Helping in Times of Crisis: Examining the Social Identity and Wellbeing Impacts of Volunteering During COVID-19

ABSTRACT

COVID-19 produced the largest mass mobilisation of collective helping in a generation. Currently, the impact of this voluntary activity is not well understood, particularly for specific groups of volunteers (e.g., new vs existing), and for different amounts of voluntary activity. Drawing on social psychological work on collective helping, and work from the Social Identity Approach to Health, we seek to address this gap through an analysis of survey data from 1001 adults living in the South of England (333 men; 646 women; Age range = 16–85) during the first UK lockdown. Measures included time spent volunteering pre/post COVID, community identification, subjective wellbeing, and volunteering intentions. Those who volunteered during COVID-19 reported higher levels of community identification than those who did not. However, subjective wellbeing benefits were only found for those volunteers who maintained the same level (in terms of time) volunteering pre-and-post the COVID lockdown. New volunteers showed significantly lower levels of wellbeing where they were undertaking 5 or more hours of volunteering a week. Our findings provide unique insight into the variable relationship with wellbeing for different groups of volunteers, as well as how the experiences and functioning of 'crisis' volunteering is different to volunteering during 'normal' times.

Keywords: social identity, health, volunteering, community identity, COVID-19, pandemic, wellbeing, helping, group membership, collective helping

1. INTRODUCTION

Across the world, the COVID-19 pandemic has seen the largest mass mobilisation of community helping in a generation, through formal volunteering schemes (e.g., the NHS responders programme in the UK), grass-roots volunteering organisations (e.g., mutual aid groups), and through informal helping in neighbourhoods and communities (Ekzayez et al., 2020; Drury & Tekin Guven, 2020; Irandoost et al., 2022; Mao, et al., 2021; Monbiot, 2020). In many countries, this mobilisation of community help-giving was an essential part of the COVID-19 response, providing local solutions to the challenges of shielding vulnerable people in their homes and freeing up front-line staff for essential work. Post-lockdown,

volunteers have also been key in addressing some of the wider impacts of the pandemic for community members, in areas such as employment, social benefits and mental health, as well as supporting national vaccination programmes (Mao et al., 2021, Sitrin & Sembrar, 2020). Evidence from other pandemics – e.g., Polio, Ebola, and HIV/AIDS – echo these findings, pointing to the ways in which the mobilisation of community volunteers is a key solution to the social and health crises created by pandemic conditions (Ekzayez et al., 2020; Laverack & Manoncourt, 2015).

However, while the contributions of community volunteers to these crises are clear, the impact on volunteers is considerably less so. There is much evidence that volunteering can be protective for physical and psychological health (Cole & MacDonald, 2011; Piliavin & Siegl, 2015; Wilson, 2000). Likewise, there is social psychological evidence that points to the benefits of volunteering for building community identity and support, which in turn enhances well-being (Bowe et al., 2020; Gray & Stevenson, 2020). Nonetheless, it is also clear that volunteering is not always beneficial, and that (particularly some types of) volunteering can lead to increased stress and burnout (e.g., see Bakker et al., 2006; Snyder et al., 1999; Parkes, Gray & McKeague, 2022). However, much of this evidence is based on volunteering in pre- or non-pandemic contexts, with evidence during COVID-19 much more mixed (Kanemura, Chan & Farrow, 2022). This is perhaps unsurprising given that the COVID-19 pandemic has produced a profound disruption to volunteer management, organisation, and experiences (Dederichs, 2022; Kanemura et al., 2022; Luksyte et al., 2021). It also created changes in living circumstances, disrupted families and communities, and created the conditions for social isolation by restricting access to vital community-based social support (Drury & Tekin Guven, 2020). Overall, the role of these unparalleled factors in relation to volunteers' experiences and outcomes remain unclear, and there are concerns about the long-term well-being-related costs of COVID volunteerism (Gilbert, 2020).

In this article, we draw on social psychological work on the social identity processes involved in collective helping (e.g., Drury, 2018), as well as work from the Social Identity Approach to Health (SIAH; Haslam et al., 2018), in order to explore some of the social identity and wellbeing related dynamics of volunteering during the first UK lockdown in 2020, and, crucially, to examine how these dynamics play out for different groups of community

volunteers. We contend that this gap in our understanding of 'crisis' volunteering is vital to address, as on a practical level the experiences of these different groups will continue to shape the future of volunteering activity – particularly as we move from the COVID-19 pandemic to the cost-of-living crisis (and beyond). From a theoretical perspective, it also offers us a unique opportunity to further explore the relationships between 'crisis' community helping, community belonging, and wellbeing, and thereby to add to our understanding of the pathways linking voluntary helping within community settings to potential wellbeing outcomes during a crisis, which are currently underexplored (Bowe et al., 2022).

1.1 The Social Identity Dynamics of Collective Helping

The social identity approach (SIA) has emerged as a key psychological framework for understanding collective helping behaviours. At a fundamental level, this approach to helping posits that - when made salient - our social identities (that part of our self-concept which we derive from group memberships) provide a framework for how we experience the world, both for our behaviours and for our relations with others within and outside the group (Haslam, Reicher & Levine, 2012). Sharing a mutually recognised and psychologically meaningful identity is a well-established predictor of help-giving (Levine & Manning, 2013; Levine et al., 2005; Reicher et al., 2006; Stevenson & Manning, 2009; Zagefka & James, 2015). Research has demonstrated this to be true both in spontaneous one-off acts of helping, and in the ongoing wake of crisis events (e.g., earthquake and floods). Upsurges in cohesive, prosocial responses, coalesced around a sense of solidarity and mutual support, are common in the wake of disasters, and often make helping responses more effective (Drury, 2018; Drury et al., 2019; Solnit, 2009). Individuals who see themselves as sharing a group membership expect to have a common worldview, and more readily communicate with one another, thus facilitating a coordinated response in emergency situations as well as in situations requiring collective action (Haslam & Reicher, 2006).

However, beyond facilitating effective helping, social identities have also been shown to be important psychological resources; enhancing and protecting people's mental health and wellbeing, particularly in the aftermath of a crisis. Research within the Social Identity

Approach to Health (SIAH) – also called the 'Social Cure' paradigm – has demonstrated a robust set of physical and mental health outcomes, resulting from meaningful identification with social groups, across a range of settings (Haslam et al., 2018; Haslam, Jetten & Haslam, 2012). Theoretically, it has been argued that groups provide psychological support through the knowledge that one can rely on the assistance or intervention of fellow group members in times of adversity (Jetten et al., 2009). This security increases members' sense of being able to cope and reduces psychological and physiological stress, thereby improving wellbeing. On this basis, it has been argued that group-based helping relationships, characterised by solidarity and mutual support, have the capacity to protect the mental health of community members involved in potentially traumatic events, buffering them from stress and contributing to recovery and resilience (Jetten et al., 2014).

It has been argued that this 'Social Cure' approach also provides a convincing explanatory framework for determining the mechanisms by which volunteers accrue the well-evidenced benefits of volunteering; mechanisms which have thus far remained underexplored (Casiday et al. 2008; Gray & Stevenson, 2020; Jenkinson et al., 2013; Piliavin & Siegl, 2015). Work in this area has already begun to highlight the ways that social/community identities are critical to explaining the links between volunteering experiences and their consequences, including how activities which foster social identification may lead to greater wellbeing. For example, in their interview study, Gray and Stevenson (2020) highlighted the centrality of community identity to how (and where) volunteers choose to volunteer, as well as the ways in which such identities – through a sense of collective support and mutual connection – help volunteers to collectively manage, challenge, and promote feelings of happiness and satisfaction. Likewise, a survey of community volunteers found that volunteering predicted wellbeing via increased community identification and social support (Bowe et al., 2020). Currently, this work is in its relative infancy, and the task of identifying the role of social identities in predicting volunteer health remains. However, we argue that this task is vital given that the positive impacts of volunteering has been shown to be highly context dependent (Casiday et al., 2008), suggesting the need to identify what works, for whom and where.

1.2 Volunteering During COVID-19

The social identity approach would suggest that social relationships characterised by belonging, trust, and support are vital to pandemic responses – both because they can produce the prosocial response needed for effective pandemic management, and because they can constitute a psychological resource to protect community members' mental health and well-being (Bowe et al., 2022; Jetten et al., 2020; Elcheroth & Drury, 2020; Templeton et al., 2020). There is some evidence that was the case during COVID-19. Like other kinds of emergencies, the COVID-19 pandemic saw a general rise in neighbourliness (Addley, 2020) and high levels of reported and expected support (Mao et al., 2021). People who had volunteered in the context of the pandemic reported higher trust and stronger connections with their family, friends, colleagues, and neighbours, as compared to people who had not volunteered, and felt more connected to their local area (Kanemura et al., 2022). Perceptions of social unity was strongly associated with this rise in supportive behaviours (such as checking on neighbours), with some studies finding a predictive relation between the two (e.g., Vignoles et al, 2021). There is also some evidence that the sense of unity and solidarity gained through co-ordinated community helping during COVID-19 promoted a sense of community belonging, resulting in beneficial effects on wellbeing, depression, and anxiety (Bowe et al., 2022)

However, it was not the case that all volunteer experiences during the advent of the COVID-19 pandemic were universally positive. Some of those engaged in community helping through the pandemic reported negative emotional experiences, burnout, and exhaustion, and this increasingly affected volunteers who worked with vulnerable people (Kanemura et al, 2022). Importantly, the COVID-19 pandemic impacted on both the nature of who volunteers, as well as on volunteer activity itself. A substantial proportion of those volunteering during the COVID-19 pandemic had never volunteered before (Kanemura et al., 2022; Mak & Fancourt, 2021), and there is evidence that this new cohort of volunteers were typically younger, often with different skill sets (DCMS, 2020; Mak & Fancourt, 2022; RVS, 2021). Many existing volunteers substantially increased their volunteering contributions, whilst others (particularly older volunteers) decreased or stopped (Kanemura et al., 2022; Mak & Fancourt, 2021), sometimes through choice, but often through necessity (e.g., shielding requirements). Many volunteers shifted to performing new duties and roles

(in new contexts including online), and with potentially fewer opportunities for the already-existing networks of peer or organisational volunteer support, which we know to be important to enabling volunteer wellbeing benefits (Gray & Stevenson, 2020). However, as yet, the role of these factors in volunteers experiences is underexplored, including how this may vary across volunteer groups, and how this affected social identity variables such as community belonging.

These shifts in the nature of volunteering and volunteers engendered by the COVID-19 pandemic, together with the changing levels of volunteering over this time, have vast implications for the future and sustainability of the voluntary sector. Recent work has suggested that people's sense of community commitment is often a reason for sustained volunteer engagement, and that social and community identification is particularly relevant for continuous volunteering over time (Gray & Stevenson, 2020). There is also evidence that group-based dynamics can be mutually reinforcing, in the sense that helping has the potential to lead to an improved sense of community that can in turn encourage future helping (Casiday et al., 2008; Omoto & Snyder, 2010). Given the shifts in volunteering that have taken place as a result of the COVID-19 pandemic, there is therefore much value in further developing our understanding of the (social) psychological factors that can help the sector retain volunteers and be sustainable over time in the light of these changes.

We argue that answering the range of questions raised by the circumstances surrounding the COVID-19 pandemic has both theoretical and practical significance. Theoretically, the upsurge of volunteering during COVID-19 provides a unique opportunity to examine some of these relationships between social/community identification, wellbeing, and volunteering in more detail (see also Wakefield, Bowe & Kellezi, 2022). To date, SIA-informed research has tended to maintain that it is group identities that contribute to wellbeing (e.g., see Bowe et al., 2020; Gray & Stevenson, 2020, Bowe et al., 2022). However, whether different levels of volunteer activity are associated with different levels of group identification and wellbeing outcomes, has yet to be fully examined. Moreover, how such factors relate to volunteers' intentions to continue as volunteers, likewise demand exploration. Practically, and despite some hope to the contrary, many volunteering organisations, including mutual aid groups and those based in communities, have found it hard to retain their groundswell of COVID-19

volunteers, with the activity of many groups declining sharply once lockdown started to ease. For many volunteer organisations, this has compounded the "everyday" challenges that they already face with recruiting and retaining volunteers under normal circumstances.

1.3 The Current Study

The present study therefore aims to examine the relationships between wellbeing, shared community identities, and volunteering activity during the first UK lockdown of March 2020. Building on the social identity approaches to helping and wellbeing, we examine the differential experiences of different groups of volunteers during the COVID-19 pandemic in the UK. Specifically, we examine how time spent volunteering during COVID, as well as changes in volunteering behaviour before and after the start of lockdown, relates to levels of community identification and subjective wellbeing. Further, we also examine whether levels of community identity, wellbeing, and changes in levels of volunteering predict future intentions to volunteer.

2. METHOD:

2.1 Participants and Procedure:

Participants comprised 1001 adults living in Southeast England (333 men; 646 women, 22 prefer not to say; age range = 16–85, mean age = 60.66, std dev = 13.38). All participants were recruited through a community survey, distributed in May 2020 by a County Council, with the aim of understanding helping behaviour and experiences during COVID-19. The survey was completed online and was promoted through various council and VCSE sector communication channels, including social media, newsletters, email distribution lists, and letters to people's homes. Surveys were distributed generally to adults across the region to capture both volunteers and non-volunteers. Participants were not compensated in any way for their time.

2.2 Measures

Volunteering time: was captured through two items, where participants were asked to rate the average amount of time per week they had spent volunteering in the three months before the COVID-19 lockdown (March 23rd, 2020), and then to rate the average amount of

time per week they had spent volunteering in the three months since the COVID-19 lockdown. This was captured as 'None', '<5 hours'; '5-10' hours and '>10 hours'. The definition of volunteering used in this study for participants was deliberately wide, encompassing both informal volunteering, defined by National Council for Voluntary Organisations (NCVO) as "giving unpaid help as an individual to people who are not a relative", and formal volunteering, or "giving unpaid help through a group, club or organisation" (NCVO, 2020).

Change in volunteering behaviour pre/post COVID-19 lockdown: This variable was created to capture categorical changes in the amount of volunteering people undertook across the course of COVID-19. The volunteering change variable was created by comparing responses to the two volunteering time questions above. The typology developed was: '*never*' which comprised those who had not volunteered either before or after lockdown, '*new*' COVID-19 volunteers who had not volunteered prior to the start of the lockdown, '*same*' volunteers, who volunteered about the same amount pre/post the COVID-19 lockdown, '*increased*' volunteers, existing volunteers who volunteered more post lockdown than they had before, '*decreased*', existing volunteers who volunteered less post lockdown than before, and '*stopped*' who had volunteered prior to the lockdown but had not volunteered during COVID-19 at all.

Subjective Well-being was measured with the four-item Personal Well-being Score (Benson, Sladen, Liles, & Potts, 2019). Participants rated their agreement with each item (e.g., "Overall, how satisfied are you with your life nowadays?") on a 0 ("Not at all") to 10 ("Completely") scale. Higher values indicated better well-being. Cronbach's alpha = 0.74.

Community identification was measured with a single-item Group Identification Measure (Postmes, Haslam, & Jans, 2013), "I identify as a member of my local community", using a 1 ("I strongly disagree") to 5 ("I strongly agree") scale. Higher scores indicate higher levels of identification.

Future volunteering expectations were captured through a single item question, which asked 'What level of volunteering do you expect to do when life returns to 'normal' i.e., after the COVID-19 threat recedes', scored as 'I expect to volunteer as much as I do now' (same), 'I expect to increase the amount of time I spend volunteering' (increase), I expect to

reduce the amount of time I spend volunteering' (reduce), 'I expect to stop volunteering altogether' (stop) or 'I don't know'.

3. FINDINGS:

3.1 Descriptive statistics

Descriptive statistics for community identification and subjective wellbeing, by both volunteering time and change in volunteering behaviour pre/post COVID lockdown, are shown in Table 1.

Table 1: Means and Standard Deviations for community identification and subjective wellbeing by volunteering time and activity level

	Volunteering Time Post COVID Lockdown							
	None (N=244)		< 5 hours (N=544)		5-10 hours (N=111)		>10 hours (N=88)	
	M	*SD*	*M*	*SD*	*M*	*SD*		
Community Identification	3.8	0.9	4	0.9	4.2	0.9	4.4	0.7
Subjective Wellbeing	6.9	1.8	7.4	1.5	7.2	1.6	7.4	1.7

	Change in Volunteering Behaviour Pre/Post COVID Lockdown											
	Never (N=38)		Stopped (N=205)		Decreased (N=161)		Same (N=382)		Increased (N=57)		New (N=113)	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Community Identification	3.3	1.1	3.8	0.8	4.2	0.9	4.1	0.9	4.2	0.9	3.9	0.8
Subjective Wellbeing	6.7	1.8	7	1.8	7.1	1.5	7.5	1.5	7.1	1.5	6.9	1.6

3.1 Community Identification

A two-way ANOVA was conducted that examined the effect of the amount of volunteering time undertaken during COVID-19 (4 levels: none, <5 hours; 5-10 hours and >10 hours) and change in volunteering behaviour pre/post COVID lockdown (6 levels: never, new, stopped, decreased, same, and increased), on community identification. The main effect of

volunteering time during COVID was statistically significant, $F(2,956) = 3.48$ $p = .031$, $\eta_p^2 = .01$. The main effect of change in volunteering behaviour during COVID was also significant, $F(4, 956) = 4.07$, $p = .003$, $\eta_p^2 = .02$. There was no significant interaction effect.

Post-hoc multiple comparisons with Bonferroni corrections showed that those who had never volunteered (either before or after COVID-19) showed significantly lower levels of community identification when compared to all volunteer groups. They reported significantly lower levels of community identification when compared to those who had stopped volunteering during the pandemic (md = -.46; $p = .040$), decreased it (md = -.69; $p < .001$), maintained the same level (md = -.72; $p < .001$), increased (md = -.86; $p < .001$), or were new to volunteering during the pandemic (md = -.53; $p = .016$). Those who stopped volunteering during COVID also reported significantly lower levels of community identification than those who maintained the same level of volunteering pre/post COVID (md = -.26; $p = .008$), and lower levels than those who increased volunteering during COVID (md = -.39; $p = .007$). All other comparisons were non-significant.

For the volunteering time variable, those who had never volunteered reported significantly lower levels of community identification when compared to those who volunteered less than 5 hours (md = -.24; $p = .002$), 5-10 hours (md = -.40, $p < 0.001$), and more than 10 hours (md = -.66, $p < 0.001$). Those who volunteered 1-5 hours reported significantly lower levels of community identification than those who volunteered more than 10 hours (md = 0.42, $p < 0.001$). All other comparisons were non-significant.

3.2 Subjective Wellbeing

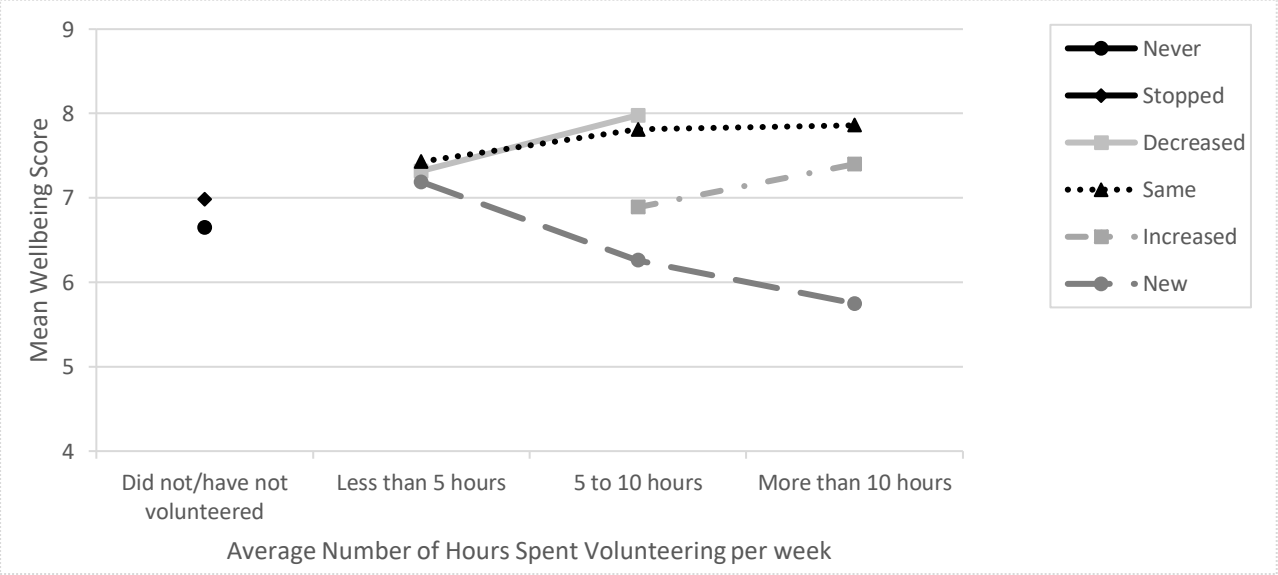
A two-way ANOVA was conducted that examined the effect of the amount of volunteering time during COVID-19 (4 levels: none, <5 hours; 5-10 hours and >10 hours) and change in volunteering behaviour pre/post COVID lockdown (6 levels: never, new, stopped, decreased, same, and increased), on subjective wellbeing scores. There was a significant interaction effect between volunteering time during COVID and change in volunteering behaviour pre/post COVID lockdown, $F(4,971) = 4.42$, $p = 0.002$, $\eta_p^2 = .02$. There was also a significant main effect for change in volunteering behaviour pre/post COVID, $F(4,971) = 7.67$, $p < .001$; $\eta_p^2 = .03$. There was no significant main effect for volunteering time during COVID on subjective wellbeing.

Post-hoc multiple comparisons with Bonferroni corrections showed that those who maintained the same level of volunteering pre/post COVID lockdown reported significantly higher levels of wellbeing than those who never volunteered either before or after COVID (md = .86; *p* = .026), those who stopped volunteering during COVID (md = .53; *p* = .002), and those who were new to volunteering during COVID (md = .59; *p* = .010). All other comparisons were non-significant.

Simple effects analyses of the interaction effect (see Figure 1) showed that for new volunteers, subjective wellbeing decreased the more hours volunteering they did during COVID. New volunteers who volunteered for less than 5 hours reported significantly higher wellbeing than new volunteers who volunteered for 5 to 10 hours (md = .92; *p* = .030) and those who volunteered for more than 10 hours (md = .52; *p* =. 007). There was no significant difference in wellbeing between new volunteers who did 5 to 10 hours and those who did more than 10 hours.

Figure 1

Mean Wellbeing across the average number of hours spent volunteering per week post lockdown and changes in volunteering amount pre/post Pandemic.



3.3 Future Volunteering Intentions

A multinomial logistic regression was conducted to determine if levels of community identification, subjective wellbeing, and change in volunteering behaviour pre/post COVID-19 lockdown significantly predicts future volunteering expectations (3 levels: same, reduce, or increase the amount of time spent volunteering in the future). Due to low numbers, participants who indicated they would stop volunteering in the future altogether (n=10) were not entered into analyses. In addition, all participants who signalled 'I don't know' (n=79), were removed from analyses.

The reference category was the "I expect to do the same amount of volunteering as I do now" (or 'same') expectation and the other two future expectation categories (reduce and increase volunteering), were compared to this group. Two-way interactions between change in volunteering behaviour pre/post COVID lockdown and community identification, as well as change in volunteering behaviour pre/post COVID lockdown and subjective wellbeing, were included in the model to determine if future volunteering expectations differed due to an interaction between levels of change in volunteering behaviour pre/post COVID and reported community identification or wellbeing.

The model fit statistics indicate that the final model is significantly better at predicting future expectations than the intercept only model $x^2(28) = 184.32$, $p < .001$, and the goodness-of-fit statistics indicate a good model fit (Pearson chi-square = 502.26, $p = .85$; Deviance chi-square = 518.52, $p = .7$). The Nagelkerke R2 statistic indicates that 27.9% of the variance in future expectations occurred due to variations among the predictors. Table 2 shows the -2 Log likelihood change as the predictors are added into the model and show that only the addition of the interaction between change in volunteering pre/post COVID lockdown and subjective wellbeing significantly contributes to the model.

Table 2: Likelihood Ratio Test: Expectations of Future Volunteering with Community Identification, Subjective Wellbeing and Change in Volunteering pre/post COVID-19 Pandemic.

	-2 Log Likelihood of Reduced Model	Chi- Square	df	Sig.
Intercept	768.05	.000	0	
Community Identification	768.05	.000	0	
Subjective Wellbeing	768.05	.000	0	
Change in Volunteering behaviour pre/post COVID	774.41	6.36	8	.607
Change in Volunteering*Community Identification	775.36	7.3	8	.504
Change in Volunteering*Subjective Wellbeing	785.38	17.33	8	**.027***

P < .05

Parameter estimates are shown in Table 3. For the comparison between expectations of reducing volunteering in the future and doing the same amount of volunteering in the future, table 3 shows that those who stopped volunteering during the pandemic were more likely to have expectations of reducing their volunteering post-pandemic, when compared to those who had decreased their volunteering (b = -.46, *p* = .031, OR = .63). Participants who had stopped volunteering, and had higher levels of wellbeing, were less likely to expect to reduce their volunteering post-pandemic.

For the comparison between expectations of increasing volunteering in the future and doing the same amount of volunteering in the future, table 3 shows that wellbeing significantly predicted expectations to increase volunteering in the future, in comparison to doing the same amount (b = .58, *p* = .022, OR = 1.79). In addition, the interactions between change in volunteering pre/post COVID and wellbeing for the stopped volunteering during the pandemic (b = -.7, *p* = .010, OR = 0.5), decreased volunteering during the pandemic (b = -.64, *p* = .023, OR = 0.53) and increased volunteering during the pandemic (b = -.93, *p* = .044, OR = 0.16) groups were all significant. This indicates that, as wellbeing increased for these groups, they were more likely to expect to maintain the same level of volunteering (as opposed to increase it). For new volunteers, conversely, as wellbeing increased, they were more likely to expect to increase their volunteering hours in the future, when compared to the increased group. These results indicate that, overall, higher levels of wellbeing predicted greater expectations to increase volunteering post pandemic, but also that for those who

had stopped, decreased, and increased volunteering, higher levels of wellbeing meant they were less likely to expect to increase their volunteering post-pandemic, and more likely to want to maintain the same level.

Table 3: Parameter estimates to predict expectations of future volunteering with Community Identification, Wellbeing and Change in volunteering pre/post COVID-19 pandemic.

	b(SE)	95% CI for Odds Ratio				*b*(SE)	95% CI for Odds Ratio		
		Lower	Odds Ratio	Upper			Lower	Odds Ratio	Upper
Reduce volunteering vs. Same volunteering					*Increase volunteering vs. Same volunteering*				
Intercept	-.32 (1.55)					-2.7 (2.37)			
Community Identification (ID)	-.12 (.36)	.44	.89	1.78		-.67 (.45)	.22	.51	1.23
Wellbeing	.11 (.13)	.86	1.12	1.46		**.58 (.25) ***	1.09	1.79	2.94
Change (Stopped)	-2 (2.42)	.00	.136	15.69		3.23 (2.54)	.17	25.15	3644.59
Change (Decreased)	1.44 (2.42)	.04	4.2	477.96		4.12 (2.7)	.31	61.66	12191.75
Change (Same)	1.23 (1.98)	.07	3.4	166.08		2.92 (2.59)	.12	18.45	2944.87
Change (Increased)	-1.01 (2.22)	.01	.36	28.47		3.64 (3.92)	.02	38.1	83420.53
Change (New)	0[b]					0[b]			
Change (Stopped)*Community ID	.81 (.6)	.69	2.24	7.25		.61 (.5)	.69	1.84	4.91
Change (Decreased)*Community ID	-.36 (.47)	.28	.7	1.76		.59 (.5)	.68	1.8	4.82
Change (Same)*Community ID	.01 (.43)	.44	1.01	2.33		.56 (.48)	.68	1.75	4.53
Change (Increased)*Community ID	.126 (.44)	.48	1.14	2.69		.51 (.71)	.41	1.67	6.78
Change (New)*Community ID	0[b]					0[b]			
Change (Stopped)*Wellbeing	**-.46 (.21) ***	.42	.63	.96		**-.7 (.27) ***	.29	.5	.85
Change (Decreased)*Wellbeing	-.16 (.24)	.54	.86	1.36		**-.64 (.28) ***	.3	.53	.91
Change (Same)*Wellbeing	-.27 (.19)	.53	.77	1.12		-.52 (.28)	.35	.59	1.03
Change (Increased)*Wellbeing	.13 (.22)	.74	1.14	1.77		**-.93 (.46) ***	.16	.4	.98
Change (New)*Wellbeing	0[b]					0[b]			

**P < .05*

3. DISCUSSION

This study aimed to develop our understanding of the relationship between COVID-19 volunteering, community identification, and wellbeing, based on insights from social identity approaches to helping and the Social Identity Approach to Health (SIAH). In particular, we sought to examine the differential outcomes of 'crisis volunteering', during the initial part of

the COVID-19 pandemic in the UK, between groups of volunteers differentiated by level and changes in volunteer activity. Our findings illustrate, uniquely, that different levels of volunteering activity, and the nature of changes in volunteering activity due to the pandemic, related to levels of community identification and wellbeing in important ways.

Our findings show that those who volunteered during COVID-19 reported higher levels of community identification than those who did not, irrespective of the total amount of time spent volunteering. When looking across different volunteering groups, only those that stopped volunteering during the pandemic showed significantly lower levels of community identification, compared to those who volunteered the same or more. While our study cannot establish a causal relationship between these variables, it does echo previous social psychological work on volunteering (Bowe et al., 2020; Gray & Stevenson, 2020), as well as wider work on the social psychology of collective helping during disasters (e.g., Drury, 2018; Drury et al., 2019; Solnit, 2009), all of which has demonstrated the ways in which helping and supporting community members can actively contribute to building and maintaining a sense of shared social identification. It also counters suggestions that the unique conditions of this pandemic, for example the requirements for social distancing, may have potentially undermined the formation of shared social identities (Drury et al., 2022; Luksyte, 2021). Contrary to these concerns, our findings highlight the ways in which those who volunteered reported higher levels of community belonging than those that did not (see also Bowe et al., 2022; Kanemura et al. 2022). Overall, this points to the vital role that communities have during times of crisis, in terms of reinforcing a sense of shared identity (Ntontis et al., 2018).

Our analyses do not, however, point to a straightforward relationship between this enhanced sense of community identification and wellbeing for those who volunteered during the pandemic. Instead, our work is the first (to our knowledge) to demonstrate how the wellbeing of community volunteers during a crisis can differ for groups of volunteers characterised by differing amounts and the nature of changes to their voluntary activity over time. Most notably, our findings indicate that wellbeing benefits were only found for those volunteers who maintained the same level of volunteering pre and post the COVID lockdown. Those who increased, decreased, stopped or were new to volunteering did not show enhanced wellbeing benefits, over and above those who did not volunteer at all.

Moreover, new volunteers showed significantly lower levels of wellbeing where they were undertaking 5 or more hours of volunteering a week during the pandemic, compared to new volunteers undertaking less than 5 hours of volunteering.

These findings highlight some of the existing inconsistencies in research on the impacts and outcomes of COVID-19 volunteerism. Indeed, it has been argued that there is a remarkable tension in the literature between studies which highlight a rather optimistic picture of volunteer wellbeing during COVID-19 (e.g., see Dolan et al., 2021), and those that evidence an elevated sense of anxiety and fatigue amongst pandemic volunteers, as well as signs of burnout (e.g., see Kanemura et al., 2022). This points to the need to be wary of universalising narratives of the beneficial effects of volunteering for all, and instead to consider how this might play out for different groups/types of volunteers, and how different factors might be protective of volunteer wellbeing during a pandemic. Our study provides a unique, and much needed, insight into what this might look like practically, e.g., asking people to maintain the same level of volunteering, or advising new volunteers not to take on more hours of volunteering activity in a week (more than 5 in our sample). Indeed, it has long been suggested that controlling volunteering time can be important to addressing volunteer burnout (Bakker et al., 2006), as there is a recognised diminishing returns from increased volunteer activity (see also Dolan et al., 2021). However, our study further extends this work by taking into consideration the starting point, i.e., this may matter more for some volunteer groups (new) than others (established). Overall, more in-depth work is needed to understand the different experiences of these groups in more detail, including what and how volunteer-involving organisations can prioritise supporting and rebuilding the emotional wellbeing of volunteers before encouraging them to continue or return to volunteering.

From a social identity perspective, we would argue that these findings offer up important new avenues for investigation. For one thing, it requires us to question whether the same social identity and wellbeing mechanisms which operate during ‘normal’ times hold during ‘crisis’ volunteering, and/or for whom. Indeed, much work on the social psychology of collective helping tends to make comparisons between those who do help (i.e., volunteers) and those that do not (i.e., non-volunteers), rather than looking at different volunteer

groups (e.g., see Bowe et al., 2020; Bowe et al., 2022; Elcheroth & Drury, 2020; Vignoles et al., 2021). Our work points to the need for a more nuanced and critical understanding of the different groups that are involved in (particularly crisis) forms of helping, and how different types of groups of volunteers can generate different social identity and wellbeing outcomes. Although we did not examine this in the current study, those who were new to volunteering may have had very different access to 'usual' forms of support and solidarity, than more experienced volunteers with established volunteering-related social networks, which we know are vital resources for wellbeing during 'normal' times (Gray & Stevenson, 2020). Our study also raises questions about the experiences of existing volunteers switching roles (but with same established contacts and experience) and those new volunteers in the same roles, and how this related to their sense of wellbeing. To begin to unpick this requires a more temporal and developmental approach in order to understand how these different group dynamics accrue and change over a volunteering lifetime. We would argue that these are promising areas for future research, examining volunteer 'careers' over time, and their relationship to wellbeing, how this plays out for different groups of volunteers, different 'change' points and the nature of these changes.

Finally, our study provides much needed insight into the relationship between pandemic volunteering experiences and future volunteering expectations, which is something of great practical concern to voluntary organisations. Particularly given recent UK government plans to 'build resilience' in the NHS by expanding volunteer recruitment, building on the perceived success of COVID-19 volunteerism (Das & Ungoed-Thomas, 2022). Most notable, is that only a very small proportion of our participants indicated that they intended to stop volunteering altogether (n=10). While we have no way of knowing whether people did in fact continue volunteering (and volunteering rates since the pandemic would suggest not), it does at the very least suggest that people's pandemic experiences did not put them off volunteering altogether. Indeed, the only group that were looking to reduce their future volunteering, who also reported higher levels of wellbeing, were those that had stopped volunteering altogether during the pandemic, highlighting this as a group that may be difficult to re-engage. Our analyses do show, however, that while community identification did not predict future volunteering intentions, subjective wellbeing does have an important role to play here, with higher levels of wellbeing predicting expectations to increase

volunteering post pandemic, or – for some groups – higher levels of wellbeing predicting that people are more likely to want to volunteer at the same level. Due to the nature of the variables, we were only able to look at this in a very limited way. However, we would argue that this is a very important avenue for future research, as these relationships have been highly theorised, and yet there are very few (if any) studies that have looked structurally at the relationship between social identity, wellbeing, and future volunteering intentions.

There are several shortcomings to our study. Our analyses were limited by some of the data that was collected, e.g., volunteering time and future volunteering intentions were collected as categorical variables. These data were a necessary compromise with our partner organisations, who wanted the data collected in a particular format, and without whom we would not have had the reach to have collected this data at all. The data are also retrospective; however, a prospective design was not possible given the circumstances. Notwithstanding these limitations, the results presented here do provide a unique examination of the social identity and wellbeing dynamics of volunteering during COVID-19, and how these were not the same across different groups of volunteers. More generally, they point to the need to examine in more detail the various elements of the whole – and varied – 'volunteer career' journey.

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