

# The Third Sector and COVID-19:

## A rapid realist evidence synthesis of third sector responses to the COVID-19 pandemic

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## Key messages

The third sector encompasses organisations that operate in the intermediate space between the market and the state and includes voluntary, community-led organisations, and social enterprises.

In this review, we find that during the COVID-19 pandemic three main types of third sector organisational contexts emerged as important: spontaneous and informal grassroots community groups, known as ‘mutual aid’ groups; established community based organisations that delivered services in innovative and creative ways; and local third sector intermediaries that often coordinated responses with local government.

The third sector response to the pandemic in the UK reveals the ability of this sector to mobilise volunteers, build grassroots community solidarity and trigger the adaptive capacity with organisations to sustain delivery of services and support vulnerable people. The evidence we present shows the need for trust and formal recognition of the important role of the third sector as collaborative partners, not only in situations of profound uncertainty and crisis, but as everyday “key workers” providing vital public services.

### Lay Summary of evidence

This report is the result of a review of available scientific evidence on responses to the COVID-19 pandemic by voluntary and community-based organisations. These organisations worked to adapt their practices and sustain delivery of support to some of the poorest and most vulnerable people in society, often far more effectively and quickly than could have been imagined.

The evidence shows that self-organising groups of local volunteers, often referring to themselves as ‘mutual aid groups,’ were set up very quickly and were able to respond to hyper-local needs. More established voluntary organisations also mobilised to meet new needs and deliver services in new and creative ways, while intermediaries worked to coordinate the response of small, local organisations with those of government and the private sector. Community organisations worked in a variety of ways to enhance what we have called: *community solidarity* (the sense of people feeling they are ‘in it together’); *adaptive capacity* (the ability to be able to seize opportunities when they arise); and *cross-sector collaboration* (a greater ability to work with others, including in the public or private sectors).

As a result of this work, we found that there was a variety of benefits. For example, people felt that participating in various forms of volunteering was beneficial to their wellbeing, particularly due to feeling useful, included, and identifying with others. There is, however, a very real risk of overstating these effects, and romanticising the benefits, while overlooking the enormous financial strain and pressure the crisis placed on many local organisations. While many of them felt that during the crisis that they were, at long last, being treated as equal partners in the delivery of vital public services, this has not been sustained in all cases. Going forward, a new, refreshed relationship between government and community groups needs to be built to act as a legacy of this work, and to sustain its effects.

## Limitations

The most obvious limitation of this research is that the findings are dependent on the availability of published research in this field during the review period (Jan 2020 - until July 2022). The evidence included in this review does not include third sector organisations that discontinued or suspended their services. Nor does it examine community-led businesses, voluntary community sport clubs or the use of community buildings, during the pandemic<sup>1</sup>. Many of the studies included are UK and not Scottish based. Particular examples of innovation and creativity – and no doubt there were a great many – were not included because they did not fall within the scope of the review; they were not researched, for example.

Of the studies reviewed, the UK evidence on the third sector activity during COVID-19 was generally lacking in detail on the needs of migrant and minority ethnic populations, in particular asylum seekers and refugees, Roma Communities, new arrivals, EU nationals, and migrant essential workers. A recent report commissioned by the Scottish Government addresses an important gap in evidence (Trevena et al. 2022)<sup>2</sup>.

The diversity of terms used to describe the third sector is a challenge for reviewers. Some of the academic evidence reviewed, especially from the field of social psychology, collapsed the informal and spontaneous voluntary actions of mutual aid groups with the activities of established community-based organisations into a single classification. This was conceptually and methodologically problematic since the economic and social roles of such diverse third sector organisations are different.

In addition, the evidence on contextual issues such as geographical differences, urban and rural differences, and social deprivation is generally lacking. International evidence includes more detail on private and third sector partnerships, but there was very little evidence on this aspect from the UK context.

Absent from the evidence was a clear socio-economic and geographical analysis of the differences in local governance and neighbourhood contexts. The exception is a recent report by Paine et al. (2022) published after the review search. Future research could analyse the mechanisms and outcomes of community resilience through the lens of geographical inequalities and historical investment in place-based collaborative working.

## Background

The third sector encompasses organisations that operate in the intermediate space between the market and the state and includes voluntary, community-led organisations, and social enterprises. The COVID-19 pandemic has demonstrated how important voluntary and community action are to public health and to the broader

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<sup>1</sup>See Reid (2022); Nichols et al., (2022) and Hindley & Wilson (2022) In Rees, J., Macmillan, R., Dayson, C., Damm, C., & Bynner, C (Eds.). (2022). *COVID-19 and the Voluntary and Community Sector in the UK: Responses, Impacts and Adaptation*. Policy Press.

<sup>2</sup> See also McBride et al (2022) and Woodward et al (2022) and Murray (2022) In Rees, J., Macmillan, R., Dayson, C., Damm, C., & Bynner, C. (Eds.). (2022). *COVID-19 and the Voluntary and Community Sector in the UK: Responses, Impacts and Adaptation*. Policy Press.

response (Alakeson & Brett, 2020). International evidence also highlights the crucial role of the third sector in community resilience initiatives (see Appendix 1 Summary of International Evidence).

In February 2022 the Scottish Government's COVID-19 Learning and Evaluation Group published a call for evidence to inform Scotland's response to, and recovery from, the pandemic. The request was for projects to synthesise or analyse existing research and data from academic and/or 'grey' literature in key areas of interest.

A project team from Glasgow Caledonian University (Prof Michael Roy), University of Edinburgh (Dr Claire Bynner) and Queen's University, Belfast (Prof Simon Teasdale) was commissioned to undertake a review of the evidence on third sector responses to the COVID-19 pandemic sustaining delivery to the most vulnerable and marginalised groups. This research builds on recent projects involving members of the team including the book *COVID-19 and the Voluntary and Community Sector in the UK: Responses, Impacts and Adaptation* (Rees et al, 2022) and a project on the role of mutual aid groups in Scotland during the crisis, funded by the Scottish Government Health Directorate's Chief Scientist Office (see Curtin et al, 2021).

A policy stakeholder group from the Scottish Government provided advice and feedback to the project team. The research is relevant to several Scottish Government areas, particularly where there is significant third sector interest.

The research involved a review of material identified from key databases and grey literature and reaching out to key experts and drawing on existing networks. The synthesis was based on realist principles and which aims to understand 'what works, for whom, and in what circumstances' (Pawson & Tilley, 1997).

## Rationale for evidence synthesis

One of the most surprising and challenging aspects of researching responses to COVID-19 is the sheer volume of material and research outputs that has been produced. Indeed "*there is so much research it's difficult to keep track*" (Gough, 2022).

Despite the volume of the material, most of this research does not meet quality and reporting standards. Mughal et al (2022) found that less than half of the identified literature met the quality thresholds in their study. "The pace of the response to the pandemic may have meant that robust evaluation procedures were not always in place" (Mughal et al., 2022, p. 11).

In addition, the research evidence on COVID-19 has been dominated by population trends and patterns in behaviours<sup>3</sup> and there is a gap in evidence that provides a more nuanced understanding of the localised experiences and effects of COVID-19 (Taylor, 2021).

Our review seeks to build a deeper understanding of the relationships and activities that worked well during the pandemic, and to contribute knowledge on how the third

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<sup>3</sup> UCL's EPPI-Centre has created a 'living map' of research on the social impacts of COVID-19. <https://covidandsociety.com/policy-research-tool/>

sector, public sector and other partners in Scotland can build new ways of working, best suited to the communities they serve.

## Aims and objectives

The overarching aim of this study was to understand the role of third sector organisations in innovating to sustain delivery and support to vulnerable and disadvantaged people during the COVID-19 pandemic.

The objectives were threefold:

- (1) To identify a corpus of literature from which to draw evidence
- (2) To undertake a rapid realist evidence synthesis of the evidence presented in the literature, with a particular focus on the contexts and mechanisms that lead to outcomes
- (3) To write a synthesis that is meaningful to a variety of audiences, including policymakers, practitioners, and the informed public.

Review question:

***How and in what ways did third sector organisations adapt their services to sustain delivery and support vulnerable and disadvantaged people during the COVID -19 pandemic?***

## Results

The third sector was positioned and understood differently across the studies reviewed. The first task was to identify the key organisational contexts relevant to the third sector response to COVID-19.

The evidence highlighted three types of third sector organisation that were relevant to understanding third sector activity in response to COVID-19:

1. Mutual aid groups – local grassroots, spontaneous and informal community action. These self-organising groups of local volunteers were set up during the pandemic and were agile and responsive to need
2. Community-based organisations (CBOs) – the established, organised voluntary sector. These organisations pivoted to meet new needs and deliver services in creative and innovative ways
3. Local third sector intermediaries: third sector ‘interfaces’, infrastructure organisations (LIOs) involved in coordinating responses with local government, public services, the private sector and the wider third sector

Other third sector organisations discontinued or suspended their services. The experiences of these organisations are not covered by this review.

Most of the peer-reviewed academic research on the third sector role during COVID-19 has focused on the spontaneous and emergent community response in the form of ‘mutual aid’, or has used this as a generic, catch-all term to describe community organising and action during COVID-19<sup>4</sup>. One of the contributions of this review is the separation of spontaneous and informal community mobilisation such as mutual aid and pre-existent formal third sector organisations, identifying these as theoretically distinct. This distinction has important implications for understanding the contexts that trigger mechanisms and social outcomes. Spontaneous community mobilisation and established community organisation cannot be regarded theoretically as the same type of organisational context. While there may be overlaps, this review aligns different types of third sector organisational context to different overarching theories.

The three modes of organisation listed above can be further differentiated by the different ways they relate to government: for example, based on a funded or contractual relationship; a political advocacy and lobbying relationship; or a service planning co-production relationship.

In addition, there are specific contextual sub-sectors that operated within a distinct set of conditions and contexts; focused, usually on a particular type of vulnerability or service need. For example, the BAME-led voluntary sector response; community-based residential care; older people living independently who were more likely to be

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<sup>4</sup> One of the earliest reports to raise awareness of ‘mutual aid’ was COMMUNITIES vs. CORONAVIRUS - The rise of mutual aid (Tiratelli & Kaye, 2020). This publication may have been the catalyst for renewed academic interest and a rapidly developing field of research.



shielding; services to drug users; services to homeless people; and support for disabled people and carers.

Organisational responses to COVID-19 were highly diverse in terms of the activities undertaken, the longevity/ history of the groups, the scale and geography of the activity and the characteristics of the people/ volunteers involved. In some areas of the UK, there was a strong mobilisation of the third sector; in others, the response was patchy and limited. In some areas, third sector organisations quickly formed collaborative and cooperative relationships with the local state, while in others, relationships were fragmentary, diffuse, antagonistic or absent altogether.

The evidence suggested that there was diversity in how third sector organisations perceived the level of vulnerability and unmet need in communities at different stages of the pandemic. Vulnerability in this context relates to the health and socio-economic consequences of the pandemic, whereby people were vulnerable to illness, the loss of work and income, (domestic) violence and/or social isolation (Fransen 2022). There was a need for immediate emergency support for elderly and medically vulnerable people, and then support to address social isolation and mental health needs. In addition, there were differences in perception between local government officials and community groups on the extent of vulnerability and unmet need at different stages of the pandemic. Some community groups perceived the needs of people in their communities to be ongoing, while other groups reduced or stopped their activities when public services were able to resume services (Fernandes-Jesus et al., 2021; Rendall et al., 2022).

While we analyse evidence at the local state and neighbourhood level, reflecting the wider evidence on third sector activity during COVID-19, it should be stressed that the COVID-19 pandemic created a set of very particular contexts at the national level (social conditions and relationships) due to government restrictions, which changed over time, as well as ‘mechanisms’ (responses from the third sector) which also changed over time. During the pandemic, social relations, and conditions (contexts) changed over time and across geographies too. Most studies only examined one phase of these temporal contexts: the first lockdown, when the pandemic conditions were novel and government policies and resources were being developed and deployed. The sole exception was Rendall et al (2022), where the authors organised and analysed their data into different temporal stages of the pandemic.

We present three ‘overarching theories’ of how, and in what ways, third sector organisations adapted to pandemic conditions and sustained support for the most vulnerable populations. The three theories are developed using what are termed ‘Context-Mechanism-Outcome’ (C-M-O) configurations: *community solidarity*, *adaptive capacity*, and *cross-sector collaboration*. In the following section of this report we discuss each of these theories in turn.

## Community solidarity

Community relationships are critical during disasters because they motivate a sense of social solidarity (Drury et al., 2019). The feeling of being ‘it in together’ during a crisis leads to a stronger sense of unity and belief in the ability of people to work

together to overcome the challenges they are facing (Drury, 2018). Most of the studies reviewed provide evidence of third sector activity during the COVID-19 pandemic, leading to an increase in community solidarity as described below.

## **Community identity**

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### CMO configuration 1a:

The pandemic increased awareness of the urgent need to help vulnerable people (context). People who would normally be working had the time and availability to help (context). Mutual aid groups were adaptive and responsive to the perceived needs within their community (context). Social support was more likely in better off areas with higher levels of social capital (context). Mutual aid triggered support for anyone seeking help vulnerable people without formal eligibility criteria (mechanism). Social contact built trust with recipients of help (mechanism). New social relationships, group processes triggered shared social identity and social solidarity (mechanism). Community identity led to increased community activity (outcome) increased community cohesion (outcome) and positive benefits for the mental health and well-being of mutual aid volunteers (outcome).

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## **Context**

### *Awareness of an urgent need to help vulnerable people*

The pandemic created the context for spontaneous community action through increased public awareness of the urgent food and medical supply needs of older and medically vulnerable people. In the pandemic's early stages, local statutory services were suspended. Awareness of the unmet need in their local communities motivated the mutual aid response (Benton & Power, 2021; Fernandes-Jesus et al., 2021; Fransen et al., 2022; Rendall et al., 2022).

*“Ultimately, groups organized help based on what was perceived as necessary in their local community at a given time. Pre-existing groups reorganized their activities and services to respond to current needs. Emergent groups, in turn, organized around needs perceived as not being addressed by charities, existing community groups, or local authority services” (Fernandes-Jesus et al., 2021, p. 6)*

### *Availability of volunteers*

People who would normally be working had the time and availability to help. The informal and hyper-local nature of voluntary activity may have encouraged more people to participate (Benton & Power, 2021; den Broeder et al., 2022) *“acting locally involved less time and effort, which may have reduced barriers for participation and acted as an encouragement for participation” (Fernandes-Jesus et al., 2021, p. 7).*

### *Adaptive and responsive to the perceived needs within communities*

The pandemic conditions triggered the dynamic engagement of mutual aid volunteers in response to perceived need within communities. As government restrictions lifted, the perceived needs of vulnerable people changed as did the personal circumstances of volunteers (Rendall et al., 2022). The evidence from Rendall (2022) and Fernandes-Jesus et al., (2021) demonstrates that mutual aid groups were responsive to the perceived needs within their community, and they changed their approach in response to the changing circumstances of the pandemic and availability of statutory services. At the group level, the initial focus of community action was on emergency relief with an anticipated longevity linked to the duration of the pandemic (Fransen et al., 2022, p. 445). As the pandemic moved beyond the initial lockdown, mutual aid groups adapted from being primary service providers (supplementary to public sector activities) to a complementary role, addressing needs not covered by public services such as delivering small quantities of food, replacing light bulbs, taking rubbish bins out, and providing a source of local information (Dayson & Damm, 2020; Rendall et al., 2022). The evidence suggests that the needs of the community remained the primary concern.

#### *Backdrop of social inequality influencing availability of social support*

Spontaneous and informal social support was more likely in better off areas with higher levels of social capital, where people had the time and resources to participate or donate to community groups. In deprived areas, groups were more likely to need funding to cover the additional costs of providing support to vulnerable people (Fernandes-Jesus et al., 2021).

### **Mechanisms**

#### *No eligibility criteria*

A key feature of mutual aid was an attitude or ethos of being open to helping anyone without regard for formal eligibility criteria that might exclude some people from receiving support. For example, people who were not medically vulnerable to COVID-19 but were suffering the negative mental health effects of government restrictions (Benton & Power, 2021; Fernandes-Jesus et al., 2021; Rendall et al., 2022).

#### *Social contact builds trust*

Despite restrictions on prolonged social contact, relationships between volunteers and recipients of support were built through ongoing and regular contact such as delivering prescriptions or attendance at the food bank, and one-off assistance with specific tasks, such as gardening (Benton & Power, 2021; Mao, Drury, et al., 2021). One study emphasized that trust was an important factor in explaining why some groups had continued beyond the initial period of the crisis. Participants in the Fernandes-Jesus et al. (2021) study also highlighted trust as key to working directly with migrants, refugees, and Roma people.

#### *Shared social identity and solidarity*

Studies linked participation in mutual aid to a sense of shared social identity. The evidence reviewed suggested that that four interrelated mechanisms contributed to social identity: social contact with the recipients of mutual aid; relationships with other

members of the mutual aid group; internal coordination and group processes; and the symbolism of coming together to face a common threat (Benton & Power, 2021; Bowe et al., 2022; Fernandes-Jesus et al., 2021; Mao, Drury, et al., 2021).

#### *In-group bonding between members of mutual aid groups*

Volunteers built new relationships or strengthened bonds with other members of their mutual aid group (Bowe et al., 2022; Fernandes-Jesus et al., 2021; Mao, Drury, et al., 2021). They shared a common orientation toward helping the community and shared goal of “social support in the face of potential adversity” (Mao, Drury, et al., 2021, p. 1095). This bonding was expressed through “camaraderie” leading to “a sense of belonging” (Mao, Drury, et al., 2021, p. 1095). Those volunteers who identified with the group gained greater benefits to their own mental health and well-being (Mao, Drury, et al., 2021; O’Dwyer et al., 2022), specifically, ‘coping self-efficacy’: defined as the ability to cope with stressful or threatening conditions (O’Dwyer et al., 2022, p. 425).

#### *Group processes and sense of belonging*

Group processes enabled or facilitated bonding within mutual aid groups. Most groups in the studies reviewed had quickly established a basic structure and coordination system with “regular communication and feedback, shared meetings and events, clear rules, structure and guidelines” (Fernandes-Jesus et al., 2021, p. 13). Important for increasing the identification of members with the group was a clear system for sharing and allocating tasks, an informal approach (e.g., no chairperson), and a strong team-working ethos, and caring for the well-being of all group members (Benton & Power, 2021; Fernandes-Jesus et al., 2021). Fernandes-Jesus et al.’s study (2021b) found that some mutual aid coordinators were deliberate in their use of group processes to promote this sense of belonging. Group processes provided opportunities for mutual aid participants to express their emotions, including their pride in ‘collective coping’.

*Participation was also considered a form of coping with lockdown measures and volunteering was considered “win-win” situation with benefits for volunteers and for the whole community* (Fernandes-Jesus et al., 2021, p. 10)

This finding supports previous research on the role of group processes in sustaining social solidarity over time (Drury et al., 2019; Ntontis et al., 2020). Other evidence has also linked neighbourliness and helping neighbours to greater solidarity with those in need (Office for National Statistics, 2020).

## **Outcomes**

### *Increased community activism*

Two studies reported outcomes from the mutual aid response as an overall increase in the number of volunteers who were interested in continuing to volunteer, and an expansion of community services and activities with new community groups and areas of support (Benton & Power, 2021; Fernandes-Jesus et al., 2021). Mutual aid had triggered increased awareness of community needs and the gaps in support that exist for many people. Participants in these studies were interested in continuing mutual aid support in the longer-term:

*there is a willingness to maintain support in the community in the future, either as temporary response for emergency situations or as permanent and continuous support for the community* (Fernandes-Jesus et al., 2021, p. 12)

### *Community cohesion*

The evidence suggests that the mutual aid response increased community cohesion. Friendships had formed between volunteers and people receiving help (Benton & Power, 2021) and there was an increased ‘sense of community’ and ‘community spirit’ (Fernandes-Jesus et al., 2021, p. 11). This led to an overall sense that local communities had greater social connectedness (Bowe et al., 2022) and that “it is possible to bring everyone together” (Fernandes-Jesus et al., 2021, p. 11).

### *Improved mental health and wellbeing of volunteers*

According to Bowe et al. “help-giving may be a way to reduce pandemic-related mental distress” (2022, p. 10). The evidence describes two ways in which this may have been achieved. First, mutual aid gave volunteers a sense of purpose and routine during the pandemic and contributed to their own sense of coping with the crisis (Mao, Drury, et al., 2021). Second, volunteers derived well-being from contributing to their community, which increased their sense of community identification which, in turn, improved their well-being even further (as previously discussed) (Fernandes-Jesus et al., 2021). This second explanation supports the findings of previous studies (Alfadhli et al., 2019; Bowe et al., 2020, 2022).

Figure 1 summarises the Contexts, Mechanisms and Outcomes for Configuration 1a



Figure 1 C-M-O Configuration 1a

### **Political identity**

One third of the studies reviewed presented evidence of political activism and changes in political identity as the result of mutual aid activity and increased exposure to vulnerability, associated with poverty and inequality.

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### CMO configuration 1b:

Volunteers who were politically active prior to the pandemic perceived the government response to the crisis to be inadequate (context). With the onset of the pandemic, these politicised volunteers set up mutual aid groups (mechanism). Participation in mutual aid increased the exposure of non-politicised volunteers to inequality and

poverty (mechanism). For some volunteers this triggered a sense of injustice, which, if shared with other group members, engendered a shared political identity (mechanism). For other mutual aid participants, the positive feeling of helping others increased individual social well-being (outcome). Some mutual aid participants identified less with the group if they perceived that the group as becoming politicized (mechanism). Participation in mutual aid can increase political identification and promote greater psychological “resilience” (outcome); however, for some volunteers, politicisation can have a negative psychological effect (outcome).

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## **Context**

### *Political activists in mutual aid groups*

Mutual aid as a concept has its roots in the anarchist thought of Russian philosopher Pyotr Kropotkin (2021, first published 1902). It describes an alternative to the liberal capitalist society, one based on reciprocity, altruism, and resistance to hierarchy (O’Dwyer et al., 2022). Bradley et al. (2021) argue that radical environmental activists in England in part drove the emergence of mutual aid, while Fernandes-Jesus et al (2021) study found that the backgrounds of the people involved in setting up mutual aid groups was more mixed:

*People from existing activist or volunteering circles played an important role in the formation of some mutual aid groups. In some communities, previous and current local authority councillors took a lead. Other groups were created by people without any previous experience of participation (Fernandes-Jesus et al., 2021, p. 5)*

## **Mechanisms**

Mao et al. (2021) found that individuals who shared political concerns during the pandemic increased their psychological wellbeing, ability to cope and resilience (although interestingly, not their levels of anxiety). For some individuals the psychological benefits of being part of a group, having a sense of purpose and ‘making a difference’ reduced if they perceived that the group was becoming politicised. It is likely that for those who were already politically active, the sense of agency and social connection through mutual aid led to feelings of empowerment. Those without a political activist background were less likely to experience these feelings.

### *Negative emotions lead to political grievance*

Three of the 12 studies included in this review examined the potential for participation in mutual aid to trigger political identification. In the study conducted by Mao et al. (2021), the findings showed that participants in mutual aid experienced different emotions. Some experienced positive emotions from helping people in need. Others experienced negative emotions in response to witnessing the difficult situations of the mutual aid recipients. The latter group felt that the vulnerability they were witnessing was wrong. If, in addition to this discomfort they perceived the government response

as inadequate, then they were likely to interpret the situation as a form of social injustice, which, if shared with others, formed the basis of a new shared political identity (Klandermans, 2014).

*if this grievance is then perceived as shared with other members of the mutual aid group via processes such as validation, it may form the basis of a politicized collective identity (Mao, Drury, et al., 2021, p. 1100)*

#### *Positive feelings reduce the politicizing effect*

For some mutual aid participants, the positive feeling of having a sense of purpose and being validated by others for helping vulnerable people during the pandemic increased their feelings of well-being and reduced the politicising effect.

*the positive feelings experienced during participation may, if they serve to obfuscate the negative features of the wider situation, inhibit politicization (Mao, Drury, et al., 2021, p. 1100)*

Mao argue that these conflicting feelings mirror the wider tensions and narratives of mutual aid as either a “feel-good activity” or “a difficult political project” (Mao, Drury, et al., 2021, p. 1100).

#### *Agency and empowerment*

A greater sense of control and agency and feeling less helpless boosted participants’ sense of empowerment. Those with a “political” identity experienced empowerment more than those without such an identity” (Mao, Drury, et al., 2021, p. 1102).

#### *Perceived group politicisation*

A study conducted by O’Dwyer et al (2022) found that if volunteers perceived the group as becoming politicised, they were less likely to identify with the group, leading to poorer mental health. Those people who perceived group pollicisation negatively also had less ability to cope and higher anxiety. Members of mutual aid groups may position their work as apolitical due to this potential to alienate potential or current members or cause conflict.

### **Outcomes**

The well-being derived from participation in mutual aid is complicated by the mix of negative and positive emotions associated with the politics of helping vulnerable people. Mao, Drury, et al. (2021) argue that experiencing negative emotions in the context of social injustice could constitute a form of well-being. Negative emotions might be regarded as a healthy reaction and as ‘justified’ or even ‘righteous’. Therefore, well-being should be understood as a combination of “affective, cognitive and behavioural dispositions” which may include negative emotions.

Figure 2 summarises the Contexts, Mechanisms and Outcomes for Configuration 1b

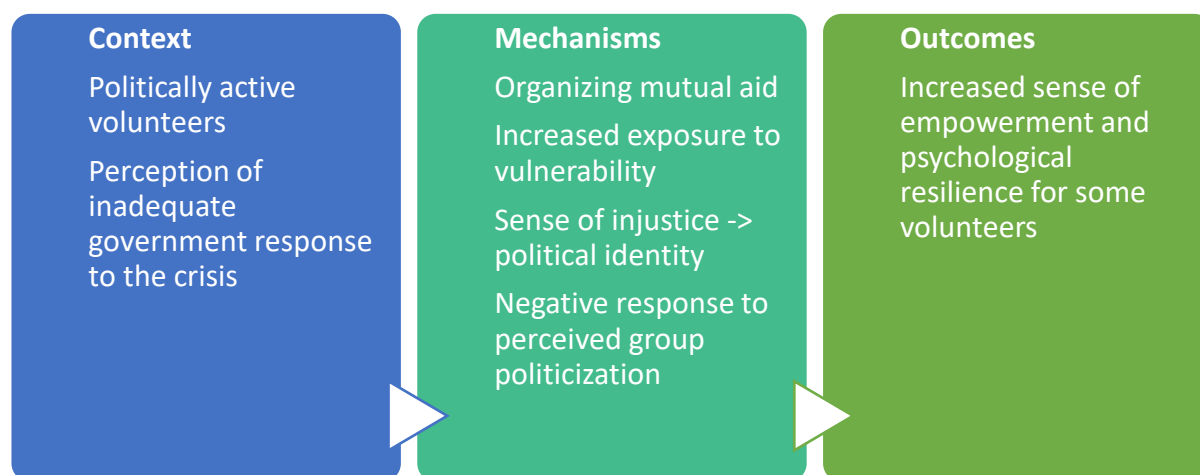


Figure 2 C-M-O Configuration 1b

## Adaptive capacity

Adaptive capacity refers to the ability to moderate or avoid harm, and to seize opportunities. The term is often used in the context of the climate crisis (Thomas et al., 2019) and community resilience (Cafer et al., 2019). Another area of theory and practice that is relevant to adaptive capacity is social capital theory, in particular trust and social networks (Putnam, 2000). Four of the studies reviewed in this study discussed the adaptive capacity of existing third sector organisations as enabling their response to the pandemic.

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### CMO Configuration 2a:

Local community-based organisations had prior knowledge of specific vulnerable groups in their local areas, and volunteers and staff with the relational skills to work with vulnerable and marginalised people (context). Knowledge of this vulnerability triggered the motivation to act quickly, applying their knowledge, skills and networks to organise food and medical deliveries, and providing other forms of practical and emotional support (mechanism). The tacit knowledge and skills of third sector staff was a catalyst for creativity and innovation to find new ways to provide services within the government restrictions. This included using digital technology to connect people, using new digital neighbourhood platforms, meeting points and other online resources (mechanism). The response of existing community-based organisations increased recognition of the contributions of active citizens and organisations (outcome) and increased community resilience (outcome).

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### Context

#### *Knowledge and skills*

Existing community-based initiatives benefit from tacit knowledge of specific target group(s) and/or neighbourhoods, a specialist skillset, organisational capacity, and existing networks. This gives them "a head start" in building community resilience and



enables them to reach out to vulnerable people in response to a crisis (Fransen et al., 2022). Local knowledge is critical in an outbreak and social networks help reach people who need support (den Broeder et al., 2022).

The specialist skills of community based organisations working with vulnerable people include relational skills such as building trust and social contact (Bynner et al., 2022) and counselling, conducting surveys or offering finance, mapping vulnerabilities within local communities (Fransen et al., 2022).

## **Mechanisms**

### *Adapting services and activities*

With the onset of the pandemic, pre-existing groups reorganised their activities and services to respond to emerging needs (Fernandes-Jesus et al., 2021b, p. 6). They applied their knowledge, skills, and networks to organise food and medical deliveries, and provided other forms of practical and emotional support (mechanism).

*Existing and new service users have been supported [...] through the provision of food, medicines and other essential items, as well as efforts to retain some degree of social contact through telephone calls and socially distanced visits (Dayson & Damm, 2020, p. 285).*

### *Innovative digital media*

In addition to e-mail or phone support from active volunteers, community-based organisations (CBOs) used innovative digital media to connect people and to organize activities. They developed digital neighbourhood platforms, meeting points and created new online resources and collective activities (den Broeder et al., 2022).

## **Outcomes**

### *The role of active citizens and community-based organisations being recognised and valued equally*

The response to the crisis revealed the potential and the importance of the active citizens and community based organisations being recognised and valued alongside services delivered by the state (den Broeder et al., 2022).

### *Increased community resilience*

The response of community based organisations increased community resilience in disadvantaged neighbourhoods (den Broeder et al., 2022). Figure 3 summarises the Contexts, Mechanisms and Outcomes for Configuration 2a

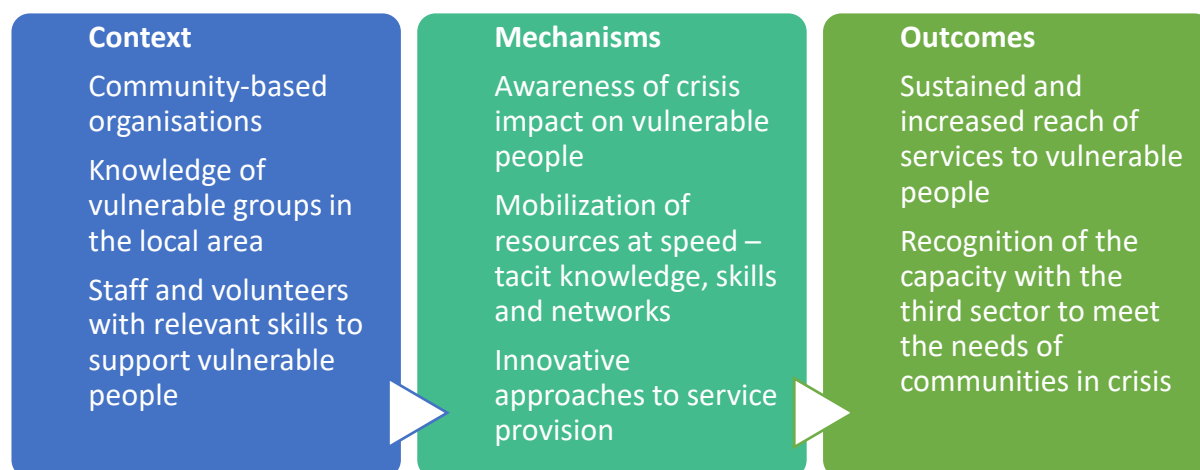


Figure 3 C-M-O Configuration 2a

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### CMO configuration 2b:

The existence of a local community infrastructure of organisations (context) and prior relationships between leaders of local organisations and services (context) triggered trust-based networks (mechanism) and the ability for third sector organisations to coordinate local activity and act as ‘cogs of connection’ (mechanism). When trust was triggered through a network and efforts were coordinated then the organisational and technical capacity of all local organisations and services was increased (outcome).

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### Context

#### *Prior relationships between leaders*

The strength of relationships and trust between the leaders of community-based organisations and local government officials was regarded as a key driver of the flexibility of the response, including the ability to release funding quickly without the restrictions limitations of normal grant management processes:

*These relationships have enabled CSOs to respond flexibly to need as it has emerged at a hyper-local level without concern for the strictures of existing service contracts that define the scope of their work (Dayson & Damm, 2020, p. 285).*

These trust-based networks enabled organisations to scale activities during the pandemic. The most frequent networks were with other third sector organisations and funders (Fransen et al., 2022). Linking social capital (relations between individuals and groups at different levels in a hierarchy (Woolcock, 2001)) connects external knowledge and resources to communities, potentially enabling initiatives of a larger scale and complexity. Trust mediates the effectiveness of these relationships. However, networks are “vulnerable to a break in trust “ (Fransen et al., 2022, p. 448). “*The government is often absent or mis-trusted in these networks, or its bureaucracy limits impact*” (Fransen et al., 2022, p. 450).

### *Urban communities*

Urban communities tended to contain a higher proportion of vulnerable people, but also had higher capacity to respond compared to rural communities, due to the relatively high density and proximity of services, actors and resources (Fransen et al., 2022).

### **Mechanisms**

#### *Acting as hubs/ 'cogs of connection'/ coordination*

At a local level, community based organisations had a key role in coordinating local efforts, linking their work with social action by citizens and addressing disadvantage (den Broeder et al., 2022; Fransen et al., 2022). They became hubs, rapidly repurposing their activities, coordinating volunteers and food supplies, and acted as 'cogs of connection' (den Broeder et al., 2022; Locality, 2020).

Community based organisations supported existing and new service users through the provision of food, medicines and other essential items, as well as social contact through telephone calls and socially distanced visits.

*In many areas these activities have been formally embedded in local government support structures, including many community-based CSOs [civil society organisations] being asked to act as local 'hubs' for the co-ordination of essential services and volunteers (Dayson & Damm, 2020, p. 285)*

### **Outcomes**

#### *Increased technical and organisational capacity of third and public sectors*

Results suggested that many third sector networks can deal with increased technical and organisational complexity, enabling community resilience (Fransen et al., 2022). These findings are supported by previous and current<sup>5</sup> evidence reviews. A rapid review of the literature October 2020 showed that social networks and connections, local knowledge and social trust were key dimensions associated with COVID-19 community organizing and volunteering (Mao, Drury, et al., 2021).

Figure 4 summarises the Contexts, Mechanisms and Outcomes for Configuration 2b

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<sup>5</sup> The International Public Policy Observatory (IPPO) is currently undertaking a rapid realist review of the evidence of social capital and volunteering during the COVID-19 pandemic  
<https://covidandsociety.com/topics/social-capital/>

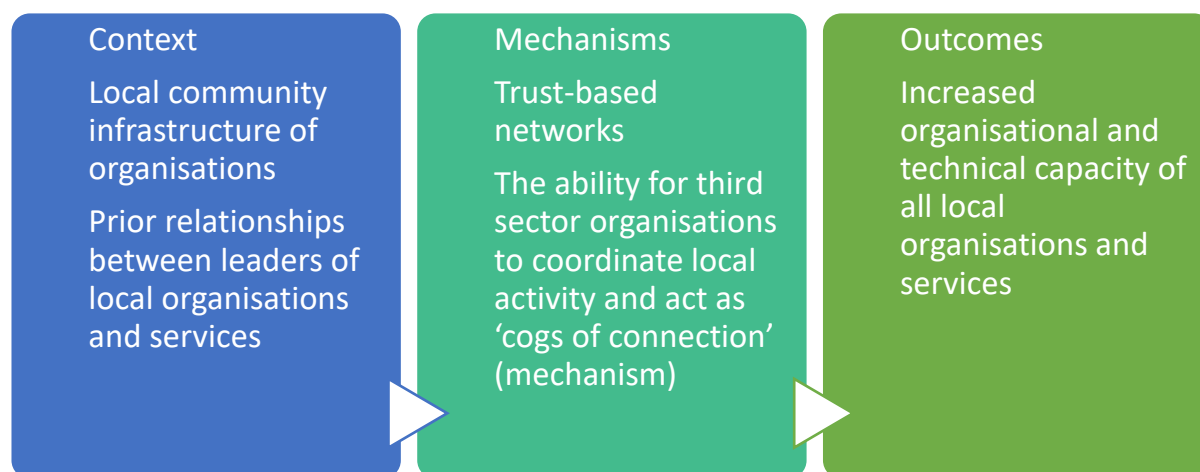


Figure 4 C-M-O Configuration 2b

## Collaboration

Most of the reviewed studies reported evidence of increased organisational collaboration, including across sectors, leading to improved support for vulnerable people during the pandemic.

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### CMO configuration 3a

The local governance context and strength of prior relationships between the local third sector and local government acted as an enabler or a restraint on the adaptive capacity of third sector organisations (context). Third sector intermediaries 'feeling part of the team', being valued, and treated as equal partners (mechanism) and engaged in policy forums (mechanism) triggered communication, trust, sharing resources and local networking (mechanisms). Recognition of the complementary role of the third sector, led to third sector intermediaries having a role in coordinated response, resilience, and recovery planning in some local authority areas (outcome).

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#### Context

*Strength of prior relationships with local government enable the third sector response*

Local governance acted as an enabler to the third sector response where there was a willingness on the part of local government to work collaboratively. The strongest evidence for this appears to be in areas where there were strong cross-sectoral relationships prior to the pandemic:

*"Those strong relationships and that historical strength and trust that we have with each other, having that in place was of absolute, paramount importance."  
(Strategic partnerships manager) (Thiery et al., 2021, p. 464)*

#### Mechanisms

*Collaborative working*

Several studies provide evidence that the onset of the pandemic triggered new modes of collaborative working between the third sector and local government. Local councils and charities made referrals to mutual aid groups for tasks such as medical prescription deliveries. Mutual aid groups worked in partnership with other local groups, receiving support and guidance along the way (Benton & Power, 2021b; Rendall et al., 2022). The development of new local governance networks at the sub-authority level enabled a more targeted, place-based response (Bynner et al., 2022). There were many examples of community-based organisations and government officials working in partnership to find innovative solutions to the problem of reaching vulnerable people, for example in rural areas where the stigma of using food banks presented a barrier:

*Public officials and voluntary organisations worked in collaboration and designed new approaches to food provision such as pop-up larders, food pantries and community hubs (Bynner et al., 2022, p. 172)*

#### *Feeling 'part of the team' and an equal partner*

Flatter hierarchies and power-sharing structures enabled people working within the third sector to feel a degree of equal status, at least for a time. Being part of the strategic coordinated response led to third sector organisations feeling valued and 'part of the team' (Thiery et al., 2021).

*we really felt appreciated and that our role across the sector felt appreciated in terms of delivering that support together ... [we've] become an equal partner.' (Head of health and wellbeing, local infrastructure organisation) (Thiery et al., 2021, p. 462)*

Bynner et al. (2022) compared two local authority areas in Scotland and found that cross sector collaboration was most successful when local government recognised the third sector as a long-term trusted strategic partner, with a complementary role:

*Important features of this model are the pooling of resources to sustain locally embedded voluntary organisations and developing place-based collaboration through local networks (Bynner et al., 2022, p. 173)*

The demands on third sector organisations at all scales were extreme. The role of third sector intermediaries – having to represent the wider third sector on multiple partnership groups and forums, at multiple levels – carried a risk of burnout for the people and organisations involved:

*We have a much bigger job as the voice of the voluntary sector. The challenge has been to be at all the right tables for the VCS [voluntary and community sector] without burning our organisation out. So if you think, we sit on the test-and-trace groups, we sit on the outbreak management board, we liaise with the local resilience forum, we are the liaison lead for the VCS emergency partnership nationally for [the region]. There's a lot – it has doubled our workload overnight. ...we're still trying to do our business as usual and we're having to pick up the COVID work.' (Chief executive, local infrastructure organisation #8) (Thiery et al., 2021, p. 463)*

### *Antagonism and competition*

In one instance there was a perception that antagonism between local government officials and groups in the third sector had *“negatively impacted service delivery within the community by disrupting ongoing initiatives that were providing aid”* (Rendall et al., 2022, p. 11). Within the third sector, this antagonism appeared to be linked to historical competition for local funding and pressure on third sector organisations to ‘prove their worth’ at a time when spare organisational capacity was almost non-existent after a decade of austerity.

Mutual aid groups that did not receive funding may have been able to ignore or avoid these competitive dynamics and politics up to a point:

*“For us there’s nothing in it, there’s not a competition because we’re not a constituted group where we access funding or we’re trying to say, you know, ‘we’ve supported more people than you’ve supported’ or anything like that. The motivation is just genuinely to support our own communities and to help. So, we don’t have that baggage or politics around it”* (Rendall et al., 2022, p. 12).

The pandemic may well have triggered an intensification of pre-existing relationships, both collaborative and antagonistic, although the nature of these sorts of relationships was highly dynamic and evolved over time in response to changing contexts and conditions (Dayson & Damm, 2020; Rendall et al., 2022).

*rather than relationships being re-made, what we have witnessed is an acceleration of pre-existing trends* (Dayson & Damm, 2020, p. 288).

*Movement between the different relationship positions is not a deliberate, agential choice: positions change over time according to national policies, immediate local circumstances, and the reactions that develop from these* (Rendall et al., 2022, p. 14).

## **Outcomes**

### *Visibility and complementarity*

An outcome of the pandemic is that community-based groups, including those labelling themselves mutual aid groups became more visible to their communities, and to local government officials. This new visibility brought potential benefits, in terms of reach and additional resources but also the risk of new autonomous groups becoming a form of ‘governable terrain’ (viz. Carmel & Harlock, 2008).

### *A seat at the table but it is not secure*

The evidence reviewed indicates that many third sector intermediaries and organisations felt that they gained a ‘seat at the table’ during the pandemic. Throughout the pandemic, collaboration remained *‘at the heart of community responses to lockdown restrictions’* (Thiery et al., 2021, p. 463). The policy commitment to community-led delivery and place-based working did seem to strengthen the position of the third sector in governance arrangements (Bynner et al., 2022; Thiery et al., 2021).

*As [Local Authorities] have increasingly turned to multi-service, place-based collaborative models to coordinate community responses, these frameworks have challenged traditional roles, relationships and service silos and instigated new approaches to collective public service provision. (Thiery et al., 2021, p. 464)*

This 'seat at the table' is not secure, however. Third sector intermediaries did attempt to embed these new ways of working (Bynner et al., 2022; Thiery et al., 2021): there was a strong desire from 'to cement' partnership working and retain this enhanced role and voice of the third sector in policy-making forums (Thiery et al., 2021), but there is little scientific evidence to suggest that this new relationship was likely to be sustained. In England, for instance, aspirations for a new collaborative relationship post-crisis included shared accountability for public service delivery:

*In particular, there is hope that it will precipitate a shift away from transactional commissioning models to a more collaborative model of local public service delivery where accountability is shared more equally between CSOs and the state (Dayson & Damm, 2020, p. 285)*

Evidence from Scotland suggests that from local government officials there is a 'degree of good-will' (Rendall et al., 2022, p. 13), but no clear commitment as yet, to more substantive changes. There was recognition in some local authorities of the potential for a complementary role of the third sector in government response to crises, although this position is not yet formalised or secure (Bynner et al., 2022).

#### *The spirit of third sector collaboration*

The evidence on whether the spirit of collaboration that emerged during the pandemic would be sustained was inconclusive (and indeed, emerging evidence from live projects seems to indicate that the feelings of being a trusted collaborator of government may well have waned somewhat since the pandemic was at its height). One study suggested that there is potential for greater cohesion within the third sector "arguably, the COVID-19 pandemic has reunited the VCS at the local level, enabling it to re-find its 'collective voice' after years of enforced competition and division" (Thiery et al., 2021, p. 464). Other perspectives were less optimistic, with one mutual aid member predicting that "third sector organizations will move back into a competitive landscape as opposed to collaboration" (Rendall et al., 2022, p. 12).

Figure 5 summarises the Contexts, Mechanisms and Outcomes for Configuration 3a

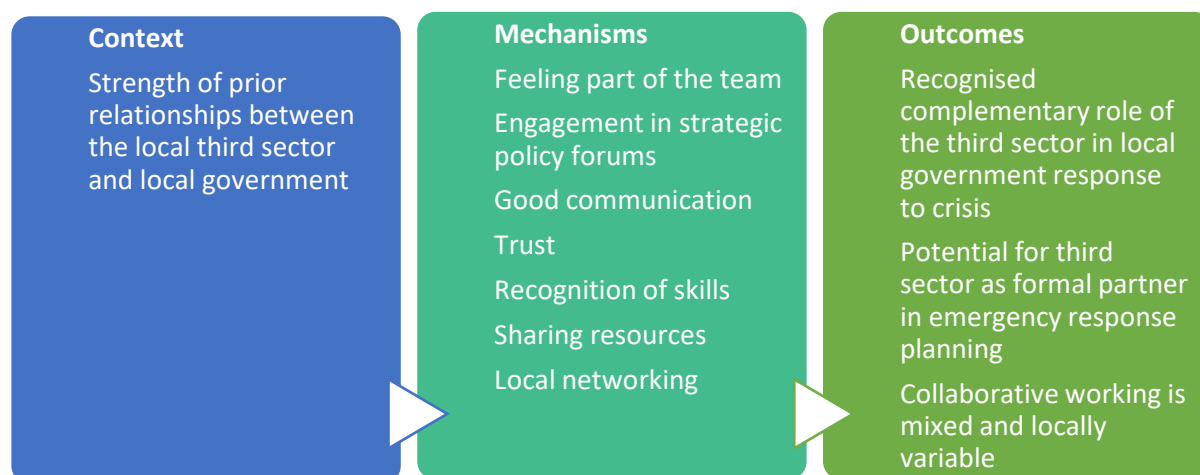


Figure 5 C-M-O Configuration 3a

## Discussion

The aim of this study was to examine *how and in what ways third sector organisations adapted their services to sustain delivery and support vulnerable and disadvantaged people during the COVID-19 pandemic*. The final realist theories comprised three overarching theories and five CMOs, describing how and why different mechanisms were triggered in different contexts to generate outcomes.

### Mutual aid

Our findings show that an increase in informal volunteering at a local level provides mental health benefits for volunteers through keeping people occupied and in some cases increasing a sense of community identity with positive benefits for wellbeing. The informal approach of mutual aid groups may well have been key to their success, as well as the ability to adapt to the changing context of government restrictions and needs of communities.

The evidence presented in this report supports the Social Cure Theory (Jetten et al., 2012) which argues that identifying with a well-functioning group “*is an important means by which we can inoculate ourselves against, and repel, threats to our mental and physical health*” (p. 4). In addition, previous studies have shown (Bowe et al., 2020) that volunteering during a crisis provides individual benefits through providing a sense of purpose and routine, increasing the ability of people to cope. Further, volunteers gain a shared social identity and connection to their local community through participation in mutual aid group activities.

This research supports evidence on the pivotal role of strong social relationships and collective support in effective responses to emergencies (Drury et al., 2016). The evidence from Fernandes-Jesus et al., (2021) indicates the importance of horizontal, facilitated group processes (coordination, team building, supporting group members’ wellbeing) for building community identity and community cohesion and social solidarity.



The evidence reviewed also suggests that people who are politically active anyway may be more motivated to set up and establish mutual aid groups during a crisis. For new volunteers, the experience of witnessing first-hand the effects of extreme disadvantage may well trigger the motivation to challenge injustice and develop a new political identity. Feeling that one is making a difference, however small, can lead to feelings of empowerment, which is also a route to improved mental health and well-being. Mao (2021) argues for a broader conceptualisation of well-being that includes the negative and positive feelings associated with witnessing injustice and taking action.

Other work has found that the perception that a mutual aid group is, or is becoming, political can have negative psychological effects on some members. For this reason many mutual aid groups conceptualize their work as being 'a-political' to avoid the potential of alienating potential or current members (O'Dwyer et al., 2022).

The evidence from this study and previous research suggests that those groups taking up the 'mutual aid' banner and identity were associated with better off, middle class neighbourhoods and that mutual aid volunteers were disproportionately female (Felici, 2020; Jones et al., 2020; O'Dwyer et al., 2022)

*The sample was generally middle class, which appears to reflect the general demographic trend for Covid-19 mutual aid groups in the United Kingdom (Mao, Drury, et al., 2021, p. 1102)*

A study of mutual aid organisers in the state of Colorado in the US found that realising mutual aid values requires '*a generative and active community that is responsive to needs*' (Littman et al., 2022, p. 89). It may well be that those who are more educated and with a higher-level of income are more able to give help to others through this type of informal social support because their basic needs have already been met (Mao, Drury, et al., 2021). It could also be the case that a great deal of aid was provided by lower-income individuals who did not use (for a variety of reasons, including deliberately eschewing) the 'mutual aid' label. Given these conditions and demographics, caution is therefore needed before generalising outcomes relating to mutual aid groups to a wider population.

We still know little about the experiences of recipients of mutual aid. This remains a significant gap in the evidence.

## Supplementing and complementing the state

Their emotional commitment and motivation to help communities drove the speed of response of the third sector. Smaller organisations were more nimble and able to flex their activities and were often the early adopters of digital online methods of communication. The findings from this review highlight two key dimensions of the adaptive capacity of established community-based organisations during the COVID - 19 pandemic. First their specialist knowledge and skills in working with vulnerable groups. Second, relationships and networks founded on trust. These different mechanisms of adaptive capacity interacted with, and reinforced, each other. Trust-based networks were linked to the relationship between the third sector organisation and wider community infrastructure and public services. The longevity of the

organisation, and their commitment to a local area over time, enabled relationships that were built on trust and legitimacy: meaning they did not have to firstly ‘win over’ communities when the crisis took hold. Conversely, a long history of negative relationships in a local area can significantly undermine trust. Both these preconditions could trigger greater resilience through the ability to flex and adapt quickly to the changing context. Some evidence suggests that urban communities were more likely to demonstrate this adaptive capacity as a result of the high concentration of vulnerable populations, services and organisations (Fransen et al., 2022).

Understanding the historical and political context of the third sector at both a national and local level is key to unravelling the distinct nature of governance at different levels and scales. For example, Dayson & Damm (2020) argue that due to necessity, over the 10 years of austerity following the financial crisis of 2008, relationships between local government, health and social care provision and the local third sector in many parts of England were already characterised by an *‘increasingly complementary relationship’* (2020, p. 285). This was demonstrated by moves towards increased public service commissioning and place-based collaboration. At the height of the pandemic in June 2020, the Prime Minister commissioned Danny Kruger MP to bring forward proposals on how to sustain the impressive community response to the crisis and increase community contributions to the ‘Levelling Up’ agenda. The Kruger Review (Kruger, 2020), hinted at a new ‘social covenant’. However, the Kruger Review has been criticised for providing *‘little in the way of substantive policy commitments or investment’* (Dayson & Damm, 2020, p. 285).

The evidence of state-third sector relationships from Scotland presents something of a more nuanced picture (Bynner et al., 2022; Rendall et al., 2022). Local cultures of governance and relationships between local government officials and third sector organisations appear to be more variable across local authorities in Scotland. This might be a legacy of austerity and increased competition for resources, particularly in areas of multiple disadvantage.

A recent study from the Local Trust (Paine et al., 2022) provides seven possible explanations for the variance in community-level responses to COVID-19:

1. Existing levels of deprivation
2. Levels of community cohesion
3. Levels of investment in communities
4. Strength of existing community activities
5. Community buildings and spaces
6. Strength of the networks of community leaders
7. Strength of relationships with local authorities

In reshaping and remaking third sector-state relationships, the lowest level of operation, the neighbourhood level, may offer the greatest potential:

*It is at this lowest tier that the greatest potential for a longer-term remaking of state-civil society relationships exists but whether this would of benefit to small local CSOs and the communities they serve requires further discussion and debate* (Dayson & Damm, 2020, p. 287).

The evidence in this review strongly suggests that the main trigger for third sector action was the perception of need in communities. The perceived level of need and vulnerability was dynamic over the course of the pandemic and third sector responses adapted as circumstances changed. The lag between different stages of the pandemic and differences in local community infrastructures may account for variable third sector responses, and different outcomes for local public sector - third sector relationships.

Relationships between the third sector and the state tend to be highly complex and fluid. These interactions may be adversarial or cooperative, or both at the same time. Body and Kendall (2020) use the term 'positional agility' to describe the capacity of third sector actors to position themselves flexibly in relation to the state. The evidence reviewed in this study confirms that these are complex and dynamic relationships that evolve over time. They are influenced by local histories and conditions, as well as the changing national context. Key to a complementary relationship appears to be adaptability to the changing context and ability to mobilise, stand down and re-mobilise in response to the needs of local communities.

The relationship between mutual aid groups, established community-based organisations and local government is further complicated by distrust of government organisations and officials. In one example this enabled mutual aid volunteers to position themselves as 'not the government' and in doing so build trust with migrants, refugees, and Roma (Fernandes-Jesus et al., 2021).

A barrier to complementary local state-third sector relationships is the level of vulnerability and negative outcomes at a local area level. Areas of multiple disadvantage are not only more vulnerable to pandemics (Bambra et al., 2020) but they are also more exposed to the effects of cuts to public funding which, in turn, the reduces the potential for cross-sector collaboration.

## Conclusions

*The VCS [voluntary and community sector] finds itself in a unique situation where its status and legitimacy have arguably never been stronger, but its resource capacity and sustainability are under threat (Thiery et al., 2021, p. 463).*

The evidence from this review demonstrates the benefits of the widespread mobilisation of communities led by the third sector during the pandemic. At the same time, the funding context has become far more challenging (Macmillan, 2020; Maher et al., 2020). This study found that the opportunity to participate in informal and hyper-local forms of volunteering was, on balance, psychologically beneficial. Group processes were important for strengthening social wellbeing, through increasing inclusion in the group and a building a stronger sense of identification with the group and connection to the wider community. This local and informal approach to 'mobilising community' played an important role in psychological wellbeing and increased the ability to manage and cope with stressful conditions, on an individual and collective

level. A report by Sharp (2021) provides some useful practice pointers for group processes which enable community solidarity.

Previous evidence has shown that the type of informal mutual aid support that tends to emerge spontaneously during a crisis or disaster typically declines over time. Groups run out of energy or resources, and may be impeded by government intervention and reduced capacity within support networks (Kaniasty & Norris, 2004). Most of the studies reviewed raised the question of the future of mutual aid groups and if they should formalise their activities to seek funding. Some have argued that this informality was key to their agility (Kaye and Morgan, 2021) and indeed some members of mutual aid groups were resistant to becoming more formalised on the basis that it takes away from the “neighbour to neighbour” approach of mutuality (Benton & Power, 2021).

The extent to which mutual aid is a temporary supplement to the formal third sector and the state, or a new initiative with potential to be formalised, remains an open question. Benton and Power highlight the need for guidance and training for mutual aid volunteers but, at the same time, warn that “mutual aid groups should not be seen as replacement for public services and wider social infrastructure” (2021, p. 7).

There is a risk of overstating the community solidarity experienced during the pandemic from emergent groups and romanticising mutual aid while overlooking the financial strain and pressure on existing community-based organisations. Community based organisations in some of the poorest communities took on a significant coordinating role within a context of intense demand, limited resources, and furloughed staff. While there may be some valuable learning from the mutual aid approach, key to the effectiveness of the response was the adaptive capacity of the wider third sector response to mobilise and flex to the changing context and needs of communities, while innovating new services and digital platforms.

## Policy Implications

There are a number of implications for policy which arise out of the papers that met the inclusion criteria. There has been significant research interest in mutual aid and the symbolism of community solidarity. Small-scale local third sector organisations that existed prior to the pandemic often gained greater visibility during the crisis, but just as quickly then faded back out of the limelight. The third sector has been described as a ‘loose and baggy monster’ (Kendall and Knapp, 1995) with its diversity of organisations and complex relationships. Overlooking the important internal differences within the sector could add to pre-existing tensions over funding, hierarchy, representation, and feelings of misrecognition.

Emerging from the COVID crisis presents an obvious opportunity to reflect on whether the relationship between the third sector and government is as meaningful as it could be. In Canada, the pandemic has been a catalyst for a new state-third sector partnership (Barr & Johnson, 2021). In Scotland, there is a clear opportunity to significantly reset the relationship between the third sector – particularly those organisations operating at a vital, hyper-local level – and different layers of government. This requires moving well beyond the minimum statutory obligation that

A rapid realist evidence synthesis of third sector responses to the COVID-19 pandemic

exists to involve (some parts of) the third sector in certain circumstances: in community planning (for example).

A refreshed relationship – however that should manifest – could act in recognition, and as a legacy of, the vital role that third sector organisations played during the most serious crisis in living memory, recognising the collective power of community.

## Appendix 1 Review Methodology

A rapid realist evidence review was undertaken, using systematic processes for searching, selection, and analysis of studies (Pawson et al., 2005; Pawson & Manzano-Santaella, 2012; Wong et al., 2013, 2016, 2017). The design applied the realist review method to ensure the review met the knowledge needs of policy makers and practitioners. Realist search strategies were used to produce relevant results. These included identifying key search terms with stakeholders (see Box 1). The initial design included the international literature relevant to the review question. This was later refined to focus on the UK, on the basis that the evolution of the pandemic, the contexts for third sector activity and health provision were too different for useful comparison and theory building. The original extraction guide sought enabling Context-Mechanism Outcome configurations (C-M-Os); however, barriers were also included in the analysis since these were relevant to understanding adaptation and change in relation to outcomes.

### Rationale for realist synthesis

Realist synthesis is used in situations where we need to make sense of particularly complex social ‘interventions’ and service delivery models of the kinds that were created and innovated during the COVID-19 pandemic. However, rather than formal ‘interventions’ of the sort we tend to see in medical and healthcare treatments (which is where realist evaluation was pioneered), our settings tend to be in an uncontrolled environment, activities are often informal, with short and long-term timeframes and outcomes. Such interventions often have multiple components that interact in non-linear ways, various outcomes (some intended and some not) and often-long pathways to outcome(s). With its insistence that context is critical, and that agents interact with and adapt to policies and interventions, realist synthesis is sensitive to the idea that ‘success’ (or otherwise) regularly depends on the individuals, interpersonal relationships, institutions, and local cultures, histories, and understandings through which, and in which, interventions are delivered.

### Scoping the literature

The first step of the review was the initial exploration of the literature and theory formulation. An initial scan of the literature identified a range of potential theories that might explain how and in what ways third sector organisations were able to sustain service delivery to vulnerable groups during the pandemic. The review team discussed the findings from the initial scan of the literature with the policy stakeholder group. The initial theories were discussed with the group to check that these aligned with the questions the review commissioners were interested in and judged relevant. The group agreed to narrow and focus the search on the specific context of the UK.

### Search process

The search protocol identified 2062 studies. After duplicates were removed, 259 were included in the Covidence software database for screening of these 191 were

academic peer reviewed publications and other studies were grey literature reports and working papers. Academic studies were identified from two platforms, Web of Science and ProQuest and nine databases: Social Sciences Citation Index (SSCI), Conference Proceedings Citation Index – Social Science & Humanities (CPCI-SSH), Book Citation Index – Social Sciences & Humanities (BKCI-SSH), Arts & Humanities Citation Index (A&HCI), Coronavirus Research Database, Ebook Central information, Periodicals Archive Online, Periodicals Index Online information, Social Science Premium Collection.

A large amount of evidence has been generated in the UK, but most of it does not appear in the standard search engines meaning that it was necessary to trawl through publications manually and snowball for other papers and reports (grey literature) using lists supplied by policy stakeholders and research networks.

Terms are listed in Figure 5 Search terms. Search parameters included: Abstract, Publication years: 2020, 2021, 2022. Languages: English. Search included: Scholarly journals, Reports, Working papers. Limited to peer reviewed publications.

#### Search terms

```
((AB=(disadvantaged OR unemployed OR isolated OR lonely OR homeless OR "not-in-education" OR poverty OR vulnerable OR marginali?ed OR "low income" OR "at risk")) AND AB=(coronavirus OR COVID* OR Covid* OR pandemic)) AND AB=("third sector" OR "voluntary sector" or "community sector" OR "not-for-profit" OR "non-profit" OR "community development" OR "area based development" OR "area-based development" OR "place-based initiative" OR "place based initiative" OR "community engagement" OR "community centred" OR "community based" OR "community organisation" OR "community organization" OR "social enterprise" OR "community enterprise" OR "community business" OR charity OR volunt* OR "mutual aid" OR "mutual support")) AND AB=(health OR wellbeing OR well?being OR community OR empowerment OR "life satisfaction" OR "sense of purpose" OR "sense of coherence" OR "healthy living" OR rehabilitation OR "mental health" OR "social capital" OR "community capital" OR "social network" OR neighbo?rliness OR social support OR inclusion OR connectedness OR resilience OR cohesion OR innovation OR relational OR person?cent* OR "community resilience" OR "emergency planning" OR partnership OR collaboration)
```

Figure 6 Search terms

## Study selection

The search results were downloaded into reference management software (Zotero) and then imported into a specialist systematic reviewing platform called Covidence ([www.covidence.org](http://www.covidence.org)) for screening. The software helped identify and remove duplicates and the title and abstract of each remaining paper was screened for relevance against inclusion and exclusion criteria.

The first 20% were double screened and a single reviewer screened the remaining 80%, with decisions checked by other team members where there was ambiguity (Figure 2). A single reviewer undertook full text screening with referral to the review team where second opinions were required (Figure 6).

**First screening- Relevance to the review question**

Is the publication relevant to the review question? (How and in what ways did third sector organisations adapt their services to sustain delivery and support vulnerable and disadvantaged people during the COVID -19 pandemic?) If No, then exclude. If yes, transfer for second screening

**Second screening – Relevance and geographical context**

Does the publication cover evidence of third sector responses in the UK? If No, then exclude

Identify provisional overarching theories, programmes/ approaches, the names/titles within scope and key authors in the area.

Figure 7 Screening protocol

**Full text review**

- Does the publication include sufficient detail on the idea or theory behind the approach adopted by third sector organisations?
- Does the publication include information on the context, [social-political background, social-spatial inequalities, geography; intervention; activities]?
- Does the publication include information on the mechanisms – the changes that occurred as a result of the approach?
- Does the publication provide evidence of outcomes and what happened/ changed as a result (intended or unintended)?

Figure 8 Full text review

To allow quick searching and identification of different types of study, the studies were tagged in the Covidence software during the Full Text Review (Figure 1).

- ongoing study
- awaiting classification
- full text not accessible
- evidence review
- grey literature/ report
- book chapter
- peer reviewed
- not yet published
- pending publication



- no information on research method/ not research
- one of multiple studies from the same research

International examples of third sector response and innovation were initially kept in our corpus of literature if the data were potentially relevant to the review question, although there was an overall paucity of relevant and high-quality articles. The international evidence tended to focus on specific vulnerable populations and their needs, residential care, and new remote and digital volunteering opportunities across all sectors. The term ‘social work’ referred to community development work in some countries, however it was not always possible to identify the types of organisations delivering the ‘social work’ (Badran, 2020; Muñoz-Moreno et al., 2020). A summary of this evidence is included in Appendix 4.

The initial screening revealed that an important aspect of context was the pandemic itself and the unique way the government responded in the UK, across the devolved nations, and at different levels of government. Between the UK and other countries there are other important differences in context including health systems: for instance, the use of health insurance in many countries, different approaches to vaccination, and different forms (and levels) of vulnerability.

As the corpus of literature was refined further, the international publications were excluded apart from one study that was judged relevant to the review question, namely that by Fransen et al. (2022). This article includes international evidence and frames third sector activity as part of ‘community resilience initiatives’. Policy stakeholders had identified ‘community resilience’ to be an important topic for the review. Refining the search by ‘country’ did not reliably identify articles relevant to the UK selected based on publisher and author addresses, so each article had to be manually screened for relevance to the UK.

Research reports and other documents (so-called ‘grey’ literature) were identified by colleagues in Scottish Government, Volunteer Scotland, Audit Scotland, the British Academy, the International Public Policy Observatory, Voluntary Sector Studies Network and through a variety of other sources. Researchers within government wrote some reports; others were produced by a wide variety of policy think tanks, policy groups, and other policy fora; others were collaborations or involved commissioning university researchers or independent researchers to produce the report. All bibliographic details were added by hand to citation software, and summaries or abstracts copied and pasted into the screening software.

It was necessary to conduct a wide search across many different types of publication with careful manual screening to identify publications with the level of research quality and detail on the third sector services and responses to identify appropriate Context-Mechanism-Outcome configurations (C-M-Os). Many reports were produced at speed and so the style of publication and depth of material was highly variable. The project team thus decided (in July 2022) to separate the review synthesis into two parts and in the first stage to analyse the peer-reviewed academic research, which is the focus of this report.

## Data extraction

Data were extracted from 12 academic peer reviewed articles to identify contexts, mechanisms, and outcomes. A quality assessment template was completed for each article based on the Critical Appraisal Skills Programme template ([www.casp-uk.net](http://www.casp-uk.net)). This enabled the reviewer to judge the strength of the findings, particularly when refining a particular theory (see Figure 4). However, no articles were excluded on the basis of quality; this quality of evidence helped support the process of theory building, especially in judgement calls on the strength of available evidence in places.

### **Quality assessment of final corpus (CASP (2018) quality framework)**

- Is the research design appropriate to address the aims of the research? (0-1-2 scoring)
- Was the recruitment strategy appropriate to address the aims of the research?
- Was the data collected in a way that addressed the research issue?
- Was the data analysis sufficiently rigorous? – in-depth description of the process, and how the categories/ themes were derived from the data
- Clear statement of findings/and for and against arguments

*Figure 9 Quality assessment (CASP)*

The third sector service response examined in this review is very different from a standard policy ‘intervention’. In the COVID-19 pandemic, due to the speed at which change was occurring and support was required, there were rarely opportunities for fully designing interventions, particularly those with planned, measurable outcomes. Therefore, in this review, it did not make sense to conceptualise third sector responses as (strictly speaking) ‘programme theories’ and ‘interventions.’ Our results thus refer to ‘initial theories’ and ‘overarching theories’ rather than ‘programme theories’, which is the term commonly used in realist reviews.

Porter (2015) argues that the crucial distinction lies “not between contexts and mechanisms but between pre-existing contexts and novel programmes, both of which contain mechanisms’ (Porter, 2015, p. 246). Pawson and Tilley (1997) come close to this in their discussion of change with reference to mechanisms. They observe that programme mechanisms “follow in the wake of a series of established mechanisms [...] In research terms this means that we must disentangle what will inevitably be a range of mechanisms which sustained the original problem as well as the range of mechanisms fired within the program” (Pawson & Tilley, 1997, p. 75).

Adopting this conceptualisation of CMOs, context was understood in this study as the background, the starting conditions and characteristics that were present from the outset before the response from the third sector. These might include behaviours as mechanisms, as well as the characteristics of people and places prior to the pandemic.

Mechanisms refer here to what changed, the behavioural and emotional responses to organising and mobilising the third sector response. Outcomes, meanwhile, refer to the legacy from these changes, the shifts in conditions, behaviours that endured

beyond the actions of third sector organisations. Data extraction was guided by the following questions:

#### **Data extraction**

1. Is this information relevant?
2. Is it a contextual issue: the background or wider conditions prior to the third sector response? Is it a mechanism of change – a different behaviour, emotion, a way of thinking or perception? Or an outcome – evidence of enduring changes as a result of the third sector activity?

## Analysis and synthesis

Following the extraction process and analysis of CMOs, the first reviewer developed the initial theories and analysed each publication for relevance, drawing out C-M-Os, creating a table of ten Initial Theories (Appendix 4 Table of Initial Theories). These were then grouped into three theories (Appendix 5 Table of ) and five C-M-O configurations. As is typical in realist approaches to research, our analytical process involved iterative testing and refinement of theoretically based explanations, particularly in our case by drawing out empirical findings in data sources. First, the evidence was analysed for contexts, mechanisms, and outcomes and then each publication analysed again for evidence to support or refute the emerging theory. We considered that the resulting ‘overarching theories’ needed to be broad enough to encompass a high level of diversity and complexity, including multiple contexts, multiple programmes, and different types of contexts, actors, and settings.

## Identification of studies

2062 references were imported for screening. 1803 duplicates were removed

Results are reported according to the PRISMA Extension for Scoping Reviews (PRISMA-ScR) Figure 6.

Using the review question as a guide, extraction and quality assessment templates were designed to assess eligibility. These included the strategies and approach of third sector organisations, enabling contexts, enabling mechanisms and outcomes. A description of the extraction themes with examples was included in the template to ensure a consistent approach to extraction.

The most common reason for exclusion was insufficient detail on the idea or theory behind the third sector approach, usually because the focus was on services in general, rather than relating to the third sector.

12 peer-reviewed articles were identified for extraction, of these, seven reported qualitative research, three reported quantitative research and two used mixed methods (Figure 7 Final corpus of literature).

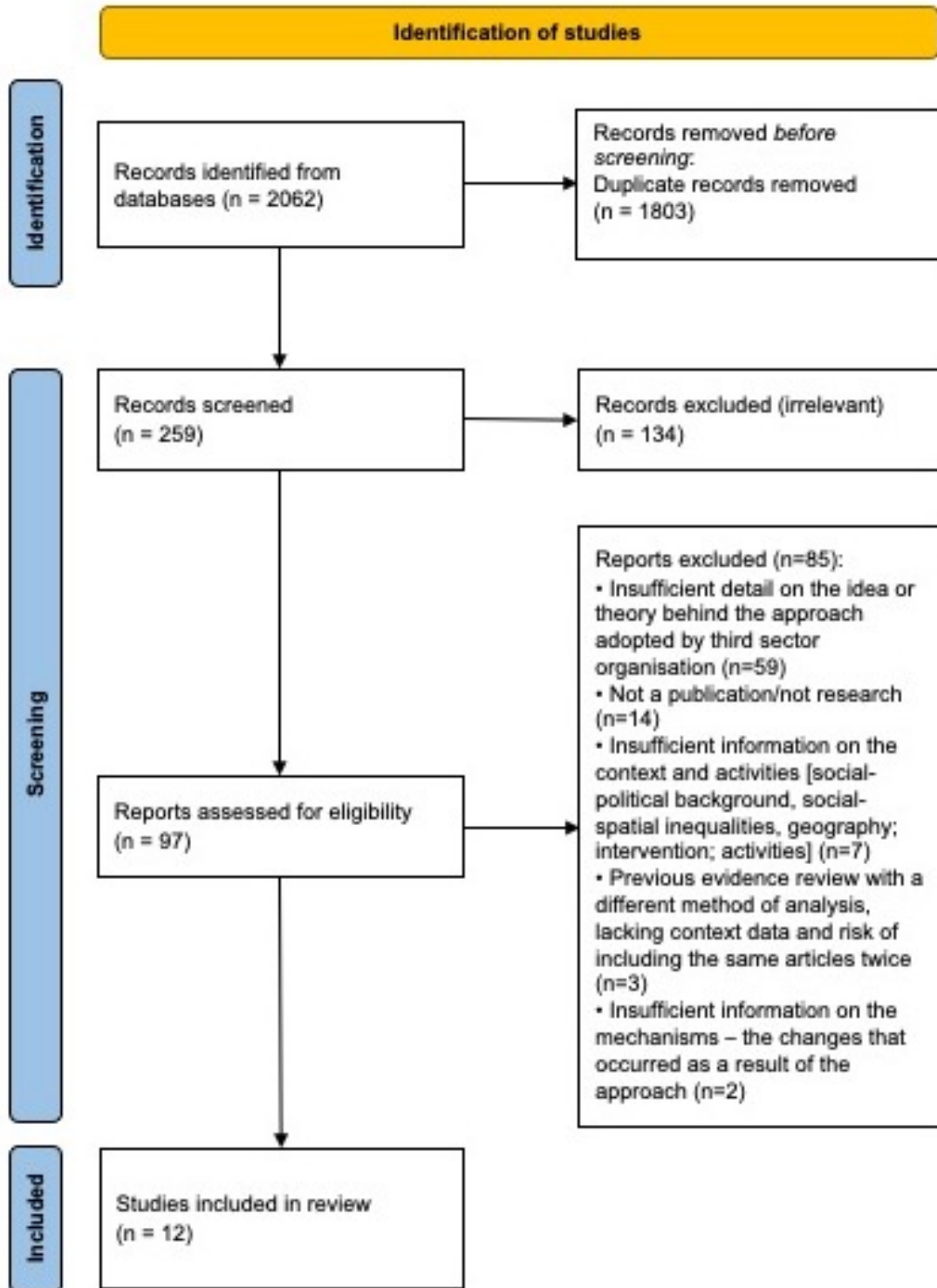


Figure 10 PRISMA Flowchart of Results

Type of publication	Number	Authors
Peer-reviewed journal articles – qualitative  UK (*one article includes case studies from the Netherlands)	<b>7</b>	(Benton & Power, 2021a) (Bynner et al., 2022) (den Broeder et al., 2022) (Fernandes-Jesus et al., 2021) (Mao, Drury, et al., 2021c) (Rendall et al., 2022) (Thiery et al., 2021)
Peer-reviewed journal articles – mixed methods UK	<b>2</b>	(Dayson & Damm, 2020) (Fransen et al., 2022)
Peer-reviewed journal articles – quantitative UK	<b>3</b>	(Bowe et al., 2022) (Bradley et al., 2021) (O'Dwyer et al., 2022)

Figure 11 Final corpus of literature

## Review protocol

Research Question: *How and in what ways did third sector organisations adapt their services to sustain delivery and support vulnerable and disadvantaged people during the COVID-19 pandemic?*

<b>Population</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Outcome</b>
disadvantaged OR unemployed OR isolated OR lonely OR homeless OR "not-in-education" OR poverty OR vulnerable OR marginali?ed OR "low income" OR "at risk" AND "Coronavirus" OR "COVID-19" OR "pandemic"	"third sector" OR "community development" OR "area-based development" OR "area based development" OR "community engagement" OR "community-centred approach" OR "community-centered approach" OR "community-based initiative" OR "community based initiative" OR "community organi" OR "place-based initiative" OR "place based initiative" OR "social enterpr" OR "community business" OR "community enterprise" OR "voluntary sector" or "community sector" OR "not for profit" OR "not-for-profit" or "non-profit" OR "non profit" OR "mutual aid" OR "mutual support"	n/a	health OR wellbeing OR well-being OR "well being" OR "community" OR "empowerment" OR "life satisfaction" OR "sense of purpose" OR "sense of coherence" OR "healthy living" OR rehabilitation OR "mental health" OR "social capital" OR "community capital" OR "social network" OR neighborliness OR neighbourliness OR "social support" OR inclusion OR connectedness OR resilience OR cohesion

## Screening inclusion and exclusion criteria

### INCLUSION CRITERIA

#### Screening (stage 2)

The publication includes evidence of third sector responses in the UK

#### Full text review

#### Relevance

- The publication includes sufficient detail on the idea or theory behind the approach adopted by third sector organisations
- The publication includes information on the context, [social-political background, social-spatial inequalities, geography; intervention implementation – activities, actions, settings – home, food hubs, mobile units etc]
- Does the publication include information on the mechanisms – the changes that occurred as a result of the approach [self-confidence, optimism, behaviours and attitudes]
- The publication provide evidence of outcomes and what happened/ changes as a result, intended or unintended

#### Rigor (using CASP quality framework)

- The research design is appropriate to address the aims of the research
- The recruitment strategy was appropriate to address the aims of the research
- The data were collected in a way that addressed the research issue
- The data analysis was sufficiently rigorous – in-depth description of the process, and how the categories/ themes were derived from the data
- There is a clear statement of findings/and for and against arguments

## EXCLUSION CRITERIA

### Screening (stage 2)

The publication does not include evidence of third sector responses in the UK

### Full text review

#### Relevance

- The publication does not include sufficient detail on the idea or theory behind the approach adopted by third sector organisations
- The publication does not include information on the context, [social-political background, social-spatial inequalities, geography; intervention implementation – activities, actions, settings – home, food hubs, mobile units etc]
- The publication does not include information on the mechanisms – the changes that occurred as a result of the approach [self-confidence, optimism, behaviours and attitudes]
- The publication does not provide evidence of outcomes and what happened/ changed as a result. Intended or unintended

#### Rigor (using CASP quality framework)

- The research design is not appropriate to address the aims of the research
- The recruitment strategy was appropriate to address the aims of the research
- The data were not collected in a way that addressed the research issue
- The data analysis was not sufficiently rigorous - in depth description of the process, and how the categories/ themes were derived from the data
- There is not a clear statement of findings/and for and against arguments



## Appendix 2 Table of initial theories

Theories identified from the initial scan of the evidence and analysis of C-M-Os from 12 peer-reviewed articles.

<b>Theory Number</b>	<b>Name</b>	<b>Description</b>
1	Social networks	Pre-existing, well-established social networks between local public services and third sector organisations enable third sector orgs to respond more quickly and effectively to crisis. The existence and strength of local networks prior to the onset of disasters boosts the efficacy of response and contributes to the well-being of individuals and communities.
2	Local Embeddedness	The extent to which third sector organisations activate local networks and extend their reach at times of crisis is associated with their local embeddedness - the length of time in the local area and their history of building relationships
3	Social identity	Coordinated community action and volunteering triggers the psychological bonding of community members by building a sense of community identification, unity and support during a crisis, which in turn enhances well-being.
4	Distinction	The existence of specialist, distinctive third sector organisations triggers specialist knowledge and understanding of the needs and effects of the crisis on vulnerable groups
5	Size, speed and flexibility	The energy and professionalism of smaller third sector organisations means that they are able to flex services, absorb new information quickly and continuously adapt their provision to changing needs and circumstances of communities
6	Digital technology	The introduction or increased use of digital technology mitigates anxieties due to lack of access to services, reduces social isolation/loneliness and improves engagement and coordination among organisations
7	Mutual aid	The spontaneous, informal efforts of communities, including people who are not usually active, triggers new social connections and reciprocal dependencies, and activates social solidarity.
8	Political activism	The presence of activists with radical political perspectives is associated with an increase in mutual aid. Political activism may trigger ideological differences and clashes within and between mutual aid groups
9	Collaboration	The initial conditions in communities that precede a crisis event influence the structure and governance of the service response and the outcomes and accountabilities of both sectors after the primary crisis is over. Interactions may be adversarial or cooperative, or both at the same time
10	Community resilience	The capacity of a community to absorb disturbance, respond to and influence change, sustain and renew, is triggered by social capital - networks, norms and trust and the broader governance context which represents either a catalyst or a restraint on resilience

## Appendix 3 Table of overarching theories

These overarching theories combine the initial theories (ITs) from the initial scan of the evidence and analysis of C-M-Os from the selected publications

Community solidarity	IT no.	Description	Context	Mechanism	Outcome	Covidence Study IDs
<p><i>Sense of community</i></p> <p><i>Social identity</i></p> <p><i>Mutual aid</i></p> <p><i>Political activism</i></p>	3/ 7/ 8	<p>The spontaneous, informal efforts of communities, including people who are not usually active, triggers new social connections and reciprocal dependencies, and activates social solidarity.</p> <p>Coordinated community action and volunteering triggers the psychological bonding of community members by building a sense of community identification, unity and support during a crisis, which in turn enhances well-being.</p> <p>The presence of activists with radical political perspectives is associated with an increase in mutual aid. Political activism may trigger a stronger sense of social solidarity and at the same time undermine it due to ideological differences within mutual aid groups</p>	<p>Perceived need/ lack of public service provision</p> <p>Political activists in local area (anarchist, environmental justice)</p> <p>Unequal distribution of support – more likely in areas with positive indicators for health / life satisfaction etc.</p>	<p>Coordinated community action + volunteering</p> <p>Psychological bonding</p> <p>-</p> <p>Social identification, sense of unity, cooperation</p> <p>Social solidarity – shared need or concern</p> <p>Political identity, social identity</p> <p>Supported by group processes that increase identification with the group</p>	<p>Well-being of volunteers and recipients</p> <p>Greater unity or reduced unity/ cohesion within the local area (but note that this may be limited to middle class areas)</p>	<p>Bowe 2022 Fernandes-Jesus 2021 Mao 2021 O'Dwyer 2022</p> <p>Rendall 2022 Benton and Power 2021 Fransen 2022 Fernandes-Jesus 2021</p> <p>Bradley 2021</p> <p>Fernandes-Jesus 2021 Mao 2021</p>

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<b>Adaptive capacity</b>	<b>IT no.</b>	<b>Description</b>	<b>Contexts</b>	<b>Mechanisms</b>	<b>Outcomes</b>	<b>Covidence Study IDs</b>
<p>Knowledge and skills</p> <p>Distinction</p> <p>Size, speed and flexibility</p> <p>Digital technology</p> <p>Relationships</p> <p>Social networks</p> <p>Local embeddedness</p> <p>Bridging capital</p> <p>Knowledge based trust</p>	1/2/4/ 5/6	<p>The existence of third sector organisations with specialist knowledge and understanding of vulnerable groups, triggers increased motivation to help and knowledge of specific needs and effects of the crisis</p> <p>The energy and professionalism of smaller charities means that they are able to flex services, absorb new information quickly and continuously adapt their provision to changing needs and circumstances of communities</p> <p>Pre-existing social networks between local public services and third sector organisations enable third sector orgs to respond quickly and effectively to crisis. The existence and strength of local networks prior to the onset of disasters boosts the efficacy of response and contributes to the well-being of individuals and communities.</p>	<p>Knowledge of (a) specific target group(s) and/or neighbourhood, + skillset</p> <p>Size, skill-set (professionalism</p> <p>Digital skills, digital access/ inclusion</p> <p>The existence and strength of local social networks and relationships (prior to the crisis)</p> <p>Pre-existing relationships between the leaders of local CSOs and local government officials</p>	<p>New knowledge and understanding relevant to the new context/ crisis</p> <p>Motivation (energy) to act; dynamic adaptive capacity</p> <p>Digital communication and engagement</p> <p>Social networks, trust and reciprocity</p>	<p>Health, social care and other public service outcomes</p> <p>Improved engagement/ coordination</p> <p>Well-being of individuals and communities</p> <p>Reaching people who need support</p>	<p>Fransen 2022</p> <p>denBroeder 2022</p> <p>Fernandes-Jesus 2021</p> <p>Bynner 2022</p> <p>Thiery 2021</p> <p>SheffieldHallamUniversity 2020</p> <p>Fransen 2022</p>

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<b>Collaboration</b>	<b>IT no</b>	<b>Description</b>	<b>Context</b>	<b>Mechanism</b>	<b>Outcome</b>	<b>Covidence Study IDs</b>
<p>Cross-sector Collaboration</p> <p>Local governance</p> <p>Hierarchy/ Equality</p>	9/10	<p>The capacity of a community to absorb disturbance, respond to and influence change, sustain and renew is influenced by the broader governance context which represents either a catalyst or a restraint on resilience</p> <p>Key is the political governance context – empowerment/ hierarchy / value placed in voluntary / community activity, willingness to relax rules place trust in organisations</p> <p>Interactions with the state may be adversarial or cooperative, or both at the same time and are dynamic over time</p>	The local governance context – empowerment / hierarchy / partnership	<p>Organisation, governance, supplementary, complementary or adversarial</p> <p>Supportive governance responses</p> <p>Recognition</p> <p>Respect</p> <p>Value</p>	<p>Shared or fragmented accountability- and impact</p> <p>Improved health and well-being</p>	<p>Thiery 2021</p> <p>SheffieldHallamUniversity 2020</p> <p>Rendall 2022</p> <p>Benton 2021</p> <p>Fransen 2022</p> <p>Fernandes-Jesus 2021</p> <p>Bynner 2022</p>

## Appendix 4 Summary of international evidence

28 international studies were identified as relevant to the review question.

The most common terms used to describe the third sector in the international literature were ‘the non-profit sector’ (or non-profits) or ‘non-governmental organisations’ (NGOs).

Key populations and groups identified as vulnerable to the COVID-19 pandemic included:

- sexual assault survivors; people experiencing domestic violence and abuse;
- stroke and brain trauma survivors; people living with dementia;
- people with drug and opioid use disorders; homeless people using drugs (HPWUD); homeless people;
- first nations; BME populations or BIPOC -Black, Indigenous, (and) People of Color;
- migrants and undocumented migrants;
- sexual and gender minority populations /LGBTQ+ , gender non- conforming communities (GNCs);
- persons with disabilities; people with intellectual disabilities;
- justice-affected people; crime survivors;
- young adults facing barriers to education and employment;
- children and young people;
- pregnant women;
- isolated older people
- end of life

The international studies are grouped below into the theories and themes discussed in the main body of the report.

### **Mutual aid and social solidarity**

Environmental, climate and social justice organisations in the USA organised mutual aid hubs, distributed food and personal protective equipment, and checked on older people. Low-income people and people of colour mostly led this activity (Bourland et al., 2022). Evidence from La Coruna, Spain explored the political activist and self-organising role of neighbours through mutual aid groups/ known as G.A.M (Diz et al., n.d.). In Greenland, the lockdown effect left a gap in public social support and food supply for homeless people in the capital of Nuuk. Volunteers mobilised to deliver food to homeless people (Arnfjord, 2021). A study of mutual aid organisers in the state of Colorado, USA identified three common values: reciprocity, shared humanity, and community-driven care and redistribution of resources (Littman et al., 2022). A study from Nigeria supported the evidence on the role of social solidarity and social

behaviour in helping communities to manage the COVID-19 pandemic (Igwe et al., 2020).

### **The adaptive capacity of community-based organisations**

Several studies from the USA highlight the unique knowledge and skills of community-based organisations. Examples included grassroots community activity to support Black and Brown communities in New York City: online fundraising, referrals to legal services specialising in tenants' rights, information on food banks, jail support, mutual aid, and involvement in demonstrations to target dismantling systems of racism (Bilaver et al., 2021) and support for homeless people (Rodriguez et al., 2021). A community based organisation initiative provided support to food insecure patients with food allergy and coeliac disease (Bilaver et al., 2021). In Nepal a child protection initiative involving NGOs and community-based organisations worked to reduce child labour in brick production, embroidery and the carpet industry during the pandemic (Larmar et al., 2021). A study from Zhejiang Province in China highlighted the importance of building trust and the long-term capacity of community-based organizations (Cheng et al., 2020).

Evidence from the US and Spain highlights the role of digital innovation in non-profit support for young adults seeking training and employment pivoting to virtual delivery (Gregg & Steinberg, 2021); and working with migrant populations (Bueno Doral et al., 2022). In South Africa, a study examined a non-profit organisation involved in training and mentoring community-based early childhood development centres. The study highlights the importance of strong internal and external relationships, sound administrative and business systems, flexible risk-taking and a social entrepreneurial ethos, enabling the organisation to adapt quickly to the pandemic context (Kruger, 2021). A study from Sierra Leone demonstrated the importance of networks of internal and external actors, creating new channels for knowledge exchange, and building community based organisational capacity (Frimpong et al., 2021).

### **Collaboration between local government and the third sector**

In the USA, municipal leaders worked with private and non-profit sectors in new and creative ways to better support communities during the pandemic with a focus on marginalised populations and the meaningful involvement of diverse communities (Axelrod, 2021). One study provided an example of a strategic partnership to address structural racism and health inequalities from Buncombe County, North Carolina (Hunter & Mpofu, 2022). In Canada, cross-sector collaboration aimed to support racialised immigrant communities (Suva et al., n.d.), and residents in Toronto (Morgan et al., 2022).

A range of cross sector collaborative initiatives aimed to support vulnerable populations. Examples from the USA included health care for the Latino community (Behbahani et al., 2020); older adults (Smith et al., 2020); children from racial and ethnic minority groups (White et al., 2021); and vulnerable families (Haidar et al., 2021).

In Birmingham, USA, local businesses, philanthropy, non-profit and government worked in collaboration form a local service corps to address unemployment and

community needs during the pandemic. The initiative - Bham Strong, employed residents and provided training for future job opportunities as community health advisors (Ross et al., 2020).

In Barcelona, a new collaboration between third sector organisations, Barcelona City Council and the public health agency during the pandemic, resulted in the opening of the first gender responsive low threshold residential resource for homeless people using drugs (Barbaglia et al., 2021).

In Mexico, *Companeros en Salud*, a third sector organisation based in Chiapas, worked in partnership with the public sector to set up a new initiative to compensate for the shortage of mental health services during the pandemic (Ortega et al., 2021).

A study from Taiwan, examined the Compassionate Communities programme in Taipei city. The programme aims to empower communities to support and care for each other at the end of life. Municipal, hospital, social and other services partnered with community leaders, NGOs, university students and volunteers. The programme involved workshops, conferences and the Life Issue Cafe, with reference to local beliefs and existing social networks (Chia-Jen et al., 2022).

### **Key actors in the pandemic response**

A study from Brazil highlights the role of female leaders in Rio de Janeiro's favelas. During the pandemic, they took up the duties of local authorities to ensure food security, good communication between local residents and health standards, hygiene measures and assistance to the most vulnerable. Community members perceived these women as replacing the role of government agencies and enabling resistance and solidarity (Nunes, 2021). Evidence from Malaysia shows that a significant burden fell on a few leaders of refugee-led community-based organisations to distribute aid from external parties and disseminate public health information (Nungsari & Chuah, n.d.).

From Canada, one study investigated the pandemic related work of community based adult educators supporting low income and newcomer communities in the ethno culturally diverse province of British Columbia. Educators invented new pedagogy and practices orientated to social solidarity and addressing intersectional oppressions (Smythe et al., 2021).

### **National policy responses**

Evidence from the USA on the financial condition of non-profits, indicated reduced municipal funding streams to support community-based activities and a shortage of funding for the sector (Johnson et al., 2021). In Canada, the pandemic significantly increased awareness among policy makers of the role and challenges of charities and non-profits. The national government implemented policy changes resulting in the inclusion of charities and non-profits in all major federal relief programs and support programmes designed for charities and non-profit organisations (Barr & Johnson, 2021).

## Appendix 5 What does the ‘grey literature’ add?

The ‘grey literature’ on the third sector in Scotland were identified and selected using our realist review methodology mentioned previously, and so the publications summarised in this section passed our screening criteria. However, this selection excludes research that was later published in peer-reviewed journal articles. At the time of the review, this evidence was published in the form of reports presented in various styles and visual formats (n=10). The data were extracted and thematically analysed.

### **Community solidarity**

Three studies reported on the remarkable increase in the number of people wanting to volunteer during the early stages of the pandemic and the mobilisation of informal community action (Coutts *et al.*, 2020; Sharp, 2021b; Scottish Government, Volunteer Scotland, and Mobilising UK Voluntary Action research project, 2022). This mobilisation was described in one report as “*crucial*” and “*underpinned the COVID-19 response across Scotland*” ( Scottish Government et al.2022 p. 6). The rise in new volunteering, included people who had never volunteered before and was driven by concerned citizens who had self-organised, often using social media. This confirms the main findings of this report, that a crucial and distinct feature of the third sector response to the COVID-19 pandemic was the mobilisation of spontaneous ‘mutual aid’ as discussed previously.

The number of mutual aid groups that emerged in Scotland *is* unknown. No formal register was available, and groups were often unconstituted. They ranged from informal ‘pop ups’ to groups with more developed organisational structures (Scottish Government et al. 2022). The motivations of new volunteers included: “volunteering to support others; to reduce their own experience of isolation and loneliness; and because the situation was so exceptional that many people felt particularly motivated to help” (Scottish Government et al. , 2022, p. 6).

The context for volunteering was that many working people and younger people had more time available because of unemployment or furlough, and lockdown conditions required that people remain in their local areas. ‘*The response has been largely from staff and volunteers in locally focused community and voluntary sector groups*’ (Sharp, 2021, p. 3). This hyper-local focus strengthened existing local relationships and developed new relationships and connections.

While delivering food and meeting practical needs was important, the pandemic presented other challenges, particularly for mental health. Volunteering and supporting each other was a way of coping with the crisis (Coutts *et al.*, 2020), however, volunteering could also present challenges for mental health through emotional and physical burnout (Scottish Government et al. , 2022) .



Overall, the third sector response to the pandemic was shown to increase social connectedness, strengthen community spirit, civic pride, belonging and wellbeing (Coutts *et al.*, 2020; Scottish Government, Volunteer Scotland, and Mobilising UK Voluntary Action research project, 2022). There are also indications that the third sector response to COVID-19 in Scotland may have resulted in a new understanding of resilience and well-being (Sharp, 2021).

### **Adaptive capacity**

The third sector COVID-19 emergency response reached people who would not normally use or connect with public services (Coutts *et al.*, 2020; Nesta *et al.*, Healthcare Improvement Scotland I-HUB and Out of the Box, 2021). Volunteers were able to identify people with complex needs and long-term problems of poverty, including people who were on in receipt of support prior to the pandemic (Coutts *et al.*, 2020, p. 7).

Third sector organisations were able to build trusting relationships with vulnerable people through their intimate 'on the ground' knowledge and drawing on the skills of staff and volunteers. Building trust was enabled by a responsive and informal approach and the ability to adapt and respond to changing needs flexibly and quickly. This could then led to conversations about other needs, for example, mental health, traumatic bereavement and food insecurity (Nesta, Healthcare Improvement Scotland I-HUB and Out of the Box, 2021; Sharp, 2021b). Specialist skills were needed to support asylum seekers, refugees and other disadvantaged groups: translating public health information, dispelling misinformation, and communicating with statutory services (McBride *et al.*, 2022). As a result of identifying additional needs many third sector organisations expanded their services (Allan, 2020; Scottish Government, 2022) (Scottish Government, 2022).

A key area of adaptation was the use of digital media to replace or enhance communications between groups, staff, volunteers, and communities. In many cases, this switch to virtual working allowed volunteering to continue, enabled beneficiaries who were remote or isolating to be reached, and enabled organisations to engage more volunteers. This was a significant change, especially for third sector organisations in rural and remote areas. Organisations regularly showed ingenuity in adapting to the virtual environment. In general, this was a positive adaptation, however remote and digital working also posed challenges such as the exclusion of some volunteers and some service users' lack of access to equipment; disability; health conditions; and/or low confidence (Allan, 2020; Nesta, Healthcare Improvement Scotland I-HUB and Out of the Box, 2021; Sharp, 2021b; Scottish Government, Volunteer Scotland, and Mobilising UK Voluntary Action research project, 2022).

The response of third sector organisations to the pandemic was remarkable in terms of speed, flexibility and creativity in adapting services; with organisations scaling their services up and down in response to the various phases of lockdown and recovery (Sharp, 2021; *see also Rendall et al.*). Mutual aid groups were also noted for the speed of their response and flexibility although there were concerns that these groups did not always have the policies and procedures in place to ensure the safety of beneficiaries and volunteers. Supporting these new organisations became a major focus for

infrastructure organisations. In many areas there were attempts to integrate these spontaneous activities into more established processes and structures (Cooper, 2020; Coutts, 2020; Coutts *et al.*, 2020; Sharp, 2021a; TSI Scotland Network, 2021; Scottish Government, Volunteer Scotland and Mobilising UK Voluntary Action research project, 2022).

The pandemic may have facilitated better relationships within the third sector through the feeling of being “*all in this together*”. In many cases, the normal context of bureaucracy and competition for funding was removed in the need for speed and availability of additional funding, and this enabled organisations to adapt and coordinate their services quickly (Allan, 2020; Nesta, Healthcare Improvement Scotland I-HUB and Out of the Box, 2021; McBride *et al.*, 2022; Scottish Government, 2022).

The evidence highlighted two specific types of infrastructure organisation in Scotland that were considered to have a key role to in coordinating the pandemic response: community anchor organisations (CAOs); and third sector interfaces (TSIs). A study on the role of community anchor organisations<sup>6</sup> (Cooper, 2020) found that during the COVID-19 pandemic they were able to mobilise resources through their deep-rooted local connections with local groups and link to the wider regional networks (Cooper, 2020). A review of the role of Third Sector Interfaces, meanwhile, found that their ability to coordinate responses was aided where they had highly developed relationships with both local community groups and public sector organisations (TSI Scotland Network, 2021).

The experience of the coordinated response varied, however, across different parts of the country. In some areas, coordination took longer to become established (SG *et al* 2022). Coordination was most effective in areas where a well-developed local community infrastructure of third sector groups and organisations already existed, and where organisations understood their role clearly and acted within their remit (Cooper, 2020; Sharp, 2021). Some organisations did not feel so well connected, and, contrary to expectation, some third sector organisations cut back on their use of volunteers (Sharp 2020; Scottish Government *et al.* 2022).

### **Cross Sector Collaboration**

The capacity of third sector organisations to respond flexibly to a crisis such as a pandemic was strongly influenced by the speed and simplicity of the funding and assessment process (Scottish Government, 2021). During the pandemic, third sector organisations generally experienced an easing of the usual policies, regulations, and greater access to funding, both locally and nationally. Smaller organisations and community-based groups were able to access an appropriate level of funding to meet

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<sup>6</sup> The [Scottish Community Alliance](#) define a Community Anchor Organisation as a particular type of organisation (sometimes more than one, working in partnership) which sits under the control and ownership of local people. These organisations are typically well respected within the community and are considered to offer a degree of local leadership on behalf of others when representing the interests of that community to external stakeholders. These organisations may also own a range of community assets (land and buildings) and possess the means to generate their own independent income stream. Typically, they play a supportive and nurturing role.

their needs, due to greater flexibility on funding amounts. The removal of bureaucracy and the introduction of a 'light touch' approach to funding during the pandemic increased the trust between funders and funded organisations and saved time, enabling organisations to focus on responding quickly to local needs (Nesta, Healthcare Improvement Scotland I-HUB and Out of the Box, 2021; Scottish Government, 2021; Sharp, 2021a). However, third sector organisations have since observed that funders quickly returned to a pre-pandemic culture of more transactional and bureaucratic practices (Nesta et al. 2021).

The evidence has revealed the importance of strong cross-sector dialogue and trust in an emergency, with local authorities and funders recognising the role of third sector organisations, trusting them to respond to changing needs quickly, and offering support to make best use of the resources available (Cooper 2020). Co-location and joint working strengthened local partnerships at the level of planning and operational delivery. As staff from different sectors worked together they came to know each other better, and built mutual respect and confidence (Cooper, 2020; Coutts *et al.*, 2020)

In some areas of Scotland, statutory organisations led the coordination of local responses, while in others, community organisations self-organised using digital tools to match people to volunteering opportunities and share information on local support offers (Nesta et al. 2021). In some areas, mutual aid groups and established public and third sector organisations coordinated their efforts. However, some mutual aid groups were resistant to being engaged in formal processes and wished to remain 'below the radar' (Cooper, 2020; Coutts et al, 2020).

Most studies found that the pandemic led to a greater recognition of the role of third sector organisations and volunteering in local and national emergency responses. The evidence from Scotland reveals the need for local leadership, coordination, and resources to enable local third sector organisations - especially smaller groups - to participate as equal partners as far as possible. Third sector organisations and volunteering were essential to the COVID-19 pandemic response. The role and value of the third sector should thus be explicitly recognised in all existing and future emergency and resilience arrangements.

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