

The Covid-19 crisis prompted thousands to register as NHS Volunteer Responders, helping vulnerable people with small daily tasks like shopping. **Christian Krekel** and colleagues find big increases in wellbeing among those who took part in the programme, with effects lasting long after the time spent volunteering had ended.

Happy to help: NHS volunteering in Covid-19 times

The Covid-19 crisis has had an enormous impact on lives and livelihoods around the world. People died, many fell sick, family and friends suffered – and millions were subject to lockdowns and other restrictions on their daily lives.

At the same time, the crisis has seen an enormous rise in pro-social activities such as charitable giving, acts of solidarity or kindness, and volunteering for charities or public services. In England, it led to the largest mobilisation of volunteers the country has seen since the Second World War.

On 24 March 2020, the then secretary of state for health Matt Hancock issued a mass call for volunteers to join the NHS

Volunteer Responders, a nationwide programme launched to support clinically high-risk people shielding in their homes during the lockdown and to ease pressure on regular NHS staff.

This was a novel volunteering programme based on a smartphone app. It allocated flexible, small volunteering tasks directly from those in need to those who wanted to help. These tasks included helping with daily chores such as dropping off groceries or delivering medical prescriptions, but also having friendly phone calls with those isolating and feeling lonely, or helping with logistics at local pharmacies or NHS sites.

Around 750,000 people (about 1.4% of England's population) registered their

willingness to help within four days of the call, surpassing the initial recruitment target of 250,000 volunteers in just 24 hours. From April 2020 to April 2021, about 1.8 million volunteering tasks were completed through the programme, helping an estimated 165,000 vulnerable people at the height of the pandemic.

Our research estimates the effect of participating in this NHS programme on volunteers' subjective wellbeing, making use of two unique features in the design and implementation of the programme:

- The programme was heavily oversubscribed, by a factor of about 2.4: 250,000 people ended up volunteering out of the more than 590,000 people

Volunteering has positive, significant and strong impacts on volunteers' wellbeing

who registered and were approved. This gives us a large pool of people who chose to volunteer but only a subset who actually did.

■ The app allocated tasks randomly among this pool of recruits, either conditional on geographical proximity or completely at random in the case of phone calls with persons isolating.

Taken together, these features allow us to overcome a concern about previous research on volunteering, namely that those who volunteer might be systematically different from the general population. By comparing those who ended up volunteering with those who did not among the pool of recruits, we are able to estimate the effect of volunteering on wellbeing.

As we shall see, the returns to wellbeing from volunteering in the NHS Volunteer Responders during the Covid-19 pandemic are positive, significant and strong. Our findings suggest that volunteers generated substantial social value during the duration of the programme. The study also sheds light on many practical considerations when designing and implementing volunteering schemes.

Measuring wellbeing

We arrive at these conclusions using a combination of survey and administrative data. The backbone of our analysis is a survey that was sent to all the individuals who signed up and were approved to become an NHS Volunteer Responder: over 590,000 individuals. Our analysis sample includes about 9,000 volunteers.

The survey asked respondents about their demographic characteristics, previous volunteering experience, personal Covid-19 situation, and their current status in the

programme. Most importantly, it asked them whether they had already completed a task, and if not, why not, including: not yet been given a task; unable to accept a task due to logistical constraints (such as time or distance); and issues with setting up the app.

We use these variables to construct our 'treatment' and 'control' groups for comparison: our treatment group includes those respondents who reported they had already volunteered; and our control group those who reported they had not yet been given a task. Making use of the oversubscription of the programme and the random allocation of tasks implies that comparing the wellbeing outcomes between the two groups should give us a causal estimate.

To ensure further comparability, we control for individual characteristics of respondents, regional Covid-19 cases from official UK government statistics, and data on volunteers collected by the Royal Voluntary Service via the app, including

volunteers' postcodes and the timestamps of their first and last tasks completed to control for their local areas and for the time they have been waiting for the next task.

Our wellbeing outcomes include items that are routinely collected by the Office for National Statistics (ONS) to measure personal wellbeing in the UK (Dolan and Metcalfe, 2012). The most important are life satisfaction ('Overall, how satisfied are you with your life nowadays?') and sense of purpose in life ('Overall, to what extent do you feel that the things you do in your life are worthwhile?').

But we also sample respondents' perceived belonging to their local community ('How strongly do you feel you belong to your immediate neighbourhood?') and connectedness to their neighbours ('Do you feel more or less connected to your immediate neighbourhood and your neighbours since the Coronavirus (Covid-19) outbreak?') to capture feelings of social belonging, an important determinant of wellbeing.



The returns to wellbeing from volunteering

Figure 1 shows our central result: it plots the wellbeing of individuals who signed up and volunteered at any point in time in the NHS Volunteer Responders (our treatment group, black dots) to those who signed up but did not get to volunteer because they had not been given a task yet (our control group, red line).

We find that volunteering has positive, significant and strong impacts on volunteers' wellbeing, raising their overall life satisfaction and sense of purpose in life by about 0.17 and 0.18 points on a zero-to-10 scale, respectively. This is about 25% of the size of being employed as opposed to being unemployed (Clark et al, 2018) or roughly 15% of the size of local community interventions aimed explicitly at raising the wellbeing of general adult populations (Krekel et al, 2021).

Moreover, apart from enhancing personal wellbeing, it raises volunteers' perceived belonging to their local community and their connectedness to their neighbours, by about four and seven percentage points, respectively.

We find diminishing returns to wellbeing from volunteering: the more people volunteer, the higher their



Wellbeing benefits are stronger if there is more social interaction with the direct recipients of volunteering

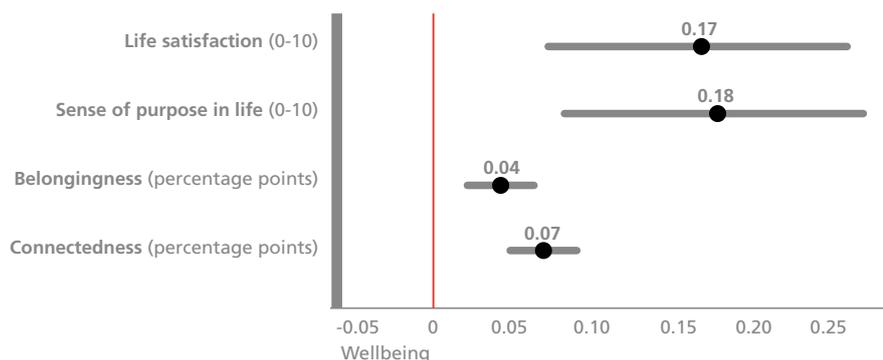
wellbeing, but these returns become relatively lower as they volunteer more. Yet wellbeing returns seem to be persistent, for at least three months after the last task has been finished. And volunteers who have more social contact with the direct recipients of their volunteering benefit the most, especially those who talk to and engage directly with people isolating and feeling lonely.

Generating social value

Running the NHS Volunteer Responders programme during our observation period from April to July 2020 cost about £3.1 million. Was it worth it? We can use our results based on wellbeing data to conduct a simple cost-benefit analysis of the programme. It involves three steps:

- We note that a 1% change in household income has been shown to increase life satisfaction by about 0.007 points (Sacks et al, 2010).
- We note that the median annual gross household income in England in 2019 was about £29,600 (ONS, 2020), or about £7,400 during our observation period (in which the wellbeing benefits accrued).
- We trade off the impact of volunteering on life satisfaction with that of income, obtaining a value of about $(£74 \times 0.17) / 0.007 = £1,800$. In other words, each volunteer would have to be compensated with about £1,800 for his or her loss in wellbeing in the hypothetical case in which he or she had not volunteered.

Figure 1: Impact of volunteering on wellbeing



Notes: N = 9,163, of which treated = 6,375 and controlled = 2,788. Coefficients obtained from multiple regression analysis controlling for individual controls, regional Covid-19 controls, region fixed effects, and interview day fixed effects. Confidence bands are 95%.

Source: NHS Volunteer Responders data, July 2020; authors' calculations.

Flexible, short pro-social actions benefit not only their recipients but also those who volunteer their time

With about 250,000 volunteers, this yields a total monetised wellbeing benefit of about £445 million. The net benefit of running the programme was, therefore, about £445 million - £3.1 million = £442 million. This is a substantial social value, and likely to be a lower bound: the benefits to the direct recipients of volunteering, which were not systematically measured, are not even included.

A model to replicate

The NHS Volunteer Responders programme shows how flexible, short pro-social actions benefit not only their recipients but also the volunteers themselves. Volunteers generate significant, positive wellbeing benefits for themselves. And these benefits seem to last, at least during our observation period three months later.

There are several take-aways from

our study: on a practical note, our finding that the wellbeing benefits are stronger if there is more social interaction with the direct recipients of volunteering suggests that volunteering opportunities should be designed to allow for more such interaction and ease of participation. To the extent that potential volunteers may not be aware of, or believe in, the benefits of volunteering, communication in recruitment and outreach should highlight these.

From a policy perspective, the traditional method of including voluntary work in national accounting systems – multiplying the number of volunteering hours by the hourly wages in complementary, paid work – may be underestimating the true value of volunteering to society, by neglecting an important component of its private returns: the wellbeing benefits to volunteers themselves. Using wellbeing data can improve on this.

As its benefits strongly outweigh its costs, the NHS Volunteer Responders as a nationwide volunteering programme could be seen as a model to replicate elsewhere during future crises. It could also be run in normal times (for example, in the form of a national volunteering service to help vulnerable people in their local communities), not only benefiting volunteers and their direct recipients but also indirectly contributing to higher social cohesion. This would be a triple win: for recipients, volunteers and society as a whole.

We may be underestimating the true value of volunteering to society



This article summarises 'Happy to Help: The Welfare Effects of a Nationwide Micro-Volunteering Programme' by Paul Dolan, Christian Krekel, Ganga Shreedhar, Helen Lee, Claire Marshall and Allison Smith, CEP Discussion Paper No. 1772 (<https://cep.lse.ac.uk/pubs/download/dp1772.pdf>).

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Further reading

Andrew Clark, Sarah Flèche, Richard Layard, Nattavudh Powdthavee and George Ward (2018) *The Origins of Happiness: The Science of Well-Being Over the Life Course*, Princeton University Press.

Paul Dolan and Robert Metcalfe (2012) 'Measuring Subjective Wellbeing: Recommendations on Measures for Use by National Governments', *Journal of Social Policy* 41(2): 409-27.

Christian Krekel, Jan-Emmanuel De Neve, Daisy Fancourt and Richard Layard (2021) 'A Local Community Course that Raises Wellbeing and Pro-sociality: Evidence from a Randomised Controlled Trial', *Journal of Economic Behavior and Organization* 188: 322-36.

Daniel Sacks, Betsey Stevenson and Justin Wolfers (2010) 'Subjective Well-Being, Income, Economic Development and Growth', NBER Working Paper No. 16441.

ONS (2020) 'Average Household Income, UK: Financial Year Ending 2019'.