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IMPACTS OF THE INITIAL 2020 COVID-19 LOCKDOWN ON VOLUNTEERS AGED 70+ YEARS AT NEW ZEALAND RED CROSS

*A thesis presented in partial fulfilment of the requirements for
the degree of Master of Emergency Management
at Massey University, Wellington, New Zealand*

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Abstract

In addition to widespread economic implications, and impacts on physical health globally, epidemics can significantly negatively impact on people's mental health and sense of wellbeing. The current COVID-19 pandemic is expected to have disproportionately negative impacts on vulnerable communities by compounding pre-existing social and economic. To add to this body of knowledge, the research question for this study is "*What were the experiences of New Zealand Red Cross' Meals on Wheels Volunteers, during aged 70 years and older, the initial 2020 response to COVID-19?*". This question was addressed by conducting an online survey, which ultimately received 81 respondents from around the country.

Thematic analysis was undertaken within NVivo, to identify four key themes. The analysis revealed there were several volunteer motivations for choosing to join MoW including wanting to give back to their community, to connect with others, with the level of connection to family and friends being of primary importance in order to feel socially connected. Participants based in Auckland reported being more conscientious about adhering to COVID-19 protocols, and the majority of respondents reported increased use of technology, such as Zoom and FaceTime. Following a disaster NZRC typically help with evacuations, deliver essential supplies such as food and water, and provide emotional and social support to people in their homes and in the community. The findings of the research suggest that additional commitment is needed by NZRC in considering options for social support and recovery assistance for older adults in the wake of a disaster is needed.

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Chapter 1 - Introduction

On the 31st of December 2019, The World Health Organization (WHO) was alerted to a novel coronavirus (COVID-19) outbreak by Chinese authorities (Ryan, 2021 p1.) An increasing number of cases and resulting deaths were reported globally over subsequent weeks. This led WHO to declare COVID-19 a Public Health Emergency of International Concern (PHEIC) on 30 January 2020. On the 12th of March 2020, WHO then officially declared COVID-19 to be a Global Pandemic (Summers et al., 2020). COVID-19 has since resulted in devastating consequences for the health and well-being of millions worldwide, with people, their communities and national economies facing significant additional pressures (MacDonald et al., in prep 2020). As of the time of writing, there have been over 184 Million cases worldwide, with 3.98 Million officially reported deaths (John Hopkins University), with predictions that the total death toll will be likely to be much higher.

On the 21st March 2020, the New Zealand Government introduced a four-level Alert System to help manage and minimise the risk of COVID-19. The Alert System helps people understand the current level of risk and the restrictions that legally must be followed. A summary of the Alert Levels can be found below, with information taken from the “Unite against COVID-19” website (May 2021).

Figure 1 – New Zealand COVID-19 Alert Levels

Alert Level 4 — Lockdown: *Likely the disease is not contained. Sustained and intensive community transmission is occurring and there are widespread outbreaks.*

Alert Level 3 — Restrict: *High risk the disease is not contained. Multiple cases of community transmission occurring with multiple active clusters in multiple regions.*

Alert Level 2 — Reduce: *The disease is contained, but the risk of community transmission remains. Limited community transmission could be occurring with active clusters in more than 1 region.*

Alert Level 1 — Prepare: *The disease is contained in New Zealand. COVID-19 is uncontrolled overseas. Sporadic imported cases and isolated local transmission could be occurring in New Zealand.*

On the 25th of March 2020, New Zealand moved to Alert Level 4, and the entire nation went into self-isolation. A State of National Emergency was also declared. Under this Level 4-lockdown, only essential services were allowed to operate. Many of NZRC's volunteer services, such as MoW, were deemed essential. Volunteers play an important role in assisting non-profits organisations to reach their goals by donating their time and skills (Pilak, 2012). For example, New Zealand Red Cross' (NZRC) Meals on Wheels (MoW) Programme is supported by over 3,000 volunteers nationally. Like many community-focused organisations in New Zealand, this volunteering is predominantly undertaken by older adults. There is a cost involved in training these volunteers, and retention of volunteers is a problematic issue for many districts. The government-mandated lockdown, beginning March 2020, saw all volunteers aged 70 years and over being stood down from these roles, thereby placing a significant burden on many of NZRC's volunteers and their families. This research seeks to unpack some of the issues MoW volunteers faced during this lockdown.

1.1 Aim of the research

This research contributes to an increasing body of research centered around the contributions that older people make to their communities in undertaking voluntary work. The aim is to understand how the COVID-19 lockdown affected volunteers, both under 70 and over 70, and to provide a more nuanced view of volunteering within the New Zealand Red Cross' Meals on Wheels Programme. This research will provide further insight into what motivates people to volunteer as MoW drivers and evaluate how the lockdown impacted their daily lives. The results can assist New Zealand Red Cross (NZRC) to develop messaging that would keep these volunteers engaged and supported through similar future situations. It is important we don't distress or lose volunteers through the process of keeping them safe. This is necessary so NZRC can continue to have volunteer support in the form of freely given labour and skills in delivering humanitarian programmes.

1.2 Research question

The research question for this study is *“What were the experiences of New Zealand Red Cross’ Meals on Wheels Volunteers during the initial 2020 response to COVID-19?”*

Whilst undertaking this study, I was employed by NZRC. At the time of this research, my role was as a Projects Advisor within both the Disaster Risk Management and First Aid Units. This role is in no way associated with the Meals on Wheels (MoW) Programme. In speaking with Regional MoW coordinators, it is understood by NZRC that MoW drivers volunteer to give back to their local community; to feel needed; to have a sense of belonging; as well as a significant social aspect in seeing other volunteers. For example, in some MoW areas, volunteers will arrive early or stay after their run, sit together and share refreshments. The understanding of NZRC from talking with volunteers during lockdown was that some lost their routine, felt useless or lacked any sense of belonging. Others lost their social connection within the community. As a result, NZRC’s early response to COVID-19 focused on providing psychosocial support to our staff, members and volunteers. It was important to NZRC that we were able to meet the needs of our older adult volunteers in particular. It was over this period that I became interested in the experiences of our volunteers and welcomed the opportunity to undertake targeted research in this area.

One of the motivations for this thesis was the idea that, in order to better promote volunteering by older adults, we need to understand why some older people choose to volunteer while others do not (Warburton et al., 2007). There is a lack of qualitative literature on this particular topic, and I was interested in knowing why our survey respondents chose to volunteer with MoW.

1.3 Outline of thesis

Chapter 1 of this thesis comprises an introduction to this research, including providing some background in light of the current COVID-19 Pandemic. The literature review within Chapter 2 introduces a conceptual framework for the study and describes the context for MoW volunteering including outlining the existing literature about the various reasons older adults, in particular, choose

to volunteer, as well as commenting on the many benefits from volunteering, including the formation of social ties. Chapter 3 outlines the research design and details the methods for collection of data. It also outlines the framework for analysis for this topic. Research findings gathered from online survey results from 81 older volunteers are set out in Chapter Four. This chapter is divided further, into sections based on the four key themes found. Chapter Five contains a discussion of the research findings and places them in the context of the wider literature. Chapter Six then concludes the thesis by way of a summary and provides recommendations for future research and practice.

Chapter 2 - Literature Review

Modern emergency management requires a coordinated approach to reduce vulnerability to hazards and minimise the impact of such disasters such as injury or death, destruction of property and loss of financial resources. This is best achieved by taking steps to better prepare for, respond to, and recover from adverse events that do occur (Cao et al, 2018). In particular, during an era of COVID-19, MacDonald et al. (2021) have reminded us of the importance of partnership and collaboration amongst diverse social forces when responding to a global pandemic. All levels of government are encouraged to work alongside non-governmental, corporate and philanthropic agencies to better include the needs of communities. Indeed, NGOs are key partners in responding to disasters, and these organisations are staffed predominantly by volunteers. Some theories have been proposed to explain why people, particularly older adults, choose to volunteer. The remainder of this chapter reviews this contemporary literature around the benefits of volunteering to individuals and considers the literature on the contribution volunteering makes to wider society. In doing so the literature review follows a “funnel” method, as described by Bell et al., (2020), moving from a broader set of discussions to a more specific, targeted field of study. The purpose of the literature review is both to provide a rationale for the study; a conceptual framework for the research; to inform the approach to analysis for this study; and to highlight the need for further research on this topic, particularly during times of COVID-19.

2.1 Overview

The most extreme restrictions imposed on New Zealand in over 70 years came into force when the entire country went into lockdown at midnight on March 25th, 2020. A strict lockdown issued early in New Zealand's response to the pandemic eliminated community transmission of COVID-19. This resulted in both economic and social costs to the country. Beginning March 25, the government decreed that citizens must remain at home and all but the most essential of businesses were forced to close. Reduced social contact, the inability to attend schools or universities and limits on recreation activities, coupled with job losses and financial insecurity had serious implications for the wellbeing of New Zealanders (Every-Palmer et al, 2020). Blundell et al. (2020) also remind us that economic and other impacts resulting from the lockdown have not, and will not, affect everyone equally. Instead, these added pressures will compound the many inequalities that are known to exist around gender, ethnicity, age and geography. Likewise, they also highlight health impacts proving to be unequal, with more serious consequences for workers in some occupations, among ethnic minority groups and in lower-income communities. Nanda (2021, p109) further explains how the current COVID-19 pandemic has exposed various global inequalities around economies, supply chains, medical systems and varying access to PPE. This directly impacts the ability of nations to prevent and combat COVID-19. Even within countries, *"inequalities of wealth become inequalities of health"* (Nanda, 2021. p113). In New Zealand, COVID-19 has the potential to exacerbate existing inequitable outcomes for Māori, migrant workers and other marginalised groups. It will be important to ensure support is available to meet the needs of these groups, while also fostering their resilience and the capacity for a community-led response. (Ministry of Health, 2020).

Despite these differences in impact, all were required to adhere to the same standard when it came to lockdown. The vast majority of the population was required to go into isolation, providing a unique opportunity for researchers to understand how New Zealand was being affected by COVID-19. This chapter explores some of the aspects of volunteering impacted by the lockdown.

2.2 Social capital and volunteering

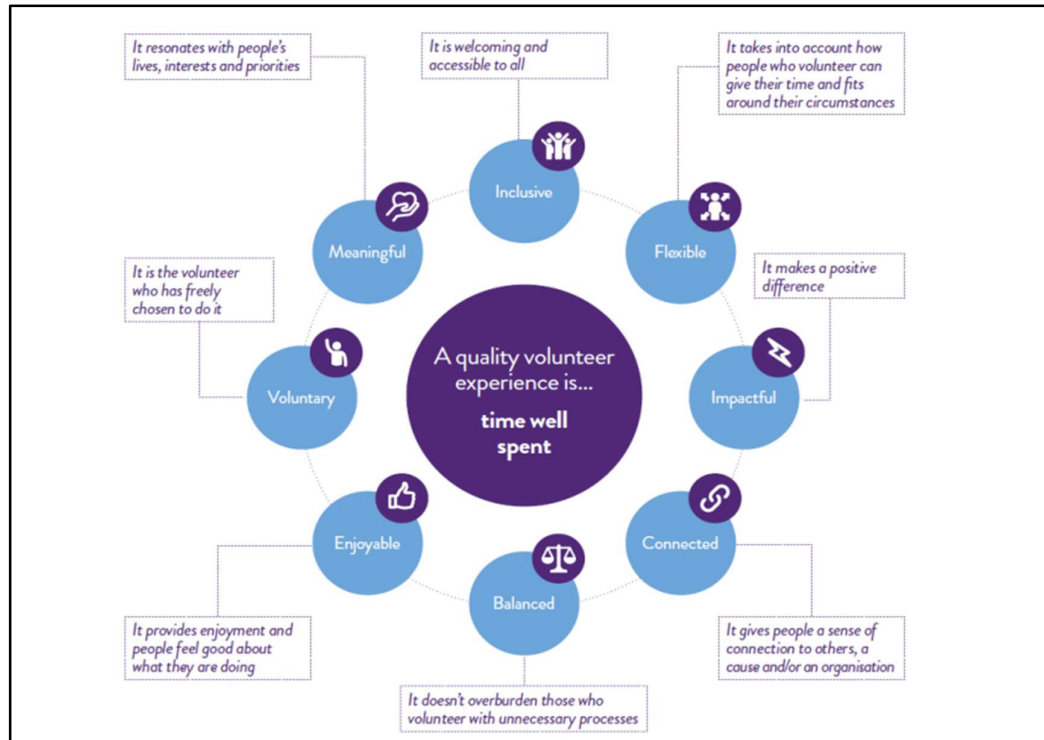
Volunteering

To better understand the experiences of our older MoW volunteers during the initial COVID-19 lockdown, we first need to gain an understanding of volunteering. In terms of what volunteers offer, there is an increasing awareness of the wide array of contributions volunteers make to non-profit organisations. Volunteers come from all areas of society and engage in a wide range of activities, including governance, administration, delivery of programmes and the development of community initiatives (Stark, 2017). Volunteering is a form of unpaid work done for others and typically peaks in later life (Gee, 2001). Formal volunteering often benefits both the community and the volunteers, and this type of volunteering is typically linked to an organisation (Ehlers et al., 2011).

Catano et al., (2001) explain that individuals often undertake voluntary roles due to the compatibility of their own beliefs with the core values of the organisation they join. They may also seek volunteer work to develop new skills and knowledge because of the skills they already hold, or to cope with their anxiety or guilt (Stark, 2017). Approximately 21.5% of New Zealanders undertake formal volunteer work, with around 159 million hours of volunteer labour donated annually (VNZ, 2020). Such unpaid work represents a significant component of New Zealand's economy and is estimated to be valued at approximately \$4 Billion per annum (VNZ, 2020).

The volunteer model in Figure 1 (below) includes elements that are understood to combine to make volunteering successful. Some elements will be more relevant than others for different people, depending on their volunteering situation. (National Council for Volunteer Organisations, 2019. p11).

Figure 2 - The Volunteer Model



(National Council for Volunteer Organisations, 2019. p11).

Volunteers can play a pivotal role in helping nonprofits reach their goals via the donation of their time and efforts. In addition to potentially reducing operational costs, volunteers can also increase the quality of services or programmes by bringing their skillsets. COVID-19 impacted the volunteer sector, adding both significant challenges, various restrictions, and changes in this space. Nonetheless, Volunteering New Zealand has suggested that over this period we have continued to witness people's generosity and an increased appreciation for the effectiveness of assisting each other in the face of adversity (Volunteering New Zealand, 2020).

The existing literature notes that there are a variety of motivations for volunteers, with each person having different reasons and purposes for donating their time. Possible reasons to volunteer include the ability to meet others, develop skills and gain experience, as well as creating contacts that may lead to employment. Volunteer roles may also assist people to fulfil parental, social, cultural and religious obligations (Ministry of Social Development, 2016). To this list, Principi et al., (2013) add: being able to help

others; a sense of obligation to future generations; an opportunity to serve society; connecting with the community; feeling useful; the chance to give back; a belief that participation matters; moral or social obligations; to be socially active; or simply to share their experience. A number of these motivations relate to what Brown et al., (2019) refer to as the “*warm glow*” that volunteers receive from undertaking their roles. Moore (2016) links volunteer actions to an increase in having a sense of perceived agency, or control over one's actions.

Finally, other ideas that have been suggested include having additional time free from responsibilities; sharing the mission of the organisation; familiarity with the organisation and social recognition or religious beliefs, although older volunteers are less likely than other volunteers to be driven by opportunities to learn new skills or for self-development (Principi et al., 2013).

There are many reasons older adults choose to volunteer. The fact that motivations can wane, plus the considerable costs involved in recruiting and maintaining these volunteers means that organisations must consider how they might best retain these volunteers over the long term.

This section has sketched out some of the general motivations for volunteering. In the next section we consider what the purported benefits are of volunteering, particularly for older citizens.

The benefits of volunteering for older adults

Volunteering can assist in facilitating the period of change when older adults find their responsibilities decreasing but are still sufficiently healthy to contribute. Leaving paid employment to retire requires significant adjustment, and volunteering can provide a sense of purpose while also helping people to feel part of a community.

Indeed, due to a demographic shift towards an ageing population, and to assist with anticipated shortfalls in social services, older people are now routinely considered as a resource in responding to the needs of a community through both paid and unpaid roles (Breheny et al, 2020). Often the voluntary roles taken up by older adults exist to serve other older adults, as it does with

NZRC's MoW Programme. Consequently, these volunteers are provided with a unique viewpoint around ageing and allows them to glimpse their possible future. Many anticipate themselves becoming model recipients of similar services in later life (Breheny et al, 2020).

In probing the connection between volunteering and older adults further, Smith (2018) has also considered the relationships between health, meaning in life, volunteering, employment, and informal caregiving, and the role of social support among a sample of older adults in Aotearoa, New Zealand. In line with previous research, they found that volunteering and other roles which present opportunities to provide support for others may be particularly effective for enhancing meaning in life. Similarly, Klinedinst & Resnick (n.d.) explain that engaging in volunteer activities builds resilience, promotes physical activity, reduces depressive symptoms, and slows functional decline. Kim & Konrath (2016) also conducted a study in the U.S. and found that involving older adults in volunteering could potentially increase their uptake of preventative health care, and thereby decrease illness-based hospital visits. Consequently, this may result in the reduction of overall health care costs for older adults. Konrath et al. (2012) also replicated earlier research in finding that volunteers had reduced mortality risks compared with non-volunteers when their motives for volunteering were not self-oriented. This is likely because this approach promotes cognition, emotions and other neurological and psychophysiological systems that result in different types of helping behaviours. Volunteering may also affect an individual's health through increasing their social networks and participation within their community (Kim & Konrath, 2016). Accordingly, encouraging older adults to take up volunteering can help minimise the risk of social exclusion as well as promote the concept of active ageing (Ehlers et al., 2011). There are also other benefits to older people volunteering. Xie (2015) studied older Chinese adults and found that volunteerism was significantly associated with a youthful self-identity. Specifically, they found that older people who volunteer at least once a week are the least likely to identify themselves as being of old age. Additionally, experiencing personal satisfaction and recognition are the most commonly reported benefit of volunteering, and many older adults want to know they are being useful (Gee, 2001). Finally, and of great importance is that Tuohy & Stephens (2016) found

that social relationships were considered by older adults to be a necessary means of maintaining independence.

This research demonstrates how unfortunate it is that the COVID-19 pandemic meant that many older adults were denied the opportunity to undertake their volunteer duties. This has been both a significant loss to the community and has negatively impacted the sense of purpose of those older adults. Fortunately, many are finding alternative ways to donate their time. They are also discovering new ways to connect remotely with friends and family, including online platforms (Swinford et al., 2020). Finally, Robertson (2013) studied volunteering by older people across Europe and observed evidence of various benefits to the health and wellbeing of older people. He found that volunteering appears to increase when people first retire (i.e. 50-74 years) and then reduces beyond this. He also claims there to be a “life stage model” that exists, whereby those who volunteer throughout their lives are more likely to continue, or even increase their level of volunteering, following their retirement. His research was conducted over two years and considered several wellbeing indicators, such as depression, quality of life, life satisfaction and social isolation, and how these were affected by being involved in volunteering.

This section has demonstrated that there are many benefits to volunteering, particularly for older adults. Organisations, like the NZRC, who intend to harness the benefits of a volunteer workforce must therefore look to inform potential volunteers as to the opportunities on offer, as well to find ways to support them as valuable contributors to their organisation. This is particularly pressing as such volunteers can contribute significantly to supporting various programmes, fundraising initiatives and administrative tasks whilst also helping to spread the word regarding the mission of the organisation.

Because volunteers are the heart of the Red Cross, the next section moves on to consider how volunteers build social capital.

Building social capital to enhance community preparedness

The capacity of people and communities to mitigate, respond to and recover from the consequences of disaster is referred to as “resilience” (Thornley et al., 2015). Over time, emergency management has come to appreciate the

importance of preparing the community in advance for when significant disaster strikes (Webber & Rae, 2015). The United Nations International Strategy for Disaster Risk Reduction defines preparedness as:

“The knowledge and capacities developed by governments, response and recovery organizations, communities and individuals to effectively anticipate, respond to and recover from the impacts of likely, imminent or current disasters.” (UNISDR, 2016. p21).

Resilience in communities is achieved via both individual and collective efforts, with various social processes fostering both wellbeing and quality of life among a range of populations (Murray & Zautra, 2011). Essentially, during hard times, people typically rely on their friends and family as their safety net (Woolcock & Narayan, 2000). Whilst formed within a social structure, social capital is ultimately utilised by individuals to reach their goals (Meyer, 2018. p264). In studying the experience of NZRC volunteers, we can better understand their adaptive responses to disasters, including pandemics. By assisting at an organisational level, we can both influence individual resilience, whilst also improving the quality of the wider community (Murray K.E. & Zautra, A.J., 2011).

In examining these ideas in more detail, Stukas et al. (2005) state that volunteerism is often purported to contribute to social capital, in the form of trust and reciprocity within social networks and is vitally important when responding to disasters. It is increasingly necessary to build resilient communities with the ability to not only recover from disasters but also emerge stronger and therefore better able to withstand future adverse events (Acosta et al., 2017). Volunteering has a part to play in creating this resilience. This is evident because a resilient community requires strong connections at all levels: between neighbours, between neighbourhoods and community organisations, and between local government and nongovernmental groups.

An essential component of community resilience is that of engagement, integration or cohesion, at community level. In particular, community resilience involves bonding within communities (e.g., bonds between family members or

members of ethnic groups, etc.); bridging of communities (bonds between friends, members of different social groups, etc.); and linking (e.g., bonds between citizens and agencies) communities through ties with financial and public institutions (Chandra et al. 2011; Paton, 2019). Social capital is dependent on how people interact with each other, the frequency of this interaction and the kinds of resources distributed via these connections (Meyer, 2018).

Moreover, it is also essential that disaster response plans account for the specific obstacles encountered by minority communities, including the influence of extended families and social networks, via strategies drawing on input from a grassroots level (Eisenman et al., 2007). It is also recommended to utilise existing social networks such as Churches or Marae, as happened after the Canterbury Earthquakes in NZ (Kenney & Phibbs, 2015). Mathbor (2007) similarly considers the utilisation of social capital to be important in mitigating the harm caused by disasters.

Building social capital is critical in building community resilience and is of particular relevance to older adults. This research also contributes to better understanding the relationships between these elements.

Volunteerism in light of COVID-19

As intimated by the literature reviewed outlined above, volunteerism is widely acknowledged as being an important source of “satisfaction, sociability and self-validation” to many people (Hendicks & Curtler, 2004, S252). Volunteering provides a sense of well-being. However, people’s level of participation in volunteering waxes and wanes, depending on what else is going on in their lives. Hendicks & Curtler refer to this attempt by people to reconcile their perceived time left in this world, against their other personal priorities as “socioemotional selectivity”. They go on to explain this is an ongoing process throughout a person’s life. Over time, activities that result in positive emotions for someone, such as a sense of pride or achievement, continue. Other activities are then given up because they are deemed to be unworthy of that person’s time or efforts. Fung & Carstensen (2004) explain that older adults

place additional importance on these emotionally meaningful goals, relative to younger people, because of the reduced proportion of time they have left. They found this to be closely linked to the emotional meaning people found in interacting with social partners for comfort. The requirements for this also changed during someone's life. Often mature aged workers, increasingly women, do not want to leave the workforce or will seek to return. However, employment conditions may be uncertain for these people (Steinberg and Cain, 2003).

Globally, millions of people volunteer their spare time to help not-for-profit organisations reach their goals in helping people and improving their communities. Those who are passionate about a particular topic will often willingly give up their spare time to assist charitable and not-for-profit organisations. However, if a volunteer has a bad experience, or they feel they've wasted their time, the retention of that volunteer and the quality of their work may suffer. Sometimes the challenge to an organisation is to encourage volunteers to continue with their role long term. It is therefore hugely important that these volunteers feel engaged and supported by the organisation they volunteer with. This can be achieved by providing a meaningful experience to volunteers.

Despite there being greater benefits to volunteering long term, there are barriers to this as people age. Jiang et al., (2020) explain that despite the benefits of volunteering, some older adults have difficulties volunteering for longer periods. Chronic illness, time commitments, financial constraints, and hesitancy to work with people they aren't familiar with were all reasons that may prevent them from undertaking ongoing voluntary roles. They recently conducted a study based in Hong Kong to better understand whether short-term volunteering results in the same beneficial outcomes as long-term volunteering and concluded that short-term volunteering doesn't reliably lead to positive changes in psychosocial health. They suggest instead that the focus should be on encouraging older adults to maintain longer-term volunteering. This, therefore, requires some consideration as to how best to retain volunteers over time. This topic will be discussed in the final chapter, Chapter 6, of this thesis.

Robertson (2013) focused on what a community can do to maximise the input of volunteers. Examples of this approach include enabling and supporting older adults to participate in volunteering; providing community spaces for volunteer support and intergenerational contact; developing new ways to support one another; promoting wellbeing and resilience; challenging negative attitudes and stereotypes; utilising community development techniques; setting guidelines to foster engagement and to provide opportunities for older adults to engage in the decision making process. Correspondingly, Swinford et al. (2020) propose that programs and policies should be devised to support older adults to continue in employment, education, caregiving and community activities to better adhere to ideals of inclusion, choice, opportunity and health equity and foster intergenerational solidarity. Similarly, Volunteering Canterbury (n.d.) explain, on their website, the importance of aligning organisational values with the work of volunteers, whilst also treating the volunteer as a customer. They suggest key areas of consideration around volunteers to include: the consideration of budget to support volunteers; health and safety; legislation; workplace wellbeing and staff culture. Additional items of importance include how you will interact with your volunteers; policies around volunteer eligibility; leadership capacity; resources; processes and having a code of conduct for volunteers.

2.3 Global and NZ ageing populations

Older adults living independently in the community are at higher risk of experiencing negative outcomes during a disaster (Tuohy, 2014). The population of New Zealand and the globe is now ageing at a pace never seen before.

“The global population aged 60 years or over numbered 962 million in 2017, more than twice as large as in 1980 when there were 382 million older persons worldwide. The number of older persons is expected to double again by 2050, when it is projected to reach nearly 2.1 billion.” (United Nations, Department of Economic and Social Affairs, Population Division, 2017).

Compounding this, the increasing frequency of disasters due to climate change, increased health threats due to human travel and trade around the world, environmental degradation, urbanisation and socio-economic factors associated with development will also result in additional health-related disasters and humanitarian crises. Each of these events will undoubtedly impact both the poorest and oldest populations the most (Chan, 2020). Additionally, advanced age has also been associated with morbidity and mortality during disasters. It is therefore important that the needs of vulnerable older adults are fully understood and catered for and are widely communicated within the community before a disaster. Although many elderly people will live in rest homes, the majority will be living in the community and be self-reliant (Tuohy & Stephens, 2011). Tuohy & Stephens (2016) found that, for older adults, preparedness activities were heavily influenced by health concerns and pertained primarily to the maintenance of their independence. Further to this, Fernandez et al. (2002) suggest that merging current emergency management systems with appropriate services already supporting older adults is more likely to be successful and sustainable than developing and maintaining these capabilities separately.

Ageism

Human ageing is embedded within sociocultural context. Namely the norms, attitudes, beliefs and expectations of independence of older adults. People grow old as part of a network that also encompasses their partners, family and friends. The assumptions we hold about older adults, chronological age and the process of ageing also impact how people age. Once we no longer recognise individual differences and treat older people, ageing and old age in a stereotypical manner, this is referred to as “ageism” (Tesch-Römer & Ayalon, n.d.). According to the World Health Organisation (n.d.), ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs. Ageism can negatively impact the health of older adults, causing cardiovascular stress, lowered levels of self-efficacy, decreased productivity, and reduced lifespans. Ageism can become perpetually ingrained, due to the promotion of ageist stereotypes including physical and cognitive decline, social isolation and economic burden in older people. Xie (2015) explains that

when society is awash with ageism, older adults may become habituated to utilising their age to their advantage. As a result, they could gradually become dependent and fragile. As a result of ageism, alongside a lack of medical resources, older people may feel pressured into declining medical care. Additionally, there may also be unforeseen negative effects on the health system (Ehni & Wahl, 2020).

Chang (2020) argues that being an older adult is not directly associated with being vulnerable. The older population is a diverse demographic group, with the 70+ age group exhibiting a range of individual health, fitness and frailty (Fernandez et al., 2002; Thane, 2013). Indeed, equating older age with vulnerability may alter people's perception of themselves and intensify generational gaps (Ayalon, 2020). Older people's experiences and capabilities often go unrecognised but can significantly contribute to all phases of disaster management (Chan, 2020; Wong et al, 2019). Wong et al (2019) promote the development of a multidimensional index that focuses on the complexities of both ageing and geo-specific impacts of disasters, such as the Disaster Risk and Age Index by HelpAge International. This tool is useful in supporting the goals of the Sendai Framework for Disaster Reduction (2015-2030).

“The Sendai Framework for Disaster Risk Reduction 2015-2030 outlines seven clear targets and four priorities for action to prevent new and reduce existing disaster risks: (i) Understanding disaster risk; (ii) Strengthening disaster risk governance to manage disaster risk; (iii) Investing in disaster reduction for resilience and; (iv) Enhancing disaster preparedness for effective response, and to "Build Back Better" in recovery, rehabilitation and reconstruction. It aims to achieve the substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries over the next 15 years. The Framework was adopted at the Third UN World Conference on Disaster Risk Reduction in Sendai, Japan, on March 18, 2015.” (UNDRR, 2015).

In higher-income countries, although people are living longer, they also are increasingly healthy and active later in life. In turn, this results in increasing

numbers of older adults continuing in paid or voluntary work, often in roles that provide care for others. Those either in, or nearing retirement will face the greatest financial effects on pensions, savings, assets and any income earned (Li et al, 2020). Additionally, due to longer life expectancy, higher living standards and modern technology, older people may receive more family, social, financial and technical support than in the past (Thane, 2013).

From its initial discovery, the current COVID-19 pandemic was portrayed primarily as an issue for older adults. As a result, a clear distinction between young and old has been promoted. This view has since been revised as new variants emerge and the course of the pandemic is more fully understood. Ageism encompasses the discrimination, prejudice and stereotyping of older adults due to their age. The form this ageism takes during this time of COVID-19 varies between countries, depending on sociocultural norms (Ayalon, 2020). In New Zealand, the importance of socially isolating older adults to better protect them has been heavily advocated for. Ayalon (2020) draws our attention to the social isolation of older adults not being new, having been observed in previous emergencies. This is unsurprising, given society is often highly divided on issues that are presented as being generational in nature, such as climate change and voting rights. Unfortunately, when intergenerational isolation is endorsed, the ability of older adults to stay resilient in the face of disaster is further reduced. Although older adults were initially found to be more at risk from severe illness upon contracting COVID-19, Ehni & Wahl., (2020) explain that this doesn't apply equally to everyone over a specific age. This is because, while increasing age is associated with severity of illness and mortality due to COVID-19, these trends are more aligned with pre-existing chronic illness and weakened immunity. Each of these conditions are associated with, but not equal to, increases in chronological age. Swinford et al., (2020) explain that around three-quarters of older adults reported they had no health-related limitations on their work or housework.

Ehni & Wahl (2020) argue that we must not treat older people with a paternalistic attitude, and resist telling them what they can and cannot do. They have a wealth of life experience and typically act in line with the

requirements of the COVID situation without express instruction. They propose that we could instead listen and learn from the wisdom of older adults during this crisis. It is therefore important to give older adults a voice by first tackling ageism. In addition to bringing respect and recognition, with ages also comes obligation and expectation (Gee, 2001). The concept of older people being a burden is no longer credible. Reducing ageist attitudes will require all generations to adopt a revised understanding of ageing by acknowledging and taking advantage of the plethora of experience that comes with advanced age. Not all older adults are at greater risk from COVID-19, nor are those at greater risk above a certain age (Ehni & Wahl, 2020). We must also consider other risk factors such as environmental effects like pollution, mutations of the virus and human genetics. Additionally, male gender and obesity appear to be a possible factor in severe cases of COVID-19 (Ehni & Wahl, 2020). According to the World Health Organisation, ageism can potentially be tackled by: undertaking communication campaigns to increase knowledge about and understanding of ageing among the media, general public, policy-makers, employers and service providers; legislating against age-based discrimination, and ensuring that a balanced view of ageing is presented in the media (WHO, n.d.).

Positive Ageing

Turnover of volunteers is both costly and time-consuming. Volunteer roles mean different things to different people, with some regarding their volunteer work as an essential component of their lives. So much so that it almost defines them (van Ingen, & Wilson, 2017). As a result of their research, van Ingen, & Wilson (2017) suggest that organisations approach recent retirees to promote ways they could be involved voluntarily. The more they are involved, the stronger they identify with the role and in turn become more committed to their work. Thane (2013) explains that people can acquire new skills into older age if they are offered training. Unfortunately, this is often not the case, due to prejudice based on their age. Typically, older adults prove to be reliable workers and take less time off than their younger counterparts. In aiming to reduce social isolation, the New Zealand Government encourages “positive ageing” to encourage community participation and reduce social isolation. The New Zealand Positive Ageing Strategy recognises this by promoting the value

older people add to communities by contributing skills, knowledge and experience. Continued participation as people age provides benefits to both the individual and their communities. The Strategy is aimed at identifying obstacles to participation by older adults while simultaneously working with various sectors to combat these (Ministry of Social Development, 2001).

Similarly, a study by Neville et al. (2020) of older adults in the rural sector found that ageing well for these people was supported by having a supportive network, keeping active and being flexible in facing the future. They found the concept of reciprocity, i.e. giving back in exchange for accepting help, to be important in ageing well. However, this may not always be possible due to their increasing frailty. Those in more isolated locations had an awareness of their potential vulnerability and often shared resources and made collective plans for emergencies. While participants took ownership of their ageing, they might also rely on neighbours and other support networks. They point out the importance of policymakers including older people's views of their community to enable the development of environments that are suitable for a range of capabilities and circumstances. Future development of policies and services across the government sector are to adhere the following Positive Ageing Principles: Empower older people to make choices that enable them to live a satisfying life and lead a healthy lifestyle; Provide opportunities for older people to participate in and contribute to family, whānau and community; Reflect positive attitudes to older people; Recognise the diversity of older people and ageing as a normal part of the life cycle; Affirm the values and strengthen the capabilities of older Māori and their whānau; Recognise the diversity and strengthen the capabilities of older Pacific people; Appreciate the diversity of cultural identity of older people living in New Zealand; Recognise the different issues facing men and women; Ensure older people, in both rural and urban areas, live with confidence in a secure environment and receive the services they need to do so; and Enable older people to take responsibility for their personal growth and development through changing circumstances (Ministry of Social Development, 2001).

The above section highlights issues around diversity and inclusivity that resonate well with the ethos of NZRC. Older people can make a significant

contribution to volunteer organisations, such as NZRC. As such, it is important to now introduce the global Red Cross and Red Crescent Movement. This will be followed by a detailed description of the current main foci of the New Zealand Red Cross (NZRC) to provide the context for the research.

2.4 The Red Cross and Red Crescent Movement

The International Red Cross and Red Crescent Movement is the world's largest humanitarian network, reaching 150 million people. Supported by 13.7 million volunteers, it helps people affected by disasters and conflicts. The movement has three main components: The International Committee of the Red Cross (ICRC); The International Federation of Red Cross and Red Crescent Societies (IFRC) and 192x member Red Cross and Red Crescent Societies. Red Cross has a unique relationship with governments, as they hold special status as auxiliary partners in the humanitarian field. This means that, while they are independent, they cooperate with governments for humanitarian purposes. Their strength is in their volunteer network, community-based expertise and ability to give a global voice to vulnerable people. (International Federation of Red Cross, n.d., New Zealand Red Cross, n.d.)

New Zealand Red Cross (NZRC) was established in 1915 and offers several humanitarian services to New Zealanders. NZRC's Humanitarian Development Service is responsible for the service delivery of Red Cross programmes and activities within the local community. To achieve this, they work closely with the community, branches, and area councils. The mission of New Zealand Red Cross uses the power of humanity to improve the lives of vulnerable people by enhancing community resilience. NZRC aims to do this using its volunteer base wherever possible.

The Seven Fundamental Principles

Proclaimed in Vienna in 1965, the Fundamental Principles are an expression of the Red Cross Red Crescent Movement's values and practices and are intended to be both operational and aspirational. They are both a guide for action and provide the Movement's common identity and purpose, guiding workers in all situations and at all times. These Fundamental Principles also

guarantee the continuity of the Red Cross Red Crescent Movement and its humanitarian work.

Humanity - The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavors, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for human beings. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality - It does not discriminate regarding nationality, race, religious beliefs, class or political opinions. It endeavors to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality - The Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence - The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service - It is a voluntary relief movement not prompted in any manner by desire for gain.

Universality - The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide. (IFRC, n.d.)

Meals on Wheels

There are a number of organisations around the country that deliver Meals on Wheels, but it is important to highlight that New Zealand Red Cross is the primary provider. Because there are many elderly, ill and disabled people in New Zealand who have trouble caring for themselves at home, NZRC provides these people with home-delivered meals regularly. Meals on Wheels (MoW) is

one of NZRC's longest-standing, core community activities. The MoW service allows many elderly and disabled people to remain independent and supports people who have been ill or in a hospital to recover in their homes. In addition to providing them with a hot, nutritionally balanced meal, MoW also provides regular social contact and a 'check-in' from the world outside. The MoW service aims to maximise the independence of older adults to promote self-supported living, thereby reducing the need for nursing home care costs (Wilson & Dennison, 2011). NZRC volunteers deliver over 70,000 hot meals every month. There are currently approximately 3400 MoW Volunteers in 40 different communities across New Zealand. These volunteers are highly valued by the NZRC for the significant contribution they make to the organisation. NZRC is therefore concerned for their wellbeing. The majority of NZRC's MoW volunteers are aged 70+ years old. This age group was particularly affected by New Zealand's COVID lockdown and forms the basis for this research being focused on them specifically (New Zealand Red Cross, n.d.).

The NZRC MoW Programme is run on behalf of District Health Boards, with recipients being registered via a referral from their General Practitioner. This service is particularly important for those who are already socially isolated. NZRC continued to deliver around 4000 meals a week over the COVID-19 lockdown, although there were some changes in delivery procedures to ensure the maintenance of social-distance of 2 metres. During the March 2020 COVID-19 lockdown, many volunteers stepped up around New Zealand to fill in for those who were stood down due to their age and/or pre-existing medical conditions. NZRC's General Manager for Humanitarian Development at the time, Shaun Greaves, said it was evident that New Zealanders wanted to step up to help their fellow kiwis. (Radio New Zealand, 2020).

Ehni & Wahl (2020) explain that the COVID-19 crisis is likely to influence the way many older adults experience ageing, with a need for opportunities for social interaction and participation lacking and needing to be found. They suggest that it is important to better understand what is happening to older people psychologically, throughout the COVID-19 pandemic, by undertaking targeted research. Hence it is appropriate that a significant number of survey

participants for this research will be older adults who volunteer with the New Zealand Red Cross. Red Cross Red Crescent Societies are committed to building a positive image of ageing and acknowledge older people as an important societal resource (IFRC, 2013). Steinberg & Cain (2003) explain that because older adults are increasingly contributing to society, the nonprofit sector will be pivotal in these developments, as both an employer and a service provider, and will need to prepare for issues around mature age un/employment and ongoing training and education.

NZRC Reimagining Volunteering Project

NZRC can deliver on their mission of mobilising the power of humanity, by creating new opportunities for humanitarians to partner with the NZRC. Volunteers understand well the needs of their local communities, regions, hapū and iwi because they live within, and are connected to, them. Local volunteers support NZRC to make a significant contribution within these communities. In early 2021, the NZRC launched a project called the Reimagining Volunteering Project. This piece of work is due to be completed by October 2022 (Erica Herron, 2021). It is designed to support and resource NZRC volunteers to be involved within the migration, international and disaster risk management areas of the organisation. Throughout this project, it is important to consider the need to engage with those from diverse backgrounds. Because most people generally have limited capacity to volunteer, NZRC must co-create opportunities that are both meaningful, impactful whilst meeting the individual's motivations. This can be achieved by offering flexibility and a variety of opportunities to volunteers that fit their availability, skills and experience to meet ongoing community requirements. As a result, the organisation may need to rethink and reshape the volunteer roles offered, and how people volunteer with them. NZRC needs to understand why particular groups do or do not choose to volunteer with them to best realise their potential. Understanding volunteers' breadth and depth of experience, as well as their skill sets, are necessary to know how best to utilise them. Additionally, NZRC must foster a culture that offers a welcoming experience that considers diverse New Zealand communities. Ways to succeed in this would include creating an effective onboarding process; offering an enriching volunteer experience; providing opportunities to remain

engaged with NZRC longer term; and acknowledging the contribution of volunteers. NZRC must offer a safe environment, practice clear communication and prioritise wellbeing. Priorities for NZRC include both honoring the contributions of volunteers to date and making space for new volunteers who may see themselves being involved in our humanitarian work in new and innovative ways. Herron, E. (n.d.)(b).

Digital Volunteering

As with traditional volunteers, a digital volunteer is similarly motivated to become engaged in social initiatives. Digital volunteering has many advantages, including access to volunteering without physical constraints and having flexibility in terms of time and location, meaning volunteer skills become more readily accessible. Several current volunteering tasks can potentially be developed into digital volunteering roles. It should be noted that digital volunteering has the potential to be isolating which decreases motivation. It is therefore even more necessary that roles for digital volunteers are appropriately matched with skill sets and areas of interest to retain their level of engagement, as it is with traditional volunteers. Within Red Cross, several National Societies are known to be using digital volunteers for tasks such as translation; design; developing and reviewing digital content; developing e-learning and training modules; pro-bono development and consulting; digital mapping and GIS; research tasks; community support via the phone or online tools; crowdsourcing of data; digital support of resilience initiatives; and youth engagement. (Herron, E. (n.d.)(b)).

The below section includes definitions for some important terminology. These terms are picked up on in Chapter Five, where a number of these definitions are used to provide the framework for the discussion.

2.5 Basic Definitions

Disaster

Disasters have always harmed human lives, disrupting our regular routines. The United Nations Office for Disaster Risk Reduction defines a disaster as:

“a serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of

exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts.” (UNDRR, n.d.).

Because some groups are at higher risk of being adversely affected by disaster, it is necessary to understand the multiple factors that have the potential to influence their health & wellbeing. How individuals experience a disaster is both unique to them, but also impacted by their place in society. It is therefore important to understand existing socio-economic factors in addition to disasters themselves, in an attempt to decrease people’s exposure to their adverse consequences (Coppolla, 2015).

Epidemics

Human epidemics are illnesses caused by a single pathogenic source that afflict a population at a rate that results in the disease becoming uncontrolled. Once this illness becomes a global issue, as with COVID-19, it is referred to as a pandemic. Statistically, Historical epidemics and pandemics have been the greatest killers of humans (Coppola, 2015, p95). COVID-19 is an infectious disease caused by a newly discovered coronavirus. Most people who contract COVID-19 will experience mild to moderate symptoms and recover without intervention. However, those with underlying medical conditions and some older people are at higher risk of severe illness from COVID-19 (WHO, 2020).

Volunteering

“Volunteering builds strong, sustainable and connected communities. It builds social capital; it is the glue that binds our communities, our culture, and our identity. Whatever we call it, be it unpaid work within our communities, volunteering, mahi aroha, or social action, it is a taonga we must all treasure, nurture, and recognise as integral to Aotearoa New Zealand as a nation.” (Volunteering New Zealand, 2020. p4)

Volunteering is broadly defined by the United Nations Volunteers as an action that is undertaken freely and without coercion, for reasons other than financial gain, to benefit the community as well as the volunteer (Volunteering New

Zealand, 2020). It typically peaks in later life (Gee, 2001). By caring for others, volunteers improve not only the lives of others, but also their own.

Of importance is that the concept of 'voluntary' work is European in origin and not one that sits well within Māori culture and values. Māori do not have a sense of 'other' within the whānau, hapū and iwi. This is because working together for the benefit of everyone is a concept deeply embedded within tikanga Māori (Tamasese, et al., 2010, p20). In the 2001 census, nine out of ten Māori participated in unpaid activities outside the household. Because whānau extends well beyond blood links, Māori find it difficult to distinguish between benefits to whānau versus the community. This work for Māori was rarely if ever, considered a choice. This is because volunteering is understood to be a moral imperative, borne of a sense of duty (Office for the Community and Voluntary Sector, 2007).

“Mahi aroha is work performed out of love, sympathy or caring, rather than for financial or personal reward. Mahi aroha emphasises that work, or action of some sort has taken place, is taking place or will take place. It is a term that most closely translates to the concept of voluntary work”.
(Office for the Community and Voluntary Sector, 2007 p13).

Volunteering is also a foreign concept within Pacific cultures. Pacific elders and young people believe that Pacific people have a moral and ethical responsibility to extended family. From a young age, all family members were trained to help and were expected to participate in community activities (Office for the Community and Voluntary Sector, 2007 p22).

Older Adults

There is currently no globally agreed definition of “older people” as this varies geographically and between cultures (Chan, 2020). Defining older age in chronological terms has been challenged as being overly simplistic (Smith, 2018). However, for the purpose of this thesis, I will be referring to those aged 70 years and older. I have chosen this definition due to it being the cutoff age, as advised by the New Zealand Ministry of Health (MoH), for those who were asked to remain at home, along with people with pre-existing health conditions, during the initial lockdown for COVID-19 in New Zealand.

Community Resilience

Brown et al., (2017) explain that community resilience to disaster is the ability of a group to mitigate and withstand the effects of a disaster. Adaptive capacities such as the equitable distribution of resources, social capital, and information and communication, used to form a common understanding, to foster collective decisions, are all important factors. However, a consensus is yet to be reached around exactly which components and processes result in a community being more resilient to disaster. Because disasters affect everyone in the community, everyone must work together for a successful recovery, with stakeholders at every level being involved. Resilient organisations will also assist the community by maintaining social continuity.

Vulnerability

Vulnerability is a measure of the ability of a person or group to anticipate, cope with, resist and recover from the impact of a disaster, and results from a combination of physical, social, economic and environmental factors (Coppola, 2015). For some time now, disaster research has acknowledged that communities often work collectively to survive and recover from catastrophic events. While advice around preparing for disasters typically focuses on building shelters and stockpiling items like food, water and batteries, resilience predominantly comes from our connections to others. Social networks, at both an individual and community scale, facilitate improved access to resources during disasters, such as information, aid, financial resources, and childcare, as well as psychosocial support (Aldrich, 2015).

Perceived Agency

Moore (2016) defines a sense of agency as the “feeling of control over actions and their consequences”. The sense of agency refers to this feeling of being in control of our own actions, rather than things simply happening to us.

Social vulnerability

There is now an increased awareness that the concept of social vulnerability must be incorporated into disaster research and practice. Research on vulnerable groups began in the 1980s when disaster researchers began reporting evidence of race, class, age, and gender discrimination and a range

of effects of disasters throughout each phase. Factors that influence someone's social vulnerability include class, gender, race, ethnicity, income, disability, health, literacy, families & households and age (Thomas et al., 2013). According to Tuohy & Stephens (2011), older adults are more likely than other age groups to be adversely affected by the negative impacts of a disaster, due to age-related physical and cognitive decline. As an example, those over 70 years old may be more vulnerable to COVID-19, particularly if they have any underlying health issues (MoH).

Henning-Smith (2020) explains pre-existing rural/urban inequities in health. These include rural areas typically having older populations and including more people with underlying health issues than urban and suburban areas. Rural areas constantly face challenges with regards to health care capacity which results in older adults being less able to access healthcare around COVID-19, and any other health issues met during the pandemic. Older adults in rural areas generally have stronger social networks. However, they are also more likely to experience feelings of loneliness. This is because they face additional barriers to maintaining their social and emotional wellbeing. For example, access to technology for older adults is typically lower than for younger people. Additionally, internet connectivity in rural areas can be less than in urban areas. This is important because we know loneliness to be detrimental to our health, wellbeing and productivity (All Party Parliamentary Group, n.d.). They may also face transportation challenges or financial constraints and are less likely to be able to have their groceries delivered or have the ability to access telehealth options.

2.6 Summary

There are many benefits to individual health and wellbeing to be gained by volunteering, particularly for older adults. Additionally, fostering community resilience and improving the ability to respond to and recover from disasters underpins many of the key functions of NZRC. As a compounding factor, the COVID-19 pandemic has thrust additional pressures on New Zealanders. Consequently, it is of utmost importance that, as an organisation, NZRC gains an understanding of the experiences of their MoW volunteers during the initial COVID-19 lockdown period. This is necessary to ensure these volunteers

obtain the support they require to continue to make a valuable and significant contribution to both the organisation and the wider communities they support.

Chapter 3 - Methodology

In this chapter, I will outline the research design and detail the methods for both the collection of data and data analysis. Qualitative research is the most appropriate approach for this study as it enables researchers to gain a deeper understanding of current social phenomena by bringing order, structure and meaning to the data collected (Bloomberg et al., 2008). In using an interpretive approach, this research aims to gain a richer appreciation of MoW volunteer experiences by asking them to share their stories and viewpoints regarding the initial COVID-19 lockdown in New Zealand. All National COVID-19 restrictions and guidelines from Massey University were adhered to when conducting this research. Unfortunately, this necessitated amendments to proposed data collection methods, and initial plans to conduct semi-structured interviews for this research had to be abandoned. This was primarily due to the February 2021 outbreak of COVID-19 in Auckland. A series of interviews were due to be undertaken in Auckland and had to be cancelled due to heightened COVID-19 alert levels. Additionally, these community cases resulted in greater uncertainty over when interviews could take place around the whole of New Zealand. To fit with thesis submission deadlines, the decision was made early to resort to a backup plan to utilise only the online survey information instead. Details on this can be found below.

3.1 Online Survey Participants

Potential survey participants for this research were identified using purposive sample techniques (Guest et al., 2012). Survey participants must have been active as a New Zealand Red Cross Meals on Wheels volunteer driver at the time of the initial (March 2020) COVID-19 Lockdown in New Zealand. With the support of both the Humanitarian Development General Manager and MoW National Lead at NZRC, potential participants were emailed by Regional Coordinators for the MoW service and were provided with a link to the online survey. A geographically diverse sample was obtained by surveying volunteers from multiple regions to provide a cross-section of MoW volunteers.

Of note is that around two-thirds of survey respondents were from the 70+ year old bracket. This was important in providing the ability to draw conclusions around older adults as volunteers.

Participation in the survey was optional, as was providing personal information such as name and email address. Participants were self-selected via opting in to complete the survey. Characteristics such as class, gender, race, ethnicity, income, disability, and family situation, although of importance, were not specifically considered when confirming participants for this study, or in interpreting results.

3.2 Online Survey

An online survey consisting of 17 questions was initially created as a secondary data source, to bolster any key themes arising from the interviews, and to provide a back-up methodology in the case of COVID-19 Alert Levels in New Zealand affecting the ability to travel to undertake in-person interviews. This was compiled with support from Massey University staff using Qualtrix Survey Solutions software. The survey was promoted to all MoW volunteers, irrespective of their age. This was to capture the experience of older adults as well as younger volunteers who were often required to undertake additional MoW runs to cover for their aged 70+ colleagues. 81 valid responses were obtained. The questionnaire developed for the online survey included some initial demographic questions. I then queried participants around their motivations for joining as a volunteer with the MoW Programme. This was then followed by questions on how they felt about NZRC as an organisation and asked them about any impacts they felt because of the COVID-19 lockdown. Participants were also reminded that any identifying information will remain confidential throughout the study.

3.3 Ethical Issues

Because this research was centred around volunteer experiences, it was necessary to submit details of the proposed research to the Massey University Human Ethics Committee (MUHEC) for ethical consideration. As the researcher, I was aware that reflecting on the initial COVID-19 lockdown could be a potentially distressing subject for some volunteers. Additionally, they may

still be facing some challenges in readjusting to daily life post-lockdown. For example, one of the MoW Regional Coordinators mentioned that some of their drivers expressed they don't like thinking/talking about the lockdown period last year, as it brings up sad memories for them of what it was like this time last year. She said some of them might not like to remember what it was like and bring up feelings from a year ago. They described the period as stressful, holding feelings of anxiety, observing empty streets, feeling disconnected and worried about others, particularly those that they could not see. She suggested this may be a reason why some drivers have not engaged in this research. I addressed the potential for distress, and potential need for support, by reminding participants in the survey instructions that the survey was optional, and that they could leave any questions blank that they did not wish to answer.

3.4 Consent

Participation in the online survey was optional. Even if a participant chose to contribute to the survey, submission of their personal details was not compulsory. Although I, as the researcher, work for New Zealand Red Cross, my role is not directly associated with the Meals on Wheels Programme. Any survey responses were treated as confidential, and any findings shared as generalisations, with any identifying characteristics omitted.

3.5 Data Analysis

In conducting this research, I hoped MoW volunteers would find sharing their experience of the initial March 2020 COVID-19 lockdown a positive experience by contributing to disaster research generally, and to improving our volunteer model here at NZRC. Their responses provide insight into how they coped with the lockdown, and any ongoing impacts. In addition to these responses being analysed at the individual level, they can also provide representations of experience and understanding that apply at a broader socio-cultural level. It is hoped that by completing the survey, participants felt empowered in contributing to the wider understanding of volunteer experience. I chose to undertake a thematic analysis of their responses. The reasons for this decision are outlined below.

Inductive Thematic Analysis of Qualitative Data

The analytical approach used in my research is referred to as Inductive Thematic Analysis. This approach is the most widely used in qualitative inquiry and is directed at presenting the experiences of study participants as accurately as possible (Denzin & Lincoln, 2011). Grbich (2013) describes the process of analysis in qualitative research as involving moving from description to interpretation via an identified process. The quality of the analysis depends on the quality of the data and the skills of the researcher in working up from this data to form ideas and provide explanations (Richards, 2015).

Braun & Clarke (2006) explain thematic analysis in depth. They observe that qualitative approaches are both diverse and complex and promote thematic analysis as a foundational method for qualitative analysis as it provides core skills that can be used when conducting other types of qualitative analysis. Additionally, they describe thematic analysis as being compatible with both essentialist and constructionist paradigms. Existentialist (or realist) methods report experiences, meanings and the reality of participants. In contrast, a constructionist method looks at ways that sociocultural contexts and the conditions operating in society enable individual experiences. Because Thematic Analysis is not linked to any particular epistemological or theoretical perspective, it is inherently flexible with the potential to provide a rich and nuanced account of data.

This description supports the choice to utilise thematic analysis to analyse the qualitative online survey data for this study by selecting, focusing, simplifying, abstracting and transforming the data (Maguire & Delahunt, 2017). An effective thematic analysis also interprets and makes sense of the information by examining underlying ideas, assumptions, concepts and ideologies to identify themes, topics, ideas or recurrent patterns within the data that are of interest or importance. This process is subjective by nature and provides an interpretive and insightful lens to peoples' experiences. Silver & Lewins (2014) describe induction as being the generation and justification of a general explanation based on the accumulation of many specific, but similar, circumstances.

Although the theoretical framework gave some idea of the types of themes anticipated in the data, the framework ultimately chosen was based on what was found within the data. I've also chosen to aim to provide a thematic description of the entire data set, to provide an accurate reflection of some of the key issues MoW volunteers face. An inductive approach to coding aims to block existing theoretical concepts from pre-determining the analysis, thereby obscuring the likelihood of forming new ideas and theories (Silver & Lewins, 2014).

Steps in Analysis

Grbich (2013), offers several insights around qualitative data analysis. These include recognising that the process of analysing qualitative data is an iterative one, which requires reviewing all aspects of the data and comparing them continually, whilst considering any relevant theoretical frameworks and literature. To that end, there are several steps within qualitative data analysis, as identified by Maguire & Delahunt (2017):

Step 1: Becoming familiar with the data

When analysing the data, I read through the survey responses in their entirety multiple times and recorded initial ideas. It is important to be aware that any themes found in the data may not be directly correlated to the survey questions asked (Braun et al., 2006). Early, in-depth engagement with the data is important in enabling the researcher to identify categories that codes could be placed into, saving time for the analysis to follow (Harding, 2019). I initially identified 276 keywords, that is those that were repeated, spread amongst the various survey questions. These were then condensed down to tens of pattern codes, which were repeatedly refined down to four key themes in subsequent steps of analysis.

Qualitative coding is done to support data retention to learn from the data. Richards (2015) explains that coding isn't done to simply label all the information on a topic, rather it's used to bring these items together to enable ideas to be developed from the data to identify key themes. Coding enables the researcher to continuously compare and contrast similar events in the data. Grouping coded information forces you away from preconceived ideas

about the research. There are several kinds of codes in NVivo. Thematic nodes are codes that represent the themes or topics that you find in your data. A theme is a pattern around something important or interesting about a research question. Maguire, & Delahunt (2017) explain that due to the dataset for this study being reasonably small, there is some overlap between the coding step, and identifying preliminary themes.

Step 2: Generating initial codes using Open Coding

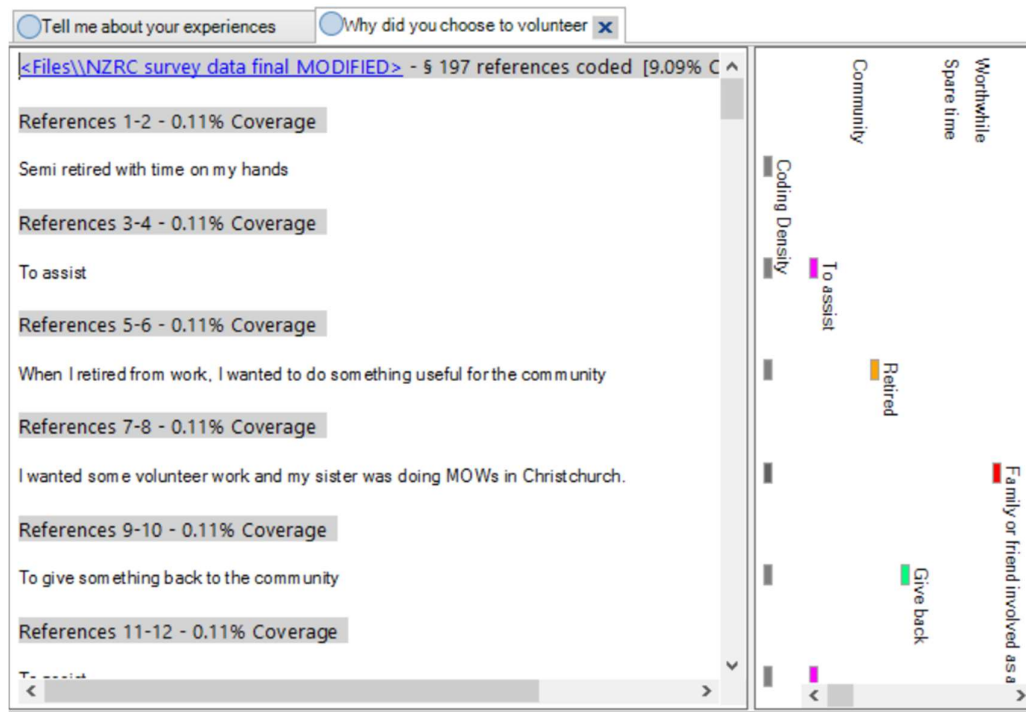
While themes may be expressed in longer phrases or sentences, codes tend to be shorter, more succinct basic analytic units. Codes are also used to identify what a unit of data is about, or what it means, and reduce this to something easier to work with (Harding, 2019). Coding uses classification to take note of what is of interest or significance by identifying segments of the data and labelling them to organise the information (Bloomberg et al., 2008). Miles et. al. (2020), believe that coding involves deep reflection and subsequent interpretation of the meaning of qualitative data. Codes are used to combine data relating to a particular concept or theme, which then allows for further analysis and drawing of conclusions by enabling the researcher to condense large amounts of information into readily analysable sections. Codes are assigned to data units, to detect recurring patterns. These are then clustered together to form a smaller number of categories termed 'Pattern Codes'. From here, researchers can develop higher-level meanings. This initial list is anticipated to be modified during analysis of qualitative data but provides a solid point to start from (Harding, 2019).

I began with Open Coding within, which means I did not have pre-set codes. Instead, I created and modified the codes as I worked through the coding process, in line with an inductive approach. This was undertaken within a platform called NVivo: a software program used for qualitative and mixed-methods research. It is used for the analysis of unstructured text, audio, video, and image data, including (but not limited to) interviews, focus groups, surveys, social media, and journal articles, and is produced by QSR International. NVivo Coding similarly uses words or short phrases within the data to form codes. Within NVivo, the material is placed in a container called a Node. Each node contains all the references within the project that have

been coded to that node. These codes may be descriptive or conceptual and can be either quite general or more precise and opens up the data to show the various ways in which it can be understood (Silver & Lewins, 2014). NVivo is intended to help users organise and analyse qualitative or unstructured data, by allowing them to classify, sort and arrange information to then examine relationships in the data. As Richards (2015) explains, it is important to remember that while automated coding of data is of great benefit to researchers, it involves clerical, mechanical processes, not analytical ones and does not remove the need to read over, consider and reflect on the data. Computers do, however, provide the ability to store large amounts of data. Undertaking qualitative research requires you to see across the data and above individual records to themes and ideas (Richards, 2015).

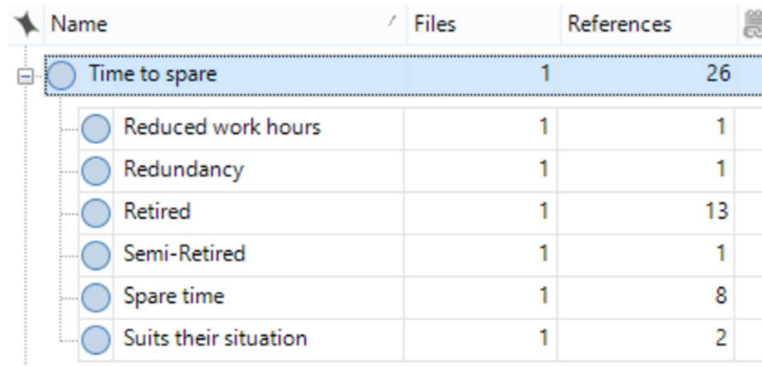
I began by assigning a code to each survey question. I then assigned initial codes to answers for each of these questions, using keywords to capture the essence or subject of the response made by the participants. This phase required that I exercise judgement as to what might be significant within each survey response (Bloomberg et al, 2008). This stage resulted in 276 separate codes. An example of this can be found below.

Figure 3 - Coding example



From here I began to cluster these codes with other similar words or phrases. One example of this is shown below.

Figure 4 - Cluster example



Name	Files	References
Time to spare	1	26
Reduced work hours	1	1
Redundancy	1	1
Retired	1	13
Semi-Retired	1	1
Spare time	1	8
Suits their situation	1	2

Step 3: Searching for themes using Axial Coding

Step 3 involved collating pattern codes into potential themes and gathering all the data around these. According to Harding (2019), this third stage of the coding process is integral in looking for commonality. It is achieved by taking a first look at the data by skim reading, then reading thoroughly to record anything of interest about any of the information, while also considering *why* it is important (Richards, 2015). I then undertook a phase of Axial coding, where the codes created by open coding are given additional consideration. Codes are reconsidered in terms of both their similarity and differences. Similar codes may be grouped, merged into broader categories, or split into additional ones. Axial coding draws the fragmented data segments identified in the open coding phase back together. This is achieved by considering the relationships identified between the codes (Silver & Lewins, 2014) and is an iterative process.

Much of this work was done manually as part of my analysis. This is demonstrated in choosing not to code every individual term or word provided in responses. I instead coded synonyms to the same codes to minimise the number of codes created. By way of illustration, there are 45 responses coded to the term 'Enjoyable' below. In reality, these responses also included the words: wonderful, good, great, interesting, pleasure, excellent, positive, love [it], awesome and fantastic. However, I chose to condense each of these into one code, for the benefit of simplicity. This provides an example of manual

Coding Reduction. It should be noted that this step could also have been undertaken within NVivo itself.

Figure 5 - Coding Reduction example

How would you describe your experience of volunteering with NZRC	1	81
Community	1	8
Convenient	1	7
Enjoyable	1	45
Feel fortunate	1	3
Keeps us active	1	1
NZRC support	1	25
Personal satisfaction	1	28
Provide company	1	6

Step 4: Reviewing themes by Selective Coding

The third stage of coding, when I once again revisited the data and the codes, is referred to as selective coding (Silver & Lewins, 2014). During Step 4, I reviewed, modified and further developed the preliminary themes that were identified in Step 3. Early conclusions are formed by providing examples shown within the data. This stage led to components of data being chosen to quote and discuss in the final thesis (Silver & Lewins, 2014). The survey data generated from the 81 participants was useful in highlighting both similarities and differences between the participants' experiences of the COVID-19 lockdown. The figure below provides an example of how I began to cluster similar codes into levels of broader pattern codes, which ultimately resulted in the development of key themes within the survey data. (Refer Figure 6).

Figure 6 - Selective Coding example

Name	Files	Referenc
What ongoing impacts have you felt since the lockdown	1	81
Actions	1	17
Balance	1	9
Increased fitness	1	3
Life balance	1	3
Shop efficiently	1	1
Simplicity	1	1
Work flexibility	1	1
Preparedness	1	1
Resilience	1	2
Sociability	1	5
Introversion	1	4
More sociable	1	1
Feelings	1	34
Issues	1	10
None	1	30

Step 5: Defining themes

This stage involves the final refinement of themes to identify the essence of each. Within the data, key themes began to emerge around a number of topics. The themes found were predominantly descriptive, in that they described patterns in the data relevant to each survey question. These include reasons for volunteering; feelings experienced; changes to daily activities; actions taken as a result of the lockdown; friends and family and community involvement. These will each be discussed in further detail within subsequent chapters. Additionally, potential limitations of the research are also discussed in Chapter 5.

Chapter 4 - Research Findings

The purpose of the first section of this chapter is to discuss the demographics of the survey respondents. The second section describes the findings that relate directly to the research question: *“What were the experiences of New*

Zealand Red Cross' Meals on Wheels Volunteers, aged 70 years and older, during the initial 2020 response to COVID-19?". This is achieved by qualitative data analysis, supported by NVivo software, which ultimately produced five key themes. The findings are broken down into: the reasons participants volunteered for MoW; feelings they experienced as a result of the COVID-19 lockdown; changes to their daily activities as a result of the COVID-19 lockdown; struggles of participants involving friends and family; and actions taken as a result of the COVID-19 lockdown.

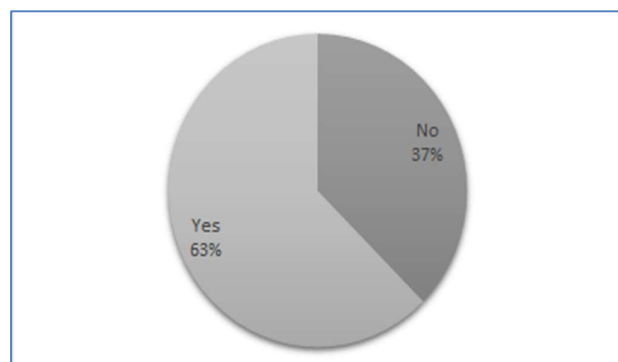
4.1 Participant demographics

Age distribution

While specific ages were not recorded as part of this study, it was of particular importance to capture whether participants were aged 70 years and over for this research. This is because, on the 21st of March 2020, the government requested that all New Zealanders over 70, in addition to those with certain medical conditions, stay at home as much as they could to reduce the risk of contact with the virus. At the time of this lockdown, there were 528,000 people aged 70-plus in New Zealand. However, the online survey for this research was promoted to all MoW volunteers, irrespective of their age. This was to reflect the experience of some of our younger volunteers, who were often required to undertake additional MoW runs, to cover for their aged 70+ colleagues. Around two-thirds of survey respondents were aged 70 or over at the time of the initial March 2020 COVID-19 Lockdown in New Zealand, as shown in figure 6.

Figure 7 - Age of MoW Volunteers

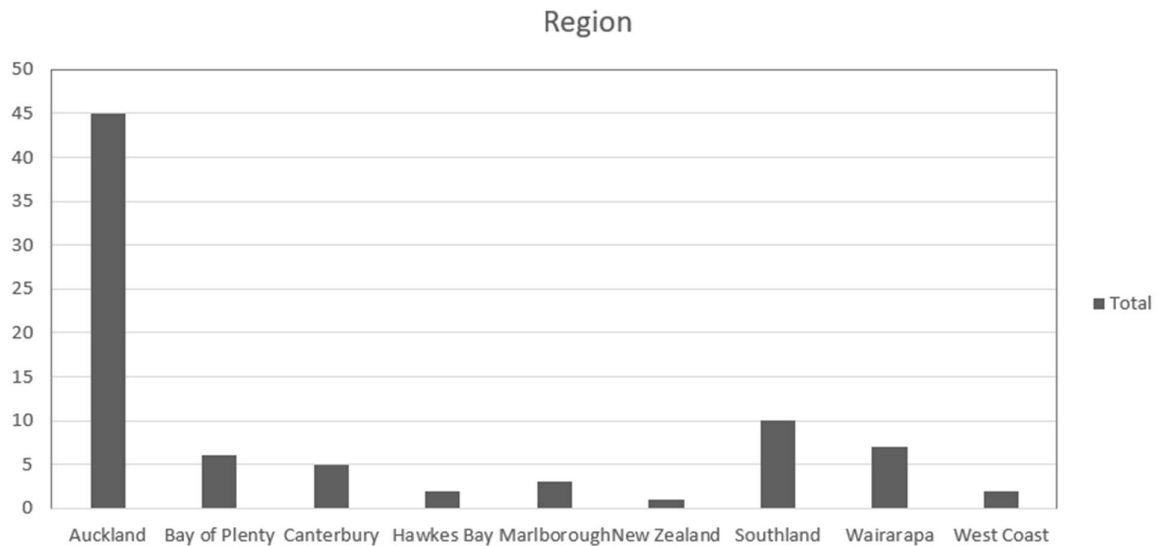
Aged 70+ at the time of March 2020 Lockdown



Region of Volunteering

It is important in this research to capture any differences in volunteering between regions. There is some evidence that the nature of volunteering varies from place to place with patterns (Mohan et al., 2006). Fyfe & Milligan (2003) explain that local variations in voluntary activity reflect both broad contextual factors and local institutions. Rates of volunteering are strongly influenced both by the personal characteristics of people within those areas and by the societal composition of local neighbourhoods. Due to potential variations in the location-specific type and extent of voluntary participation, it is important to capture this by including survey responses from a variety of locations. This is therefore a nationwide study with participants from many regions within New Zealand. The geographical distribution of survey respondents is detailed in figure 7 below.

Figure 8 - Region of MoW Volunteers



Length of service as a MoW Volunteer

Another of the questions in the online survey for this study was “*How long have you volunteered with New Zealand Red Cross (NZRC) for?*” was important to have an understanding of this to add to the overall picture as to why volunteers might be retained in their roles with MoW. Participants’ length of service with MoW varied greatly, with some having joined since the start of the COVID-19 pandemic.

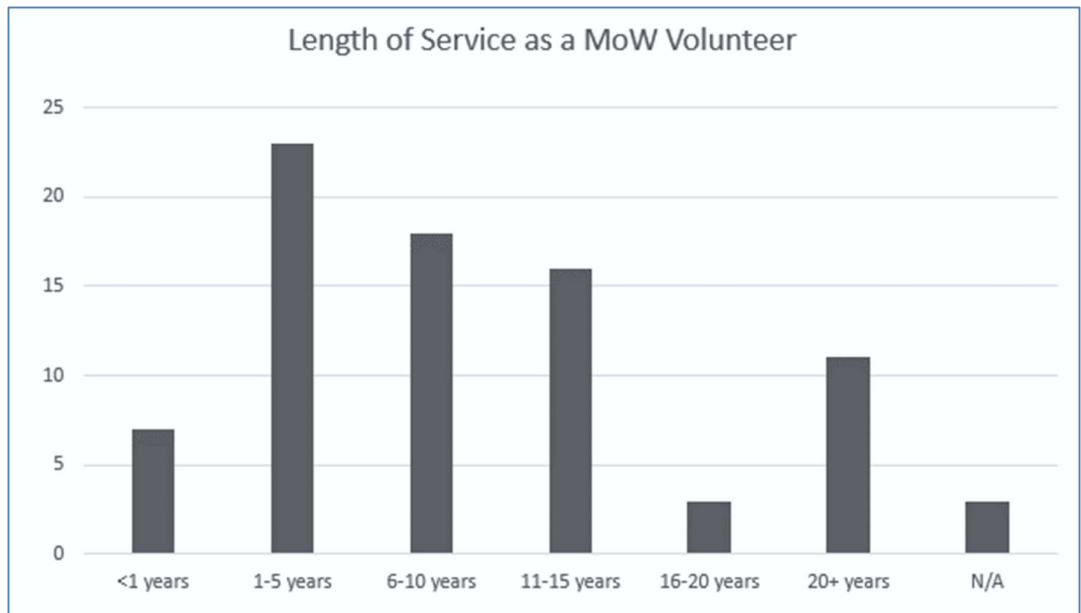
“I was made redundant from my job after COVID and wanted to help the community.”

Through to very long-serving volunteers with over 20 years with MoW.

“Have enjoyed my 30 years meeting new people, some who receive meals for years become friends and knowing that I can deliver a daily hot meal to my recipients. I may be the only person they get to see that day.”

A summary of this can be found in the graph below:

Figure 9 - Length of Service of MoW volunteers



4.2 Key Themes

Theme One: Volunteer Reflections on Motivation

As noted previously, to better promote volunteering by older adults, we need to understand why some people choose to volunteer while others do not (Warburton et al., 2007). I was interested in knowing why our survey respondents chose to volunteer with MoW. A hierarchical chart that highlights the prevalence of each of their key responses can be found in Appendix IV.

Overall, survey respondents for this research were keen to assist the elderly to give back to their community. One person stated:

“I found it a bit [surreal] at first but for me I loved the sound of silence, the chance to hear natural sounds. I also appreciated not having to go anywhere. However, I soon wondered how the rest of my community were doing so I put my hand up to do Meals on Wheels so I could check up on the vulnerable. This also allowed me to give the Community Van a run and also advertise the presence of Red Cross in the Community.”

Red Cross volunteers typically had spare time with which to complete their role due to having recently retired, as with this person:

“When I retired from work, I wanted to do something useful for the community.”

In some cases, they had either had their hours reduced at work,

“My work hours have been reduced due to COVID and I wanted to do something to help others during lockdown who had no support.”

or had been made redundant due to ongoing impacts of the global pandemic, as with this survey participant:

“I was made redundant from my job after COVID and wanted to help the community.”

Wanting to give back to the community was also a determining factor in choosing to volunteer, with many finding the role both worthwhile and enjoyable. As one respondent explained:

“It seemed like a good way to help those less fortunate than myself.”

In addition, some had prior experience with volunteering, or in working with NZRC in other ways, such as:

“I volunteer for other community things and we delivered Meals on wheels in Queensland for 6 years.”

Others were introduced to the idea of volunteering for NZRC as they had friends or family who had volunteered with MoW, for example:

“I wanted some volunteer work and my sister was doing MOWs in Christchurch.”

Additionally, there were others with family who had been recipients of MoW.

“My father had Meals delivered years ago and when I finished working, I wanted to give back to NZRC.”

As noted, prior, it is important that volunteers feel engaged and supported by the organisation they volunteer with. This is because volunteer engagement enables organisations to build their capacity beyond what can be achieved by staff alone. This led me to ask survey participants how they felt about volunteering for NZRC.

Based on survey responses, these volunteers feel overwhelmingly positive about volunteering for MoW. They generally found the experience rewarding and described the coordination of the programme as being well organised. When asked *“How would you describe your experience of volunteering with NZRC?”* participants responded with comments such as:

“It has been very enjoyable & satisfying, helping deliver meals and check in on elderly in the community.”

Several also cited relishing the opportunity to engage with others, for example:

“I think it is fantastic meeting other drivers and members of the public.”

Generally, participants expressed they felt supported by NZRC over the lockdown. One survey participant commented:

“Yes. They were concerned that those with an underlying medical concern would keep safe. We were phoned by the Red Cross to check on how we were.”

Despite the stress and uncertainty of the pandemic, younger people readily stepped in to fill in for those who were unable to make MoW deliveries due to

being aged 70 or older. This was greatly appreciated by those who were unable to participate due to their age.

“I think that NZRC handled the situation in the only way possible. It was great that younger people without health issues and [who had free] time were able to step up.”

Some participants felt they had very little contact from NZRC, or it wasn't applicable as they felt they didn't require support. There were a few who felt unsupported by NZRC, though they didn't necessarily feel greatly impacted by that. For example:

“Not really, very little contact although I did get one call asking how I was coping. Generally, though, I did not need or want support.”

Although volunteer participation has decreased in recent years, charities increasingly rely on volunteers. Whilst an occasional thank you or outward display of care towards a paid employee is always important, showing value for volunteers is additionally significant. One way to demonstrate you value their input is to ask volunteers for their suggestions. When asked *“Were there any / can you suggest any other ways you (could have) volunteered over the lockdown period with NZRC?”*, the vast majority of respondents said there was nothing they could think of. However, a few suggested they could have been utilised in some kind of phone tree to check on other volunteers and MoW recipients.

“I suppose we could have telephoned people living alone for a chat if the contact had been initiated by the NZRC.”

“Perhaps Red Cross could have set up a way for older people in the community to connect over the phone with other people to chat and share a bit of time with. I'm sure that many people would have felt isolated and lonely.”

Others suggested that if they'd been able to implement additional COVID-19 protocols, such as masks or social distancing, as part of their role, they may have been able to continue deliveries.

Theme Two: Feelings participants experienced over the initial lockdown

As part of this study, it is important to gain an understanding of how the initial COVID-19 lockdown in New Zealand impacted our MoW volunteers.

One benefit of volunteering is recognising what you have and being grateful for it. When asked *“how did the lockdown make you feel?”*, key observations by participants included them being worried and feeling isolated, but some also felt thankful.

“I felt lucky not to be living alone and worried about those who were.”

Many had considerable concern for others, particularly for those facing dire economic consequences because of the pandemic.

“Felt more for other people who were much more affected than us, with job losses and potential business failure.”

They also felt anxious for those overseas, in areas more greatly affected by COVID-19, with higher numbers of deaths reported as a result of the virus.

“Although I feel safe enough now in NZ my daughter in Scotland UK has been in continuous lockdown for some time and this has been very worrying re her psychological health hoping that she will cope well with it which she has so far.”

Others were worried about their MoW recipients in their absence.

“It was not too bad as we had excellent extended support and our family, based in Christchurch and Upper Hutt, kept in regular contact with us. Being unable to do deliveries did worry us a bit not knowing how our clients were coping.”

Not all consequences of the lockdown were negative. According to Every-Palmer et al, (2020), positive experiences included enjoying working from home, having more time with family, and positive effects on the environment. Many participants reported feeling positive about the lockdown, making the most of time for hobbies and being sociable, as described by this person:

“I actually enjoyed it. I was lucky in that the weather was great and I’d planned ahead for the jobs I would do. I was on my own but busy doing autumn tidy up in the garden. Painted fence. Tried out new recipes. I didn’t have a job to worry about. I actually talked to my neighbours more than normal.”

Several respondents reported being grateful for their loved ones staying in touch.

“Slightly isolated but also very grateful for family and friends who were in contact almost on a daily basis.”

Some survey participants said they felt valued as a MoW volunteer:

“I felt valued as the recipients of the meals were so grateful to have someone to chat with.”

The hierarchical chart in Appendix V highlights several of the main ongoing impacts for MoW beyond the COVID-19 lockdown.

Data visualisations are one way to communicate important information. Highlighting important data points for text-based data can help to convey critical information. One method with which to do this for frequently used words is by using a word cloud. Word clouds are graphical representations of word frequency that give greater prominence to words that appear more frequently in a source text. The more often it is mentioned within data, the larger the word appears, indicating greater importance (Better Evaluation, n.d.). A word cloud formed with the top 100 words found when asked how the lockdown made participants feel can be found in Appendix VI. The word “family” featured very strongly, with “time” being important, “life / live” and “missed” also prominent.

Theme Three: Changes to daily activities and ongoing impacts for participants

Around two thirds of survey respondents reported they had either no, or very few changes to their social networks because of the initial COVID-19 lockdown, beyond the lockdown. Though they did report the regular use of online tools to keep in touch with loved ones.

“During lockdown we had organised Zoom sessions with friends and they were always fun but everything now is back to normal.”

“During lockdown we kept in touch via phone and internet but afterwards largely returned to normal, with normal safeguards- washing hands, little physical contacts and being aware of health conditions.”

One survey participant described how the pandemic weighed heavily on their mind following the lockdown.

“I’m still expecting NZ to blow with more and more COVID patients, so I check every day so consistently thinking about it.”

Theme Four: Issues surrounding friends and family of participants

Over the initial COVID-19 lockdown in NZ and during the ongoing pandemic, frustrations around not being able to see friends and family were evident in the data.

“I worry a lot about friends overseas who are having far more problems than we have had here.”

“I missed the company of friends and general stimulus of interaction. My family lives in Wellington and I usually visit every 2-3 months, but we did Zoom.”

However, most participants were also buoyed by the support of friends and family:

“Not a lot [has] changed for our family. Very well looked after by my children.”

“I felt supported through family and friends.”

“A personal sorrow is my inability to share mutual birthdays with my granddaughter in England last year and again almost certainly this year. She was born on my 70th birthday and we’d always been together on this day in past years.”

“We probably talked to our neighbours more than we have ever talked before or since.”

4.3 Summary

This chapter has reviewed the findings of an online survey undertaken by NZRC MoW volunteers to capture their experiences, motivations and feelings over the initial COVID-19 lockdown in Aotearoa, New Zealand. It began by summarising key demographic information about the research participants, including their range of ages, locations and length of time spent as MoW volunteers. This is followed by an investigation into the variety of reasons why participants chose to volunteer with MoW as well as how they regard their experience as volunteers. Additionally, it describes examples of some of the feelings experienced by participants over lockdown, as well as changes brought about in their daily lives and some of the ongoing issues resulting from this unprecedented event. The research incorporates responses by several older adults.

The following chapter, Chapter 5, will go on to provide an in-depth exploration of the results and provide additional detail around the meanings of some of these findings.

Chapter 5 - Discussion

5.1 Volunteer Motivations

This research demonstrates that MoW volunteers, irrespective of their age, find their roles both rewarding and enjoyable, enabling them to remain engaged in their roles. Organisations should regularly discuss the volunteer's role with them to confirm whether their expectations are being met. It is also important that processes are easily understood, and volunteers are not overburdened by the requirements of the organisation. Embedding opportunities for growth of volunteers, leadership and options for contributing ideas and making decisions contribute to volunteer engagement. Organisations can support volunteers by checking in with them to understand if they need any support or resources to avoid burnout. The volunteer model below includes elements that are understood to combine to make volunteering

successful. Some elements will be more relevant than others for different people, depending on their volunteering situation. Each of these key elements from Figure 1 by the National Council for Volunteer Organisations (2019) were reflected in survey responses for this research, adding further credit to the model as shown.

One of the key motivations for volunteering is to meet and connect. Although it wasn't expressly captured in survey responses, an informal email received from one volunteer told of regular coffee get-togethers held amongst MoW volunteers in their region. By providing optional opportunities for volunteers to meet and socialise with one another, organisations can help volunteers to feel better connected to the organisation. In providing structures that are designed to enable volunteers' voices to be heard, volunteers can feel better connected, and therefore part of the organisation (Herron, 2021). The establishment of group coffee meetings by NZRC MoW Regional Coordinators is potentially something that could be replicated throughout the country.

As explained by Erica Heron (2021) as part of NZRC's Reimagining Volunteering Project, diversity and inclusion are not always well-incorporated within many volunteer organisations. Minority or vulnerable groups are often underrepresented in leadership roles. To mitigate this, organisations should incorporate a range of methods to recruit volunteers, tailored to individual contexts. Additionally, the culture of the organisation must actively encourage equality, diversity and inclusion at all levels. This can be achieved by encouraging people to be themselves, as well as to bring their lived experience to the role.

Organisations must understand what motivates their volunteers to donate their time and efforts. Developing an understanding of the types of volunteers the organisation is currently managing to recruit requires the collection of information including demographics, their skills and qualifications. It is also necessary to have information on where and when they can work. Only then can they ensure volunteers are placed in a role in which they may succeed. Beyond this, collecting volunteer programme metrics can assist with tracking volunteer engagement by tracking a volunteer retention rate, frequency of volunteering and number of volunteers, as well as engagement rates via email

and various social media. As evident in the survey results for this thesis, it is clear that people volunteer for a variety of reasons. The most common motivations being to give back to their community and to make a difference.

This research captured several examples of flexibility around voluntary MoW roles by NZRC, as described in Chapter 4 (Research Findings). In addition to the organisation's requirements for volunteering, they must also consider the needs of, and skill sets on offer by, both volunteers and potential volunteers. It is important to be realistic in managing volunteers' expectations, including referring volunteers to other organisations, where appropriate, to best utilise their time and goodwill. Furthermore, volunteers need to feel that they give their time on their terms and they are given the support and training to fulfil the tasks required in their role. Allowing flexibility for volunteers to change or leave their roles is also necessary for allowing for someone's change of circumstances. Furthermore, trial periods of volunteer roles may also be of benefit, to ensure the volunteer is suitable and will enjoy the role (National Council for Volunteer Organisations, 2019).

5.2 Volunteer Retention

To best support a volunteer model, organisations such as NZRC must ensure they show that they value their current volunteers, as well as those who manage them. Additionally, volunteers need to feel that the organisation communicates with them about why and how their contribution matters (Herron, 2021). Survey responses from this research show this was almost always the case for NZRC MoW volunteers.

5.3 The Psychological Effects of COVID-19 & Social Cohesion

As evidenced in the previous chapter, the majority of research participants for this study reported their want to give back to their community, and to meet and regularly connect with others, as being key drivers for choosing to volunteer with MoW. The importance of social connection featured very strongly in survey responses for this study. This is consistent with the viewpoint of Every-Palmer et al, (2020). In their study of psychological impacts due to the COVID-19 lockdown in New Zealand, they determined that a significant proportion of the New Zealanders were adversely affected by the lockdown. They propose

that, when dealing with pandemics, governments should consider psychosocial support to be of as much importance as other tools such as contact tracing and the use of personal protective equipment. Additionally, Bavel et al., (2020) explain how social distancing conflicts with the need for people to connect, particularly during times of disaster. Social isolation and loneliness compound stress and can negatively impact both physical and psychological health. Many respondents took up new or continued with their current home-based hobbies with renewed vigor. They generally kept in touch regularly with friends and family, often via zoom. Some also took the opportunity to meet their neighbours. Of note is that a few respondents chose to be less sociable over lockdown. Instead, they took the opportunity to enjoy the peace and quiet, as well as to reflect on how fortunate we were as New Zealanders during this global adverse event.

The World Health Organization (WHO) began voicing concerns about the potential effects of COVID-19 on wellbeing from early in 2020. Evidence of the psychological impacts of the pandemic is continuing to emerge currently. This massive global health crisis requires worldwide behavioural changes, such as self-isolation and lockdowns, that are shown to significantly impact the mental health of individuals (Bavel et al., 2020). For example, a growing number of studies suggest lockdowns may result in increased anxiety and depression. Isolation can exacerbate pre-existing depression and anxiety. Additionally, this reduced social connection has also been shown to be a risk factor for suicidal behaviour (Every-Palmer et al, 2020).

Notably, Dubey et al. (2020) highlight the need for the psychosocial aspects of older people and their caregivers, along with other vulnerable communities, to be given particular attention due to their varying requirements. This is of particular importance to this study because many of the MoW volunteers were aged 70+ at the time of the lockdown. This is in addition to the recipients of the programme being older adults. To combat concerns around this, the NZRC commissioned one to one phone calls by staff and volunteers to many of the MoW recipients. These were generally well-received and appreciated by the volunteers. Though some felt that level of support was not necessary as they had the support of family and friends.

As outlined in the MoH COVID-19 Psychosocial (PSS) and Mental Wellbeing (MW) Plan (2020), mental well-being is likely to be affected by both primary and secondary stressors. Primary stressors, i.e. those experienced as a direct result of COVID-19, may include distress, grief and stigma for people who have COVID-19; fear of contracting COVID-19; and fear of widespread community outbreaks. Additionally, people are likely to experience secondary stressors of COVID-19 related to economic, social and cultural changes. Examples of these include facing financial hardship, unemployment, impacts on education, homelessness and a lack of hope (p15). This report names the economic effects of COVID-19 as being likely to have the greatest impacts on wellbeing nationally. Anxiety around the additional economic pressures because of COVID-19 was clearly in the minds of those who completed the survey for this research. However, with many being retirees, they typically felt less financially impacted than others by the pandemic. Many showed concern for others, such as their adult children, who needed to continue in paid employment to sustain their mortgages and families. In this regard, the results from this study serve to support the hypotheses posed by the MoH PSS & MW Plan.

Jenkins et al. (2021) studied psychological well-being during the New Zealand lockdown. They found many positive aspects to what people experienced during the lockdown, centred around two themes. They refer to these as 'surviving' (coping well, meeting basic needs, and maintaining health) and 'thriving' (self-development, reflection, and growth). Comments around 'survival' refer to New Zealand's containment and elimination of COVID-19, as well as ways New Zealand is now better equipped to face future pandemics. Generally, they found people felt they were coping and remaining safe at this time, with a clear majority supporting the Government's decisive approach. Jenkins et al. (2021) reported that their research participants were generally proud of how our team of five million came together, demonstrating the willingness for both personal responsibility and a wider social cohesion. They found kindness and caring to be more prevalent over this period. Beyond this, people also described 'thriving' during the lockdown. Their research participants explained how relationships had improved, with more frequent interactions with friends, family and neighbours. Other people saw the positive

in being less sociable over the lockdown, thereby reducing social anxiety (Jenkins et al., 2021). This range of experience was similarly reflected in the survey responses obtained for this study.

In contrast, Gasteiger et al., (2021) undertook the first study during the COVID-19 pandemic around mental wellbeing in New Zealand. They found levels of stress and anxiety, including perceived concern over COVID-19, to be lower in New Zealand than in the UK. This is likely due to having a higher number of deaths reported in the UK. Nevertheless, their study concluded that New Zealanders also had higher levels of depression and anxiety, compared with norms for our country. Of note is that those who were considered to be at greater risk of COVID-19, including older adults, were linked to higher levels of stress and rates of depression. Similarly, Griffiths et al. (2021) undertook a study in Australia and found losing work during the COVID-19 pandemic to be associated with increased mental and physical health problems. They showed these negative health effects to be worsened amongst those who had less money, as well as those who claimed to undertake fewer social activities. Their research indicates that impacts on health resulting from the loss of paid employment can potentially be mitigated not only by providing financial resources but also by increasing social connectivity. In line with this approach, van Ingen & Wilson (2017) suggest that strong identification with a volunteer role will create a stronger sense of purpose and, in turn, provide additional psychological benefits. Giving back to your community through volunteering goes a long way in helping those in need whilst contributing to the greater good. It is well understood that volunteering gives people a sense of purpose, with the sense of contributing to society being unparalleled. Assisting with tasks can make a real difference to those in need. Volunteering is also a great way for people to get to know their community as it provides them with the opportunity to meet other people, thereby expanding their network and improving upon social skills. Working with others can also have a profound effect on your psychological well-being, by making a meaningful connection to another person. Their work was reflected in contributions to this research, with participants citing the ability to meet new people as a key driver for volunteering. Several of them were disappointed that these social connections were interrupted by the COVID-19 lockdown.

5.4 Perceived agency during COVID-19

According to Thaker (2020) many New Zealanders say the COVID-19 lockdown disrupted daily life, with many aspects of their lives shown to have been taken out of their control. Thaker's National Survey was conducted between June 26 and July 13, 2020, after New Zealand returned to Alert Level 1. They found that at least a third of New Zealanders had their household income reduced in some form, with almost 20 percent having lost their job over this period. This is supported by government figures showing the Unemployment rate to have risen to 4.2 percent in the March Quarter, up from 4.0 percent in the previous Quarter (Statistics New Zealand, 2020). They also experienced restrictions around meeting up with family and friends, found a lack of availability of items such as hand sanitiser and sometimes struggled to access groceries. Their research showed a large majority of New Zealanders adopted protective behaviours because of these impacts. These included adhering more closely to COVID-19 protocols (such as hand washing, wearing of masks and social distancing) and keeping track of where they've been. Around half of their survey respondents were supporting friends or family, with some opting to avoid various events due to the risk of the virus.

Additionally, Tuason et al., (2021) undertook an online study in the United States to discover how well people coped during the early stages of the current pandemic. They found that those who were able to go beyond just surviving to move forward, and even thrive, amidst COVID-19 were shown to exhibit coping strategies consistent with the predictors of positive psychological wellbeing. These strategies included being deliberate in their attempts to find new ways to be purposeful. These included paying close attention to their physical health and spiritual wellbeing. Additionally, forming and maintaining relationships with family and friends were found to be hugely important. Their findings further support how central having a perception of agency, against possible loneliness, is the strongest influences on wellbeing. Furthermore, Fullana et al. (2020) undertook a survey in Spain, two weeks into a COVID-19 related lockdown there. They confirmed that, along with following a healthy diet, adhering to a routine, minimising reading news about COVID-19, getting outdoors and engaging in hobbies, had the greatest positive impact on anxiety and depression. Similarly, over the COVID-19 lockdown in New Zealand,

people took time to reflect on, and re-evaluate their own values. They took time to consider what is important, and increasingly felt a sense of gratitude. Many used their spare time to learn new skills, or create new habits, including additional housework and gardening. These are examples of perceived agency, which can be described as someone having the feeling of control over actions and their consequences (Jenkins et al., 2021). This study provides similar examples that can be found within the earlier Research Findings (in Chapter 4).

5.5 Increased use of technology

The majority of survey respondents reported either a new or increased use of online technologies in keeping in touch with their friends and family over the COVID-19 lockdown. This appears to be consistent with dominant assertions in the literature around technology. For example, this research reflects results of a recent study by Brown & Greenfield (2020), who also discovered that people used “technologically mediated communication” when in-person contact was not possible, and that this form of contact is associated with positive outcomes.

Interestingly, MacArthur (2021, p197) explains how society has become increasingly disconnected over time, with social relationships also deteriorating. She contends that society had already begun undertaking a kind of social distancing, well prior to COVID-19. Therefore, with initial lockdown measures and subsequent social distancing being encouraged at heightened alert levels, people living in Western societies began isolation already out of touch with their communities. Adhering to social distancing protects health by reducing the risk of contracting coronavirus. However, it also hinders mental health by increasing the risk of loneliness. Although the issue is not new, the connection between digital exclusion and loneliness has been evident during the current times of COVID-19 (APGG, n.d.). To counteract this loneliness during the pandemic, technology and social media are being used on an unprecedented scale. They each provide opportunities to minimise isolation by keeping people safe, informed, productive and connected (WHO, 2020). This is why, as a result of the need for physical distancing due to the pandemic, online technologies became a ubiquitous tool for keeping in touch with others

during COVID-19 (Jenkins et al., 2021). By fostering a sense of connection, these interactions go some way to improving psychological wellbeing (Bavel et al., 2020). Baval et al., (2020) warn us against the passive use of social media, as it is unlikely to contribute to a feeling of social connection. They recommend technologies that allow for direct connection between family and friends to be more useful. It is notable then, that Zoom, FaceTime and other online calling tools were reported to have been regularly utilised by the survey respondents over lockdown. This research didn't question respondents specifically about their engagement with different forms of social media. However, tools such as Facebook were not mentioned by participants.

Furthermore, Szabo et al., (2019) explain that, due to positive impacts on daily lives and in enhancing wellbeing, the use of online platforms has become more important to older adults. They contend that online engagement can impact wellbeing in a variety of ways, depending on the intended usage of these tools. Notably, they also highlight that recent gerontological research has shown there to be significant variation in the use of internet usage by older adults. This usage varies from those who use it as high-frequency users, through to those who go online for social purposes only. They go on to explain and re-confirm via their study, that online engagement is particularly helpful in minimising loneliness in the general population. However, they do also caution that being online may not be sufficient in maintaining wellbeing for older adults. Additionally, before COVID-19, many older adults did not go online at all, despite the potential for improving wellbeing. This is due to several barriers to internet use which may include: having a negative attitude towards technology as age increases; their level of education; disposable income; race or ethnicity; level of English language proficiency; living arrangements; training opportunities; perception of the benefits of internet usage and psychological barriers in the form of frustration and computer-related anxiety (Chang et al., 2015). As such, Baval et al., (2020) remind us of the need to support those who are less technologically literate in the use of these tools. Similarly, Humanitech (n.d.) is a "think+do tank", supported by the Australian Red Cross, which was devised to harness the power of technology to support all of humanity. This group has recommended that all future technological advancements are designed to safeguard the dignity of all people, including

the most vulnerable, by fostering new forms of participation across social, civic and economic realms. Additionally, they advocate for a focus on safety, by supporting community preparedness and fostering engagement between like-minded organisations. It is critically important that any technological benefits are shared by everyone.

Because the COVID-19 pandemic was initially believed to pose a particular threat to older adults, this led to a global interest in tools that could serve to support their physical and mental health during extended periods of isolation (Nimrod, 2020). Wallinheimo & Evans (2021) considered the relationships between internet usage and depression in older adults during COVID-19 lockdown in the United Kingdom. They found internet usage to be very high, with around half of participants reporting that they were using the internet more than before the pandemic. They discovered the primary reasons for internet usage included emails, online shopping and making online video calls. Participants in the research by Nimrod (2020) also clearly indicated increased usage of the internet due to the added stress resulting from the COVID-19 pandemic. Older adults were believed to be online more than usual in an attempt to cope with increasing levels of stress around their families and friends. And, although they may have fewer digital skills overall, older adults tend to use the internet in a similar way to their younger counterparts. Finally, to promote the wellbeing of older Internet users, they recommend encouraging older adults to utilise the internet for recreational purposes. Furthermore, Walliheimo & Evans (2021) also promote the use of online communication tools to improve mental health and wellbeing in older adults, because they may at least partially mitigate feelings of isolation due to restrictions on social interaction due to the COVID-19 pandemic. Of note then, is that the majority of survey respondents for this study reported increased use of online technologies, such as Zoom or Facetime, to keep in touch with loved ones over the lockdown period. It is important to note that the research only had access to participants who were confident using technology because of the nature of the data gathering tool. This means that the research might have missed out those who are not moving into this new digital world.

5.6 Access to Technology by Marginalised Communities

“Technology is helping us improve society and address some of the more significant issues facing humanity. Helping us empower people and communities to build resources and resilience. Helping us predict, prepare and respond to crises”. (Humanitech, 2020).

In addition to the digital divide created by unequal access to technology, discrepancies also exist around the level to which individuals can understand and engage with digital technologies. As the use of technology becomes increasingly ubiquitous in our lives, existing social, economic and cultural inequalities can be further exacerbated by a lack of access to these tools (Humanitech, 2018). Along with lower-income households, those with lower levels of education and those in rural areas, older adults are typically less digitally connected. These members of our communities must be empowered to utilise these technologies to stay socially connected and access knowledge more readily. By adopting a human-centric approach to devising technology, whilst simultaneously embedding diversity, we can foster wider participation and more collaborative decision making within appropriate ethical standards (Humanitech, 2018). Data-driven humanitarian work is always in danger of creating new vulnerabilities simply by way of the creation and storage of data concerned with people. Additionally, in an attempt to trace and contain the virus, COVID-19 has accelerated the use of digital tools and technologies, thereby raising increased concerns for privacy and human rights (Humanitech, 2020). Because the ability to access technology empowers people, it often plays a pivotal role in addressing vulnerability. We, therefore, need to consider how we can best support humanity when devising these new technologies. This is thought best achieved by placing the focus on vulnerable groups by considering vulnerability generally. Also, by understanding the ethical implications of technologies such as artificial intelligence and by being transparent in showing evidenced-based decision making (Humanitec. 2020).

5.7 Scope and Limitations

This is a nationwide study with participants from many regions within New Zealand. COVID Alert Levels were a limiting factor which precluded travel to scheduled interviews during March and April, with regional lockdowns in

Auckland due to small outbreaks of the UK variant. In addition to Massey University regulations around undertaking in-person research from COVID Alert Level 2 and up, it was also important to take into consideration that participants were aged 70 years and older. As such, they were deemed by the Ministry of Health to be at greater risk of contracting COVID-19. This was the primary driver for the decision to resort to an online backup survey for data collection.

The primary weakness of the study was the requirement to utilise technology to provide online survey responses. This means that the study only included participants who were able to readily utilise email. This was an unfortunate consequence of timing for the study and needing to take account of COVID-19 restrictions, including a regional lockdown in Auckland at the proposed time of interviews. Time constraints meant it was necessary to resort to the backup option of the online survey as the primary data source.

The retrospective nature of this study could also be considered as a constraint. This is because details may have been forgotten over time.

Due to a thematic analysis being subjective, it typically relies heavily on the researcher's judgement. It is therefore necessary that I regularly reflect on my decisions and interpretations by continuing to pay close attention to the data.

One additional potential limitation of the methodology used for this study is that conventional ways of describing the prevalence of themes such 'the majority of participants', 'many participants' or 'a number of participants' don't provide us with a quantifiable measure. They do, however, confirm that a theme does exist within the data, and suggest they are reporting truthfully on the data (Meehan et al., Taylor & Ussher and Braun et al., in Braun et al., 2006).

As noted in the Methodology Chapter, of importance is that this study does not consider factors such as education; financial situation; gender; ethnicity; health status or economic living standards of the survey respondents.

5.8 Summary

This research has confirmed that MoW volunteers offer their time and skills for a variety of reasons including wanting to give back, spend time with others and gain personal satisfaction. They each experienced the lockdown in a range of ways. Some felt negative about the experience, while others made the most of the downtime. These feelings were shown to be influenced by the level of connection with friends and family these individuals perceived having, against their ongoing requirements for this social support. Of importance is that the ability to connect with others was supported by online technologies and was further influenced by the location of an individual's regular activities. Many enjoyed home-based activities such as reading or gardening, with others experiencing compounding frustration due to being unable to engage in their hobbies as a result of social distancing requirements. There were also some limitations to this study, detailed in section 5.5 above. The following chapter provides answers to the primary research question by summarising and reflecting on the research.

Chapter 6 - Conclusion

This research was centred around the experiences of NZRC MoW volunteers, particularly those aged 70+, during the first COVID-19 lockdown in New Zealand. Data was captured using an online survey, due to the constraints of the pandemic on project timelines. The analysis examined the participants' experiences during lockdown in relation to their reasons for joining MoW. Volunteer motivations for choosing to join MoW included wanting to give back to the community, utilise spare time, connect with others, and gain personal satisfaction.

The analysis examined these volunteer experiences during the early stages of the pandemic in New Zealand. This was set in the context of ageing and explored survey responses in terms of both personal and social preparedness and vulnerability. Respondents expressed a variety of emotions over the early stages of COVID-19. These ranged from feeling both fortunate and safe to be in New Zealand, through to anxiety and concern for family and friends overseas, or those in worse financial situations than themselves.

The need for connectivity to others was a common theme for participants. The level of communication they had with friends and family played an important role in aiding them to feel safe and connected. The majority also felt well supported as volunteers by NZRC, and well informed about the pandemic generally, thanks to widespread media coverage. During the lockdown period, respondents reported enjoying their home-based hobbies, some taking up new ones, such as gardening. Additionally, many expressed frustration at not being able to continue with some of their regular activities, due to social distancing requirements. The majority reported frustration at not being able to see friends and family but were understanding of the need for such restrictions to protect New Zealanders in the long run. Some even managed to feel positive about the lockdown, embracing the opportunity for solitude, reflection and relaxation.

At the time of the survey, the majority of respondents reported very few changes to their daily routine following the lockdown, with the exception of those in Auckland. This is likely due to there having been subsequent clusters of COVID cases, resulting in regional lockdowns in Auckland. Aucklanders reported being more conscientious about adhering to COVID-19 protocols since the lockdown. One other marked difference following the national lockdown was that most respondents were continuing to use technology they had relied on over the lockdown period. This primarily included platforms such as Zoom and FaceTime, which allowed for ongoing video communication with family and friends.

This study has contributed to disaster research around older adults, by exploring their experience in the early stages of the current COVID-19 pandemic. Research outcomes underline the need for ongoing social support of our volunteers. With many of our volunteers being aged 70+ years, further consideration of social support and recovery assistance for older volunteers in the wake of a disaster has been shown to require a continued commitment by NZRC. Furthermore, by combining the efforts of multiple agencies, including those funded by the government, it may be possible to both identify and meet the ongoing needs of older adults following an adverse event, such as the current COVID-19 pandemic.

6.1 Recommendations for Action

Ongoing Pulse Surveys of Meals on Wheels Volunteers

One way to understand volunteerism, particularly considering COVID-19, would be to consider using pulse surveys. By regularly asking key questions, we can measure how volunteers are feeling over time. This way, we would gain valuable feedback from them to better ensure our organisational culture is appropriately aligned with their expectations as volunteers. Our neighbours at Australian MoW have observed issues with volunteer recruitment and retention in recent times (Oppenheimer et al., 2015). They have recognised the need for their organisation to be open to new ways of operating by acknowledging and embracing the need for change to keep up with today's pressures from both within and external to the organisation. The most serious issues facing the Australian MoW are an ageing volunteer base and the inability to attract new volunteers. Warburton et al. (2007) explain that, alongside personal motivations to volunteer, there are also organisational and policy-related concerns that affect volunteering rates and retention of volunteers. They highlight the need for incentives to encourage older people to volunteer. These could incorporate additional training, being more flexible as an organisation in providing a range of options, with additional opportunities for intergenerational volunteering. Their Australian-based study showed potential barriers to volunteering by older adults including their perception there is potential for ageism, concerns about an increasingly regulatory approach and negative perceptions of volunteer activities. Of note is that during their study, they found word of mouth to be the most effective strategy in promoting volunteering to older adults. It is therefore important to ensure we understand how our existing volunteers at NZRC are feeling about their role.

Resilience Training for Meals on Wheels Volunteers

Within NZRC there is already a comprehensive MoW Volunteer Handbook. As a result of this research, I would recommend this be revised to add a section on preparedness measures. Not only for support in enduring pandemics but also regarding other potential hazards, such as weather-related events, earthquakes, tsunami or volcanic activity. Additionally, it is recommended that NZRC provide MoW (and other) volunteers with ongoing training around

community resilience. This would incorporate how to keep themselves and their families safe during future pandemics, and other disasters.

Support clients in using technology

One way for NZRC volunteers to support their clients would be to connect with those who could help them to access technology. One potential way to do this could be to have more technically competent volunteers assist those who are less confident with technology such as the NZ COVID tracer app or the Red Cross Hazards and First Aid Apps. They could also assist with using online mapping tools and accessing social media etc.

6.2 Recommendations for Further Study

The use of Technology in Disasters for Vulnerable Communities

Humanitarian organisations are increasingly using technology to better prepare for and respond to disasters. Examples of this include the analysis of social media, aerial and satellite imagery and the use of Geographical Information Systems (GIS) to map damage against various elements of a population's demographics. By utilising technology to analyse our data, we can then provide assistance when, and where, it is most needed. By prioritising human dignity and safety to develop these types of technologies, we can not only provide better access to help when required but also allow for participation by more people, including vulnerable communities, thereby promoting self-agency (Humanitech, 2018). Humanitech (2020) challenges us to consider any technologies that might be adapted, or further ones developed, to support vulnerable groups by breaking down barriers to realising their potential (p 7).

6.3 Summary of Chapter

NZRC MoW drivers take up their volunteering for a variety of reasons including connecting with and giving back to their communities. Over the initial COVID lockdown they primarily felt thankful to live in New Zealand and were concerned for others based overseas. NZRC must look to retain these volunteers, and attract new ones, by providing ongoing training opportunities, including fostering resilience and support in using emerging technologies. Understanding these needs can be best achieved by conducting routine pulse surveys and engaging in ongoing consultation with volunteers.

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Appendices

Appendix I Information Letter to Regional Coordinators



Impacts of the initial 2020 COVID-19
lockdown on volunteers aged 70+ years at
New Zealand Red Cross

29 October 2020

Kia Ora, my name is Kate Burns and I am a postgraduate student at Massey University. I am also employed as a Projects Advisor with the First Aid Unit at NZRC. This position is not related to the Meals on Wheels (MoW) Programme. I am writing to ask if you would please consider assisting me with a research study that would form part of my Master of Emergency Management Degree. I would like to base my research around the experiences of NZRC's MoW's older adult volunteers (aged 70+) who stood down from their regular voluntary roles as a result of the initial COVID-19 nationwide lockdown. I will be discussing their experiences of the COVID-19 lockdown, which began on March 25th, 2020; in particular, the impact that being asked to stand down from your MoW role had on their daily lives.

There is a shortage of published research around older people in a disaster. My research will contribute to how the NZRC can best support older adult volunteers in pandemics or other disasters. I have consulted with the Humanitarian Development General Manager, and the MoW National Lead around this research. I will require from you, as MoW Coordinators, the distribution of both Information Letters and Participant Consent Forms to your older adult volunteers, via your usual communication channels please. I will be travelling nationally (from Christchurch) to conduct interviews, in line with COVID-19 restrictions. Please note that, because a sample of only 12-14 volunteers will be required, not all who offer to participate will be interviewed. If you have any further questions about the research project, please feel free to contact me via Kate.Burns.3@uni.massey.ac.nz

My research is being supervised by two academic staff from Massey University:

Prof Christine Stephens - Health Psychology & Health Promotion & The Health and Ageing Research Team (HART). School of Psychology, Massey University, Palmerston North.

Ph: +64 (06) 356 9099 ext. 85059 Email: C.V.Stephens@massey.ac.nz

Prof David Johnston - Disaster Management and Director of the Joint Centre for Disaster Research. School of Psychology, Massey University, Wellington. Ph: +64 (04) 801 5799 ext. 63672. Email: D.M.Johnston@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 20/45. If you have any concerns about the conduct of this research, please contact Dr Gerald Harrison, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83570, email humanethicsouthb@massey.ac.nz ..

Thank you for taking the time to read this information letter.

Kind Regards,

Kate Burns

School of Psychology.

Massey University, Wellington

Appendix II Regional Coordinator Consent to Distribute Form



New Zealand Red Cross 'Meals on
Wheels' Regional Coordinator
Consent Form

IMPACTS OF THE INITIAL 2020 COVID-19 LOCKDOWN ON VOLUNTEERS AGED 70+ YEARS AT NEW ZEALAND RED CROSS

This consent form will be held for a period of five (5) years

- I understand this study is being conducted by Kate Burns who is both a postgraduate student at Massey University, and a Projects Advisor with the First Aid Unit at New Zealand Red Cross. (This role is not part of the Meals on Wheels Programme).
- I have read the Information Letter and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.
- I agree to distribute resources for this study to the NZRC MoW Volunteers I supervise, under the conditions set out in the Information letter.

Appendix III Online Survey Questionnaire



Impacts of the initial 2020 COVID-19
lockdown on volunteers aged 70+ years at
New Zealand Red Cross

Hi, my name is Kate Burns and I am a postgraduate student at Massey University. My research is based around the experiences of NZRC's Meals on Wheels (MoW) older adult volunteers (aged 70+) who were stood down from their regular voluntary roles as a result of the initial COVID-19 nationwide lockdown. This survey is optional and will inform the research component of my Master of Emergency Management Degree. Please also be advised that I work for NZRC as a Projects Advisor. This role is in no way associated with the MoW Programme.

My research is being supervised by two academic staff from Massey University:

Prof Christine Stephens - Health Psychology & Health Promotion & The Health and Ageing Research Team (HART). School of Psychology, Massey University, Palmerston North. Ph: +64 (06) 356 9099 ext. 85059 Email: C.V.Stephens@massey.ac.nz

Prof David Johnston - Disaster Management and Director of the Joint Centre for Disaster Research. School of Psychology, Massey University, Wellington. Ph: +64 (04) 801 5799 ext. 63672. Email: D.M.Johnston@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 20/45. If you have any concerns about the conduct of this research, please contact Dr Gerald Harrison, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83570, email humanethicssouthb@massey.ac.nz.

1. Your name (optional)
2. Your contact email (optional)
3. Your contact phone number (optional)
4. Were you aged 70 years or over as at the time of the March 2020 COVID-19 lockdown in New Zealand?
5. What region do you volunteer in?
6. How long have you volunteered with New Zealand Red Cross (NZRC) for?
7. Why did you choose to volunteer with NZRC?
8. How would you describe your experience of volunteering with NZRC?
9. Tell me about your experience of the March 2020 COVID-19 lockdown (generally)?
10. When, and how, did you become aware that you were to be stood down from your volunteering duties at NZRC?
11. Tell me what changed for you during the lockdown period?
12. How did that make you feel?
13. What ongoing impacts have you felt since the lockdown?
14. Have there been any changes to your social networks as a result of the COVID lockdown?
15. Did you feel supported by NZRC over the lockdown period? Why / why not?
16. Are there any ways you can think of that NZRC could have better supported you over the COVID-19 Lockdown?
17. Were there any / can you suggest any other ways you (could have) volunteered over the lockdown period with NZRC?

Thank you for your time and effort in completing this questionnaire.

Appendix IV Key Volunteer Motivations

Why did you choose to volunteer				
To help		Time to spare		Personal satisfaction
To assist	Give back	Spare time	Retired	Wort... Satisf... Resp...
Community	Service	Semi-Retired	Redundancy	Perso... No p... Mean...
	Saw ...			Enjoyment A good id...
Elderly		Prior Volunteering Experience		
		Self		Family or Friend
		Volunteering	Via work or tr...	Family or friend invol...
			MoW experi...	

Appendix V Key Ongoing Impacts for MoW Volunteers

What ongoing impacts have you felt since the lockdown				
Feelings			Actions	
Self		Feelings for others		Balance
Aware	Fortunate	Concern		Life b... Incre... Introvers...
Stressed	Flexib...	Job insecu... Anger		Work fle...
	Cautious...			Simplicity
None			Resilience	
			Issues	
			No travel	

