've stayed in contact with socially	46	44	57
It has led me to think about a new job	26	11	2
Unweighted count	151	468	145

NatCen Opinion Panel Nov-2020. Base: population of England aged 18+ who have volunteered.

### Negative statements on formal volunteering

Overall, study participants who had engaged in formal volunteering were less likely to agree with the negative statements than to agree with the positive statements. Agreement with three out of four of these statements varied between age groups (Table 4). People aged under 50 years old were more likely than older people to agree that they found formal volunteering stressful, that it was hard to fit into their schedule and that they weren't getting much out of their formal volunteering during this time. Agreement with the statement asking if they felt their volunteering was not making a difference did not statistically vary by age.

**Table 4: Levels of agreement with negative statements about formal volunteering, by age group**

	Below 50	50 to 69	70 and above
	%	%	%
I found it stressful	23	11	4
I found it hard to fit in to my schedule	31	17	8
I didn't feel like I was getting much out of it	11	5	2
I didn't feel like I was making much difference	14	8	6
Unweighted count	151	468	145

NatCen Opinion Panel Nov-2020. Base: population of England aged 18+ who have volunteered.

## 2.5 Barriers to formal volunteering

Study participants were also asked (in November 2020) about practical, structural, emotional and other barriers that may have acted as barriers to formal volunteering (Jopling and Jones, 2018).

The youngest group of people in the study who did not volunteer was more likely than older non-volunteers to agree that not having enough time was a barrier to formal volunteering (Table 5). Older people were also more likely to agree that they did not take part in formal volunteering because they preferred to help friends and family.

Non-volunteering participants from the oldest age group were also the most likely to give unlisted reasons as a barrier to volunteering. A large number of study participants who selected this option reported the risk of COVID-19 infection, other health reasons and being above the age of 80 as their reasons for not taking part in formal volunteering activities. This highlights awareness of the additional risks of volunteering, particularly during the outbreak, to older people.

Selection of the other suggested barriers to formal volunteering asked about in this survey did not statistically vary by age.

**Table 5: Perceived barriers to formal volunteering, by age group**

	Below 50	50 to 69	70 and above
	%	%	%
Not enough time	56	31	4
Have enough to manage with own/ family's situation	44	39	36
Would find it too stressful	7	7	6
Prefer to focus on helping friends and family	21	27	31
Not sure how to volunteer	11	7	6
Have tried to volunteer in the past but offer not taken up	3	4	3
Other	7	17	27
Nothing in particular	13	15	18
Unweighted count	710	1,638	396

NatCen Opinion Panel Nov-2020. Base: population of England aged 18+ who have not volunteered.

## 3 Conclusions

**A larger number of people contributed to and benefited from informal helping out at the start of the COVID-19 outbreak than at the time of the second national lockdown.** In fact, most people in this study said that they had both given and received informal help during the first lockdown. This appears to have largely been an emergency response at the start of the pandemic because levels of informal help received dropped in the second lockdown. This may be because people learnt to adapt and cope with the new situation or because the economy started to re-open, and many people returned to work or usual social activities later in the pandemic.

**Informal helping out was more targeted towards the most vulnerable groups in the second lockdown than it had been at the start of the outbreak.** Therefore, while levels of helping out dropped between July and November 2020 it was better concentrated on those more likely to need assistance later in the pandemic, particularly older and more vulnerable groups.

**Informal helping out during the first lockdown was characterised by mutual assistance,** with a large group of people both giving and receiving help. This mutual assistance faded during the pandemic, with those better-off being less likely to receive informal help during the second lockdown.

**People's willingness to help out friends, family and neighbours did not appear to decrease between the first and second lockdowns.** Overall, participants did not report changes to the amount of informal help they offered between the two lockdowns (even though fewer people reported receiving help in November 2020). There was, however, limited evidence that some groups of particularly vulnerable people – particularly those with a limiting health condition – were more likely to offer informal help in November than in July 2020. Therefore, people's willingness to help their friends, family and neighbours continued to be strong throughout the lockdowns.

**Patterns of formal volunteering during the pandemic were similar to those found before the COVID-19 outbreak.** For example, people in more secure financial positions were more likely to formally volunteer during the pandemic. In contrast to previous findings, this study found that rates of formal volunteering were higher among participants from BAME backgrounds than from White backgrounds. This was particularly the case for people under the age of 50 and is consistent with other analyses of volunteering during the pandemic.

**Formal volunteering was associated with offering informal help to friends, family and neighbours during the COVID-19 outbreak.** Although many people with no experience in formal volunteering did offer informal help to their family, friends and neighbours during the pandemic, people who did volunteer were more likely to offer informal help than those who did not. This was the case no matter whether they received help or not.

**People from BAME backgrounds were more likely to have offered informal assistance during the second national lockdown than the first,** compared to people from a White background. People below the age of 50 from BAME backgrounds were also more likely than those from a White background to have engaged in formal volunteering either before or during the pandemic.

# 4 Appendix

## 4.1 Data collection and study design

In 2020, NatCen Social Research carried out a study of the impact of the COVID-19 outbreak on the lives of people across England, with a focus on people aged between 50 and 70, on behalf of the Centre for Ageing Better. The study focused on some key areas of primary policy importance for Ageing Better, including connected communities, volunteering and helping out, and satisfaction with the home.

For this study, adults across England were surveyed at two points during the pandemic; in July 2020 (at the end of the first national lockdown in response to the COVID-19 outbreak) and in November 2020 (as England was entering into a second national lockdown). The questionnaires for both waves were developed by the Centre for Ageing Better, supported by NatCen survey specialists, with specific attention given to ensuring that survey responses could be compared between the two waves and to reducing the risk of bias driven by survey error in the data collection process.

Fieldwork for both waves was conducted using the random-probability NatCen Opinion Panel (Jessop, 2018). The NatCen Panel is a panel of people recruited from the British Social Attitudes (BSA) survey, a high-quality, random probability face-to-face survey. For both waves of the study, we invited two groups of people to participate:

- all panel members living in England at the time of the survey, recruited from BSA 2018 and 2019 who had not subsequently left the panel (**main sample**);
- all panel members living in England and between 50 and 70 years old at the time of the survey, recruited from BSA 2015, 2016 and 2017 who had not subsequently left the panel (**age boost sample**);

Fieldwork for both waves of the study (July 2020 and November 2020) was conducted using a sequential mixed-mode web and telephone design over a three-week fieldwork period to allow those without internet access, those less likely to complete a study without being actively engaged by an interviewer, or those who might not be ‘readily available’ to take part. Respondents were initially invited to take part online, with those not taking part online routed to telephone fieldwork.

**Table 6: NatCen Opinion Panel Fieldwork summary**

Study wave	Issued cases	Response rate	Completed cases	Web productive	Tel productive	Fieldwork start date	Fieldwork end date
1	4,744	72.8%	3,390	92.0%	8.0%	02/07/20	26/07/20
2	4,997	73.3%	3,377	92.3%	7.7%	19/11/20	2/12/20

3,054 study participants completed both wave 1 and wave 2 of the study.

## 4.2 Analysis notes

All the findings contained in this report were statistically significant to a p-value threshold of 0.05. That is to say, statistical analysis suggests that there is less than a 5% likelihood that these relationships found in the data only occurred by chance. Occasionally, non-significant findings are presented in the report to illustrate general trends in the data; in any such case, we explicitly highlighted that this finding was not statistically significant within the main text of this report.

Bivariate descriptive analysis was carried out using bespoke NatCen Tables software, which uses a methodology called binary logistic regression to measure the level of association of a variable with one of two outcomes (e.g., whether someone did or did not agree with a statement).

Significance testing for time series analysis was carried out using binary multilevel statistical modelling. This allowed to control for the clustering effect of analysing cross-sectional changes from datasets that are not generated by independent samples (3,054 study participants took part in both waves of the study).

All bivariate and time series analysis was conducted using weighted data.

## 4.3 Turnover variable

As a measure of community stability, a new variable was generated using Office of National Statistics (ONS) data on population turnover for each local authority in England. This population turnover variable was calculated for each local authority area by dividing the number of people who moved in and out the area (through internal and international migration) by the total number of residents in the area. Data from the five years before the pandemic (from mid-2015 to mid-2019) were used to derive the turnover rate variable to measure better long-term changes in each area but also to reduce the impact of unusual years on an annual calculation. The 2021 administrative boundaries were in this exercise (ONS, 2021).

The population turnover was grouped in categories in the report to safeguard the identity and privacy of the people who took part in the study. This variable was banded to show areas with low turnover (under 10%), mid-level turnover (10-15%) and high turnover (above 15%). However, this variable was not significantly associated with any aspect of formal volunteering or informal helping out investigated in this analysis.

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