



The experience of volunteers during the early stages of the COVID-19 pandemic

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1 Introduction and overview

Australia and the world are currently experiencing a public health and economic shock that may end up being larger than any experienced since the Influenza Pandemic of 1918-19 and the Great Depression of the 1930s respectively. The spread of the Coronavirus and associated disease (COVID-19) around the world including to Australia has led to the shutdown of travel and Australia's borders, much of Australia's commercial and industrial activity, and many social services, some public institutions (e.g., art galleries, libraries), schools and universities and has resulted in a dramatic decline in economic activity.

While much of the focus has been on the economic impacts, particularly the impacts on paid employment and income¹, there has been much less attention given to the impacts on unpaid activities, such as voluntary work. Volunteering is also likely to be impacted though, as physical distancing measures make some forms of volunteering difficult or impossible to continue to undertake (especially amongst those for whom COVID-19 is particularly risky). At the same time, the economic downturn and increased social isolation being experienced by many is likely to increase the demand for certain forms of volunteering.

A simple starting definition of volunteering is 'time willingly given for the common good and without financial gain.'² Volunteers make an enormous contribution to Australian society³ in areas as varied as aged care, disability support, emergency services, the arts, education, sport, environment, health, tourism, and community welfare.⁴ Volunteering is a social glue that helps hold our society together. While volunteering is unpaid, that does not mean that it does not have economic value. It has been estimated that volunteering work in Australia is worth around \$46billion to the Australian economy, with volunteers often engaging in sectors and activities that are not well supported by government or the market.⁵

Volunteering often has a positive impact on the wellbeing of volunteers.⁶ It can provide a sense of meaning and satisfaction, as well as social interaction in addition to or instead of the social interaction that often occurs in paid work.

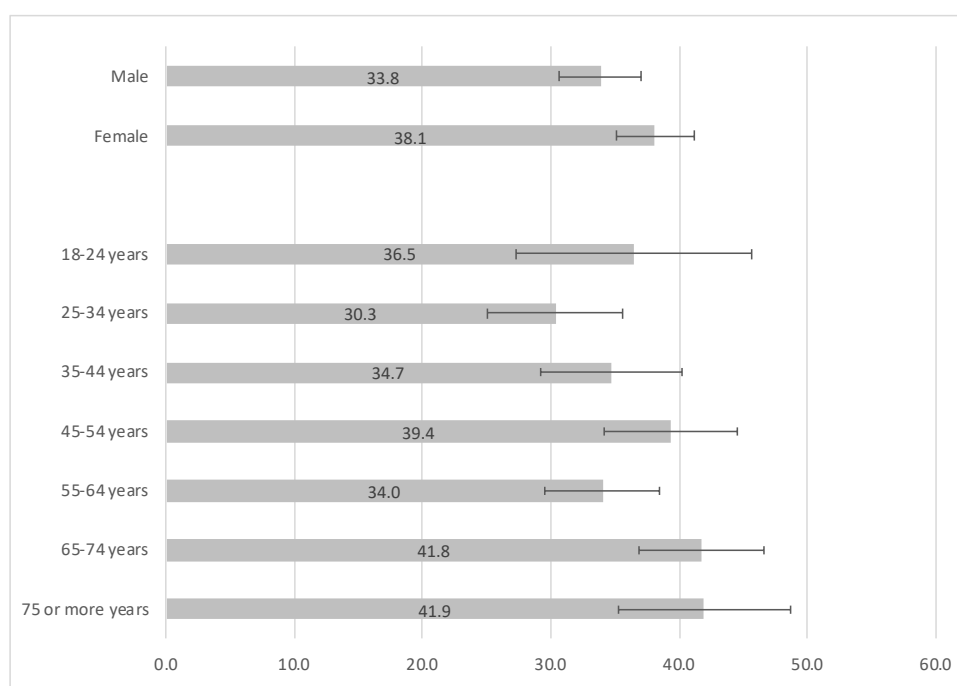
If the level of volunteering in Australia declines substantially during the spread of COVID-19 and does not pick up as physical distancing restrictions are eased, then there are likely to be large flow-on effects for Australians that rely on volunteers, for the organisations that are supported by volunteering, and for the volunteers themselves. This paper provides data on the experience of Australian volunteers during the early stages of the COVID-19 pandemic, including the effect on changes in volunteering and the wellbeing and mental health of volunteers using data collected in the April 2020 ANUPoll using the Life in Australia™ probability online panel. Many of the people who responded to the survey in April 2020 also completed surveys in the second half of 2019 and in January/February 2020. This means we have data on the same group of volunteers prior to COVID-19 and after COVID-19 was contracted by a significant number of people in Australia. Details of the survey are provided at the end of this paper.

2 Describing volunteers in Australia and their views about COVID-19

All members of Life in Australia™ were asked during the second half of 2019 whether they had spent any time doing voluntary work through an organisation or group over the last 12-months.⁷ According to this data, 36.0 per cent of adult Australians had recently been volunteers as of late 2019, which equates to around 7.1 million adult Australians.⁸

Volunteers are slightly (but significantly) more likely to be female than male (38.1 per cent compared to 33.8 per cent) and are older on average than the non-volunteer population. As shown in Figure 1, more than 41 per cent of those aged 65 years and over reported that they had undertaken some form of volunteering in the 12 months leading up to the end of 2019. These patterns are consistent with the patterns found in other studies.

Figure 1 Per cent of Australians who volunteered in the previous 12 months, by sex and age, April 2020



Notes: The “whiskers” on the bars indicate the 95 per cent confidence intervals for the estimate.

Source: ANUpoll, April 2020.

Volunteers have relatively high levels of education, with 45.6 per cent of those with a postgraduate degree volunteering in the previous 12 months compared to 24.4 per cent of those who had not completed Year 12. Finally, those who live outside of a capital city were more likely to have undertaken volunteering activities (40.4 per cent compared to 33.9 per cent of those in capital cities). Those who lived in relatively disadvantaged suburbs were less likely to volunteer (30.8 per cent) than those who lived in more advantaged suburbs (37.2 per cent). However, there were no significant differences in volunteering by State/Territory either before or after controlling for observed characteristics.

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Respondents were asked directly whether they ‘felt anxious or worried for the safety of yourself, close family members or friends, due to COVID-19’. A slightly smaller per cent of volunteers (64.1 per cent) said they were anxious or worried than non-volunteers (68.1 per cent).

Equally as important as the differences in the population are the similarities. There is no statistically significant difference in the probability of a volunteer thinking it likely or very likely that they will be infected by COVID-19 over the next 6 months (40.9 per cent for volunteers compared to 38.7 per cent for non-volunteers), nor was there a difference in the level of concern for family members being infected by COVID-19 between volunteers and non-volunteers (77.0 per cent compared to 80.0 per cent). Finally, volunteers were no more or less likely to report that they engaged in the main physical distancing requirements that were in place at the time of the April 2020 ANUpoll.

3 Changes in volunteering due to COVID-19

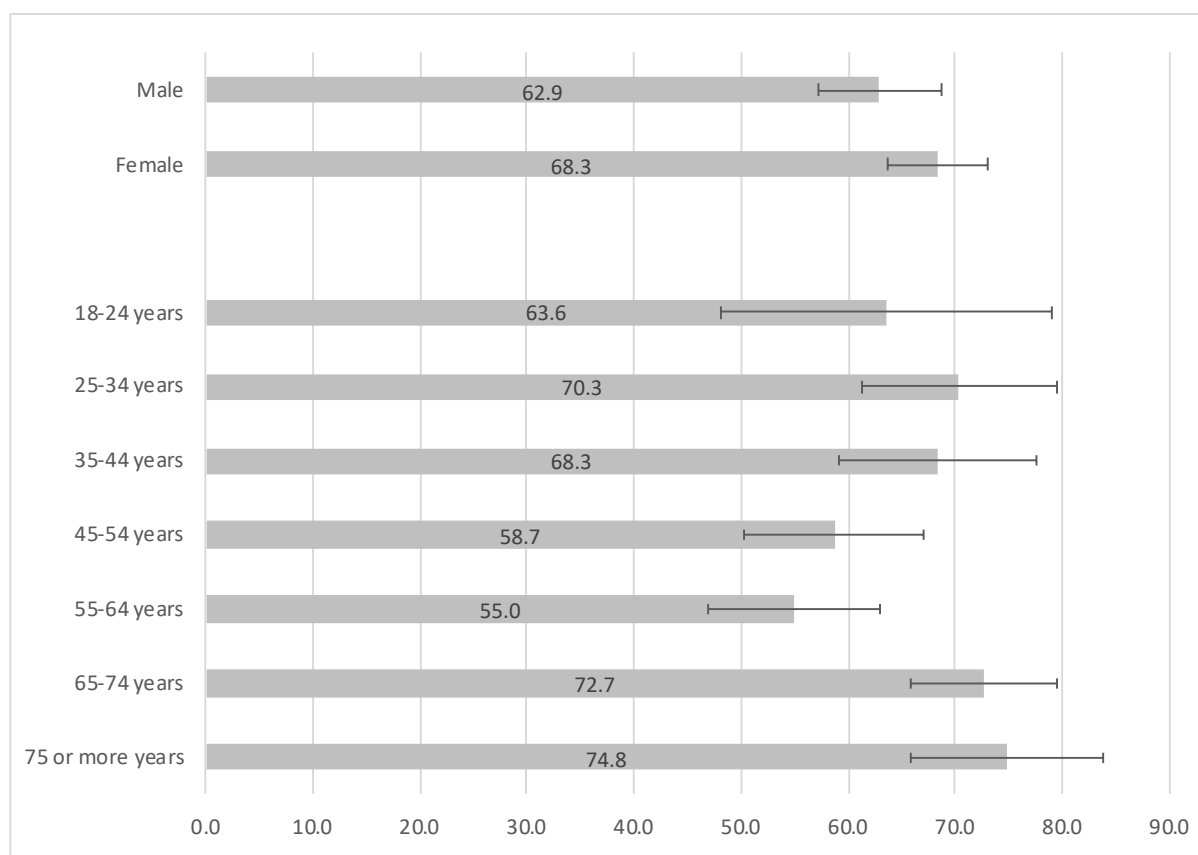
There has been a very large fall in volunteering activity due to COVID-19, with almost two-thirds (65.9 per cent) of volunteers saying in April that since February 2020 they have stopped volunteering or other unpaid work as a precaution to minimise COVID-19 transmission.

Although the survey data used in this paper did not collect information on the number of hours spent volunteering, data from the Australian Bureau of Statistics 2006 Time Use Survey⁹ reported that on average volunteers spent 2.5 hours per week volunteering. Assuming that volunteers just prior to COVID-19 were volunteering the same number of hours as in 2006, then we estimate that the cessation of volunteering reported in the April ANUpoll is equivalent to 12.2 million hours per week¹⁰. While not as large as the drop in paid work – 56.2 million hours according to the same survey – this estimated drop in volunteering is a substantial decline in activities shown to be of benefit to the community and volunteers themselves.

Female volunteers were more likely to have stopped volunteering compared to male volunteers, as were volunteers over the age of 65 (Figure 2). This is likely to reflect the higher rate of anxiety and worry for females and potential increases in caring responsibilities, the greater following of social distancing regulations for both groups, as well as the increased risk of negative impacts of COVID-19 for older Australians.

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Figure 2 Per cent of volunteers who reported they had stopped volunteering since the spread of COVID-19, by sex and age

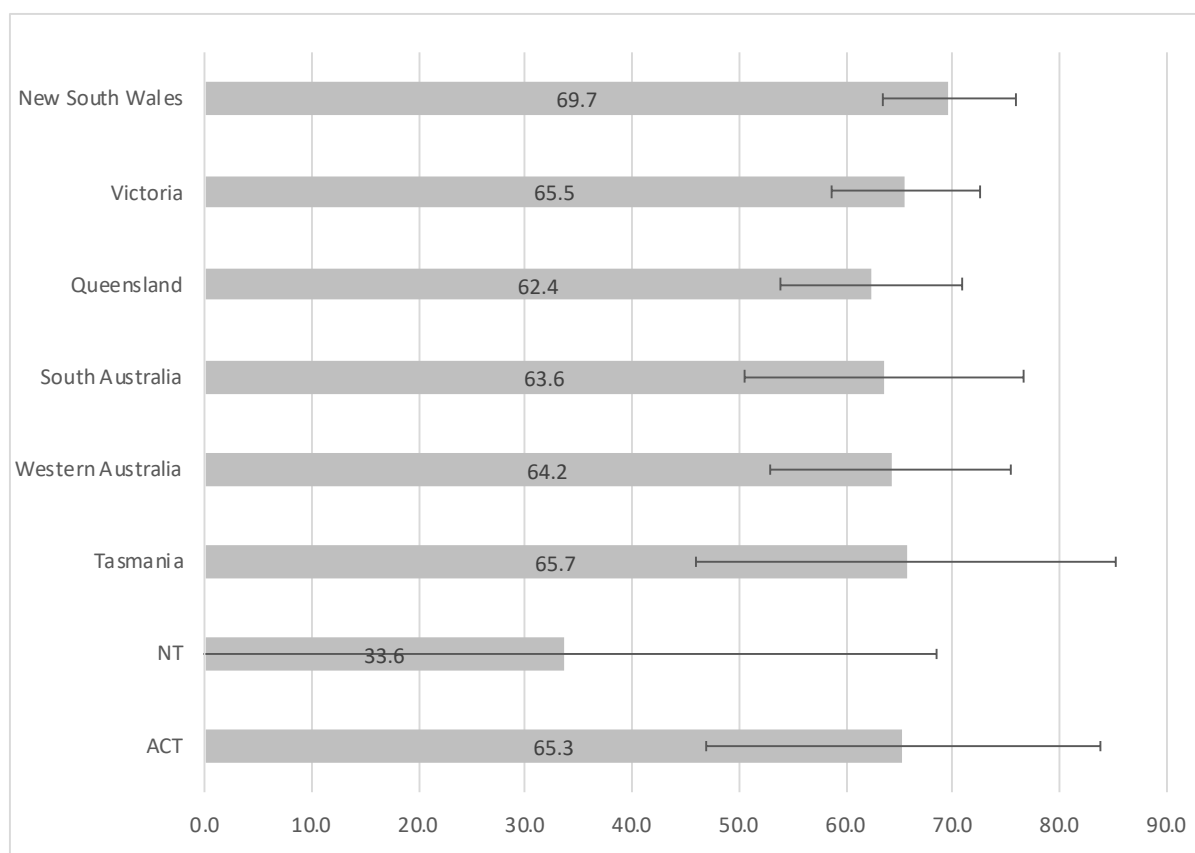


Notes: The “whiskers” on the bars indicate the 95 per cent confidence intervals for the estimate.

Source: ANUpoll, April 2020.

There were some differences in whether or not a volunteer stopped volunteering by State/Territory. New South Wales had the highest proportion of people that stopped volunteering (69.7 per cent), with Queensland (62.4 per cent) having significantly lower stopping rates. The per cent of volunteers who stopped in the Northern Territory (33.6 per cent) is measured with a considerable degree of uncertainty due to the local sample sizes, however the difference from New South Wales is statistically significant when included in a regression framework. While we wouldn't suggest relying on the specific estimates, we can say with reasonable confidence that there is variation by State/Territory in the response of volunteers to the spread of COVID-19, and it would appear that volunteers in Queensland and the Northern Territory were less likely to stop.

Figure 3 Per cent of volunteers who reported they had stopped volunteering since the spread of COVID-19, by State/Territory



Notes: The “whiskers” on the bars indicate the 95 per cent confidence intervals for the estimate.

Source: ANUpoll, April 2020.

Volunteers who reported that they had experienced anxiety or worry due to COVID-19 were more likely to have stopped volunteering than those who did not (68.7 per cent compared to 60.6 per cent). Perhaps counter-intuitively, those volunteers who thought it was likely that they will be infected by COVID-19 were less likely to have stopped volunteering. However, this finding can be interpreted as an instance of reverse-causality, as the slightly more than one-third of the population who have continued volunteering are likely to have perceived themselves to be at an increased risk compared to those who have stopped volunteering.

4 Change in wellbeing and social cohesion

The decline in volunteering during the COVID-19 pandemic will potentially reduce the amount and quality of services that many Australians and volunteer involving organisations rely upon. In particular, those Australians who rely on volunteers who are female or older on average may be in an even more precarious position than previously. But, what about the effects of the spread of COVID-19 on volunteers themselves?

Volunteers had a higher level of life satisfaction prior to COVID-19 than non-volunteers. The April 2020 ANUpoll measured life satisfaction using the standard survey measure of “Overall,

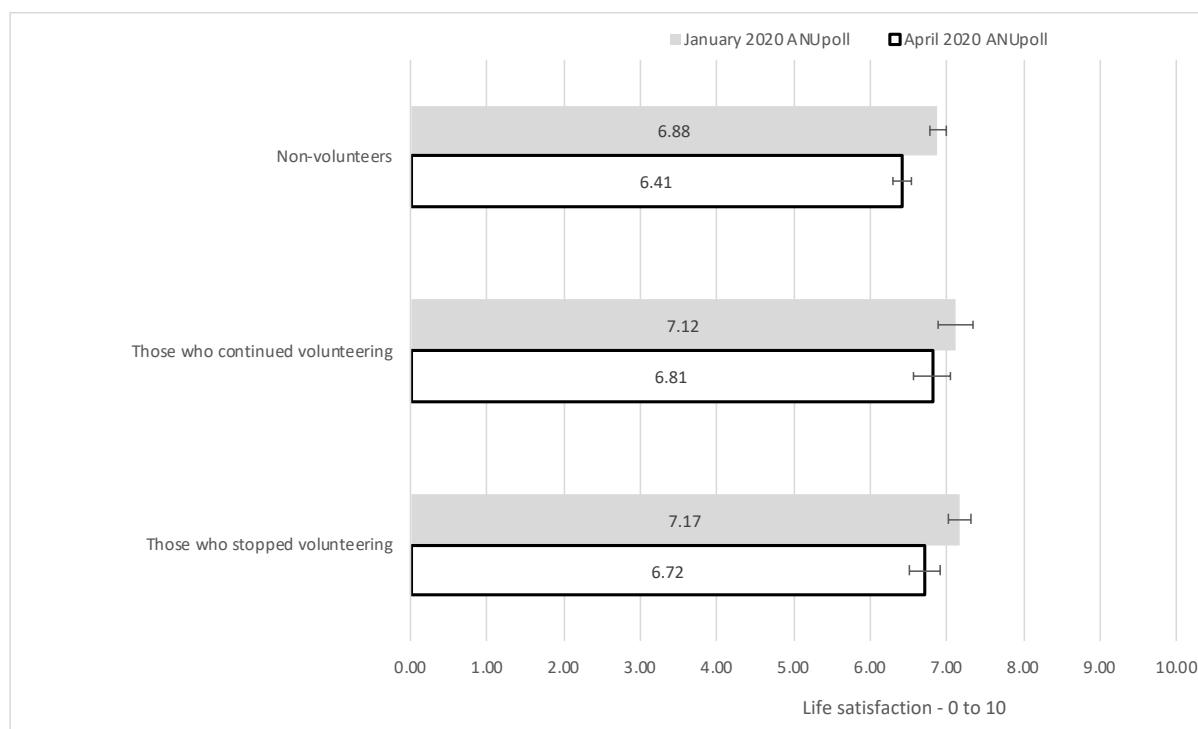
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how satisfied are you with life as a whole these days” on a 0-10 scale where 0 is ‘not at all satisfied’ and 10 is ‘completely satisfied’. In January 2020, the average life-satisfaction score of volunteers was 7.1 on a scale of 0 to 10 compared to 6.9 for non-volunteers. These differences hold when we control for observable demographic, socioeconomic and geographic characteristics

The life satisfaction of both volunteers and non-volunteers declined between January 2020 and April 2020. However, volunteers who had been able to maintain their volunteering despite COVID-19 had a statistically significant and substantially smaller (0.31 point) decline in life satisfaction between January and April 2020 than volunteers who have stopped volunteering due to COVID-19 (0.45 point decline) (Figure 3). The size of the decline in life satisfaction experienced by those who stopped volunteering due to COVID-19 is very similar to that experienced by those who are not volunteers (0.47 point decline).

These are very large falls in life satisfaction. To put the smaller reduction in life satisfaction into context, if those who had continued volunteering had experienced the same decline in life satisfaction as those who stopped (a 0.45 point decline) then their additional decline in life satisfaction would have been equivalent to a drop in income of \$216 per week, based on the relationship between life satisfaction and income observed in February 2020. Being able to maintain volunteering activity appears to be a very important protective factor.

Figure 3 Life satisfaction by change in volunteering, January 2020 to April 2020



Notes: The “whiskers” on the bars indicate the 95 per cent confidence intervals for the estimate.

Source: ANUpoll, April 2020 and Life in Australia Wave 34, January 2020.

Volunteering also appears to reduce the likelihood of experiencing higher levels of

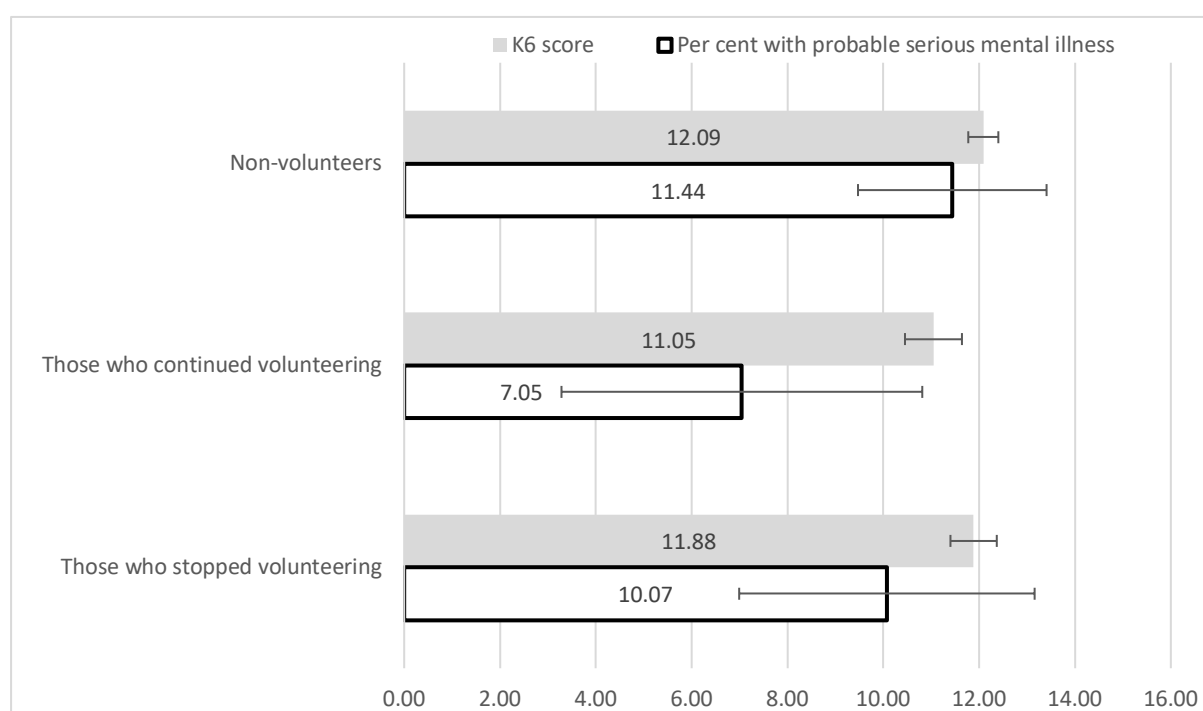
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psychological distress. The Kessler-6 (K6) measure of psychological distress is a common measure used to screen for the risk of serious mental illness and can be constructed as a continuous measure ranging from 6 to 30.¹¹ Those respondents with a score of 19 or higher are said to have a probable serious mental illness.

The average K6 score for those who stopped volunteering was 11.9 in April 2020 (Figure 4). While this was slightly less than the average for those who never volunteered in the first place (12.1) the difference was not statistically significant. For those who continued volunteering, however, the average score was 11.1, which was significantly and substantially lower than those who stopped volunteering and those who had never volunteered in the first place.

While there is a higher level of uncertainty around the estimates of the likelihood of having a probable serious mental illness (the respondent is either above or below the cut-off for having a probable serious mental illness), the story is very similar. Volunteers who were able to continue volunteering were less likely to have a probable serious mental illness and had a far lower level of psychological distress than those who stopped volunteering due to COVID-19.¹²

Figure 4 Psychological distress by volunteering, April 2020



Notes: The “whiskers” on the bars indicate the 95 per cent confidence intervals for the estimate.

Source: ANUpoll, April 2020.

A potential cause of the increases in psychological distress and declines in subjective wellbeing for those who stopped volunteering is the increased isolation and lack of social interaction. There is some evidence for this in the data. When respondents were asked how often in the past week they had felt lonely, 18.6 per cent of those who had stopped volunteering said either ‘occasionally, or a moderate amount of time (3-4 days)’ or ‘Most or all of the time (5-7 days).’

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For those respondents who were able to continue volunteering this was only 15.5 per cent, with the difference statistically significant once other characteristics were controlled for.

One of the defining features of the policy responses put in place to stop the spread of COVID-19 is the physical distancing measures that have been implemented as the main public health response. In the absence of a vaccine or an effective treatment for COVID-19, a person's own health is very reliant on the behaviour of others as a protective factor for one's own physical health. Such a policy response requires a high level of trust in others.

In February 2020, volunteers were more likely to say that Australians in general could be trusted (5.74 out of 10 for volunteers compared to 5.26 for non-volunteers); were fair (5.93 compared to 5.40); and were helpful (6.02 compared to 5.51). When combining the three measures into a single index, there was an increase in social cohesion for all Australians between February 2020 and April 2020.

When controlling for baseline characteristics and social cohesion in February 2020, there was a slightly larger increase in social cohesion between February and April 2020 for volunteers compared to non-volunteers (by an extra 0.12 points on a scale of 0 to 10). However, what is interesting is that the increase was similar for those who stopped volunteering and those who did not. This suggests that social cohesion has increased for all those who are inclined to volunteer, and that this may help support a return to volunteering once the physical distancing restrictions are eased.

5 Concluding comments

Volunteers are an important and valued part of the Australian community. They come from all walks of life, and provide services that may not otherwise be provided, often for those who are most vulnerable in the community. Volunteering also has been shown to provide benefits to the volunteers themselves.

The spread of COVID-19 has had a substantial social and economic impact on Australian life, compared to any other short period of time in Australia's modern history. Around one-third of volunteers have been able to continue volunteering, and this group has been less affected by COVID-19 with life satisfaction and mental health benefits having been maintained. For the other two-thirds or so of volunteers who have had to stop – equivalent to 12.2 million hours per week – the wellbeing declines and worsening in mental health have been large.

Volunteers have done their part in following the physical distancing requirements, at a large cost to themselves and to the communities that they serve. Finding a way to harness this volunteer workforce throughout the current pandemic is a vitally important policy challenge.

Appendix 1 About the survey

The primary source of data for this paper is the April ANUpoll.¹³ Fieldwork for the survey commenced on the 14th of April and continued for a two-week collection period. The majority of data collection occurred at the start of this survey window, with 52.4 per cent of the sample enumerated in the first two days of full data collection. A total of 3,950 active panel members were invited to take part in the survey, of which 3,155 responded, leading to a completion rate of 79.9 per cent for the survey.

We linked data from previous waves of ANUpoll and from other data collection using Life in Australia™. Between October-December 2019, the panel was refreshed with n = 347 panellists being retired and n = 1,810 new panellists being recruited. This recruitment used a G-NAF (Geocoded National Address File) sample frame and push-to-web methodology. Only online participants were recruited in order to balance the demographics (the age profile of panel members was older and more educated than that of the Australian population). The recruitment rate (RECR) for the replenishment was 12.1 per cent.

The linkage rates to previous waves of data collection that were used in this analysis were:

- February 2020 – 92.6 per cent (2,920 participants)
- January 2020 – 91.5 per cent (2,886 participants)

The Social Research Centre collected data online and through Computer Assisted Telephone Interviewing (CATI) in order to ensure representation from the offline Australian population. Around 6.5 per cent of interviews were collected via CATI. The contact methodology adopted for the online Life in Australia™ members is an initial survey invitation via email and SMS (where available), followed by multiple email reminders and a reminder SMS. Telephone non-response of panel members who have not yet completed the survey commenced in the second week of fieldwork and consisted of reminder calls encouraging completion of the online survey.

The contact methodology for offline Life in Australia™ members was an initial SMS (where available), followed by an extended call-cycle over a two-week period. A reminder SMS was also sent in the second week of fieldwork. Taking into account recruitment to the panel, the cumulative response rate for this survey is 8.1 per cent.

Unless otherwise stated, data in the paper is weighted to population benchmarks. For Life in Australia™, the approach for deriving weights generally consists of the following steps:

1. Compute a base weight for each respondent as the product of two weights:
 - a. Their enrolment weight, accounting for the initial chances of selection and subsequent post-stratification to key demographic benchmarks
 - b. Their response propensity weight, estimated from enrolment information available for both respondents and non-respondents to the present wave.
2. Adjust the base weights so that they satisfy the latest population benchmarks for several demographic characteristics.

In designing the questionnaire for the April 2020 ANUpoll, the project team balanced six often competing priorities:

- The rapidly changing policy environment related to COVID-19;

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- Keeping questions consistent with pre-pandemic survey items in order to facilitate longitudinal analysis of change through time;
- Being able to compare items to comparable international surveys in order to compare outcomes in Australia to those internationally;
- Benchmarking results to nationally representative population estimates;
- Setting the survey up for future analysis and monitoring using subsequent waves of data collection; and
- Minimising harm and distress to survey participants.

The ethical aspects of this research have been approved by the ANU Human Research Ethics Committee (2014/241).

References

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- 5 Kragt, D. and D. Holtrop (2019). "Volunteering research in Australia: A narrative review." *Australian Journal of Psychology*, 71(4): 342-360.
- 6 Van Willigen, M. (2000). "Differential benefits of volunteering across the life course." *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 55(5): S308-S318.
- 7 Respondents were given further instructions as follows: 'Please include voluntary work for sporting teams, youth groups, schools, or religious organisations. Please exclude work in a family business or paid employment. Please exclude work to qualify for a government benefit or to obtain an educational qualification or due to a community / court order.'
- 8 The estimate is based upon weighted data from the April 2020 ANUPoll.
- 9 <https://www.volunteeringaustralia.org/wp-content/uploads/VA-Key-statistics-about-Australian-volunteering-16-April-20151.pdf>
- 10 The estimate of the impact of COVID-19 on the number of hours volunteered also assumes that those who stopped volunteering between the end of 2019 and April 2020 had the same distribution of hours volunteered as those who didn't stop volunteering, and that there were not a large number of people who commenced volunteering over the period.
- 11 The K6 questions ask the respondent how often in the last four weeks they felt: (a) nervous; (b) hopeless; (c) restless or fidgety; (d) so depressed that nothing could cheer you up; (e) that everything was an effort; and (f) worthless. There were five response categories, from "none of the time" to "all the time", with values of 1 through to 5. These values were summed, and those with a sum of 19 or higher, out of a possible maximum of 30, were said to be at serious risk of having mental health problems.
- 12 The last time the Kessler-6 questions were asked on Life in Australia™ was February 2017. Given the large gap in between the two surveys, it is more difficult to analyse longitudinally, and there are far fewer people in the sample. However, when we control for demographic, socioeconomic, and geographic characteristics, as well as three measures of subjective wellbeing (life satisfaction, self reported happiness, and general health) in February 2020, then the differences across the three categories are very similar to the unconditional percentages in Figure 4.
- 13 doi:10.26193/HLMZNW