

**Research-based
analysis of European
youth programmes**

Research project on the evidence-based analysis and monitoring of the European Solidarity Corps (RAY-SOC)

3rd LITERATURE SNAPSHOT

SOLIDARITY AND COVID-19

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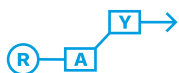


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1. INTRODUCTION

In this third literature snapshot for RAY-SOC, we focus on solidarity in times of COVID-19. In the wake of the COVID-19 crisis different publications used the terms ‘solidarity’ or ‘European solidarity’, with a broad range of subjacent understandings of these concepts. In the context of this project, it is precisely interesting to look into how solidarity claims relate to the youth sector during the COVID-19 crisis. Youth are expected to be among the most severely affected by the economic backlashes of the COVID-19 pandemic (Gustafsson and McCurdy, 2020) and lockdown-related mental health issues (Stok et al., 2021). However, it seems that most policies focussed so far mainly on other sectors of society and measures are little likely to compensate the expected long-term effects that are supposed to affect young workers disproportionately:

“The job retention scheme provides guarantees on pre-crisis earnings but can’t replace the jobs that would have been created (that young people might have taken) nor the wage rises that young people would have enjoyed in this period.” (Gustafsson and McCurdy, 2020, p.11)

As there is little or no focus on the European Youth Programmes and solidarity during the COVID-19 pandemic so far in academic publications, we will start this section with a look at some publications on how the concepts of solidarity and European solidarity were challenged during the crisis, offering initial reflections how this could relate to the European Solidarity Corps programme. Then we will focus on publications on solidarity and COVID-19 regarding social inequalities, with a particular focus on youth, and, finally, delve into volunteering.

2. (EUROPEAN) SOLIDARITY AND COVID-19

Different authors depict European solidarity in times of COVID-19 and the pandemic’s impact on the European integration process in very different, sometimes opposed ways. Several publications appear themselves to be solidarity claims, while rather few empiric analyses of the effects of the pandemic on solidarity are available so far.

Already with regard to how to conceptualise COVID-19 different approaches appear. Börner (2021, p.2) argues that COVID-19 differs from previous crises in particular because it affects everybody and “all areas of life”. In this, COVID-19 resembles more a disaster than a crisis, as “disasters affect the entire community, disrupt its daily functions and complicate or impede the work of local authorities and public facilities” (Börner, 2021, p.10). However, COVID-19 is different from previous epidemics as “[c]ompared to ‘natural’ epidemics, which were geographically relatively limited by long travel times and low population density, the pandemic will not end on its own and is driven by human activity” (Sasse-Zeltner, 2021, p.163). For Sasse-Zeltner (2021, p.158) the COVID-19 pandemic is “a global catastrophe consisting of different local disasters”, in which the local disasters refer to “locally limited outbreaks” (p.162). Stok et al. (2021, p.1) speak of “a worldwide systemic shock”. Following Basaure et al. (2021, p.3), this immense scope is what turns the COVID-19 pandemic into “a sociological object in its full sense and close to a ‘total social fact’”.

Other views focus on how this new crisis added to previously existing crises like the refugee and the debt crises, so it can be seen as “a crisis on top of a normalized crisis” (Börner, 2021, p.6). With regard to refugees, COVID-19 “served to further inflame conflicts over the admission of refugees and over their often inhumane situation” (Dany, 2021, p.2). In another approach, rather than one phenomenon, the COVID-19 pandemic induced several different crises, with

different scopes and varying impact on diverse target groups, “distinguish[ing] between different coronavirus-induced crises (e.g., exacerbated social inequalities, a supply crisis, the crisis of public health, a lockdown-induced economic crisis and an anti-scientific populism fuelled by anti-lockdown protests)” (Börner, 2021, p.12). Shabbir et al. (2021, p.9) highlight the link to social inequalities and suggest that rather than treating COVID-19 as a pandemic, “[t]aking a syndemic perspective on Covid-19 that assumes social conditions as contributing factors to its etiology can help develop safety nets to protect BAME¹ community members, older adults, and under-compensated essential workers”.

In the claims for solidarity, it is repeatedly argued that the COVID-19 pandemic represents both a threat but also an opportunity for positive change (Koos, 2019). For Hlebova et al. (2021, p.273) “[a] pandemic is a test of humanity’s ability to counter the threats of civilization in general, to organize to solve the urgent problems and draw the right conclusions, and to make the world interpenetrating.” In this, they hope that the COVID-19 pandemic will be an “accelerator of real profound changes” (Hlebova et al., 2021, p.278). Potential to tackle issues already existent before the crisis is seen for a multitude of topics, like global hunger (Ramaswamy et al. 2021), multicultural cohabitation (Hlebova et al., 2021), fragile democracies (Libal and Kashwan, 2020), Euroscepticism (Popa, 2020), welfare state retrenchment (Basaure et al., 2021; Börner, 2021) or a better institutionalisation of solidarity at EU level (Wallaschek 2021; Wallaschek and Eigmüller, 2020). The concept of solidarity is key to this idea of positive change, as “[s]olidarity has become the authoritative national and global guiding concept for seizing the opportunities offered by the pandemic” (Dany, 2021, p.2).

Basaure et al. (2021, p.14) believe that the sudden changes the pandemic imposed on our reality foster “critical reflection” and “imagination”, as “the pandemic has introduced a conflict of solidarities from which alternatives emerge for the reorganization of national and global solidarity in the world we begin to inhabit”. Overall, COVID-19 appears in these publications as a potential trigger of the solidarity needed to overcome any ailing of humanity and all life in general. Kumar and Srivastava (2021, p.47) argue that the chance of renewal is intrinsic to pandemics:

“Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next.” (Kumar and Srivastava, 2021, p.47)

2.1. GLOBAL SOLIDARITY IN THE PANDEMIC

Different authors make a case for global solidarity, arguing that a global problem – like the COVID-19 pandemic – requires a global solution. Global solidarity is furthermore seen as a step towards a better world, also beyond the current pandemic. Hlebova et al. (2021) argue, for example, that global solidarity is the key to social cohesion in multicultural contexts, avoiding xenophobia against different societal groups. Fadhila Inas Patiwi and Ahalla Tsauro (2021, p.268) call for “scientific collaboration”, “a new form of global health governance” and particular support for poorer countries, arguing that these become otherwise “loopholes” through which the virus can spread again in the future. Stok et al. (2021, p.3) show that “vaccines should actually first be delivered to those countries where the health care system is least developed, as the risks of contracting COVID-19 are highest for people living in these countries.” Other authors follow the logic of ‘surplus solidarity’ at global level, by asking richer countries to share

¹ BAME = Black, Asian and Minority Ethnic (Shabbir et al., p.2)



the vaccination doses they do not require with poorer countries (Marschall and Strupat, 2021). It is also highlighted that there is no real food shortage but issues in the access to food that lead to a global hunger crisis that already existed before the COVID-19 pandemic and can either be worsened in its context or overcome, if the pandemic is used as an opportunity for reform (Ramaswamy et al. 2021). These authors do not make high demands on solidarity, but rather apply a minimal definition of self-centered, calculative solidarity (see second RAY-SOC literature snapshot), highlighting how sharing surpluses (low sacrifice) is in the best interest of the givers:

“vaccine nationalism (...) potentially exacerbates and prolongs the pandemic for the whole world, as the risk of virus mutations increases the longer the virus can freely continue to spread in certain parts of the world” (Stok et al., 2021, p.3)

“It is time for wealthy countries to act with solidarity, not only to fulfil their global responsibility, but also in their own best interests.” (Marschall and Strupat, 2021, p. 1)

In spite of the COVAX initiative, the current situation is far from an equal distribution of vaccines all over the world (Dany, 2021; Marschall and Strupat, 2021; Stok et al., 2021). Some authors do therefore develop theories on how to achieve such a better distribution, in which solidarity appears as a key element:

“[E]mphasizing and stimulating a global human identity and with that, increasing global solidarity, will be a key challenge towards finding the quickest way out of the pandemic”. (Stok et al., 2021, p.8)

Tomasini (2021, p.3) considers our solidarity focus on the human species only – so-called ‘human-centered solidarity’ – the cause of the current pandemic and sees in COVID-19 the opportunity to change our solidarity framework to ‘biocentric solidarity’, that is “solidarity with all life”, not only the human species. Changing “our profligate way of life” that causes wild animals to lose their habitats, forcing them to live closer with humans and such increasing the “danger of zoonotic transfer” (Tomasini, 2021, p.11), would, in this view, lead to a better environment for “diverse species on a healthy planet”. This is also supported by other authors, arguing that without “concrete action” an “era of pandemics” “with up to 827,000 zoonoses that could have the ability to infect people” is just starting (Sasse-Zeltner, 2021, p.163).

2.2. 'CORONA SOLIDARITY' IN THE EU

As “each crisis creates its own version of solidarity or de-solidarization” (Börner, 2021, p.1), different authors expect the spread of particular forms of corona solidarity. While most authors analyzing the first months of COVID-19 lockdowns find lots of examples of interpersonal solidarity (Alalouf-Hall and Grant-Poitras, 2021; Blades et al. 2020; Börner, 2021; Prainsack, 2020; Stok et al., 2021), authors analysing EU measures to support COVID-19-shaken countries come to very different conclusions. When comparing different countries or regions, most authors agree that the EU fared better than the USA (Libal and Kashwan, 2020; Tomasini, 2021) and the UK (Tomasini, 2021; West-Oram, 2020; Zagefka, 2021). When a model of European solidarity is taken as a starting point for the comparison, authors frequently highlight the deficiencies in the EU responses to the pandemic and interpret these as symptoms of a lack of European solidarity and its institutionalisation (Popa, 2020; Wallaschek and Eigmüller, 2020; Wallaschek, 2021).

Before taking a closer look at publications assessing the level of solidarity within the EU, we need to discern what ‘corona solidarity’ may be. Häyry (2021, p.1) studies solidarity expressions made in the course of the COVID-19 pandemic, coming to the conclusion that “corona solidarity” exists, but “the most characteristic examples of ‘corona solidarity’ are not of the warm and cuddly we are all in this together kind, but demonstrations of identity and exclusion”. In the analysis of different examples of alleged corona solidarity with a narrow definition of solidarity, these are either considered sympathy and altruism (like clapping on balconies, neighbourly help or volunteering), purely self-interested (like nation states’ attempts to improve their image by sending help to others) or a mixture of both (like free performances or delivery services for people in isolation). Moreover, the Public Relations Departments of some multinational corporations are said to have “swiftly erased the reactive ‘we are following orders’ communication and substituted a proactive ‘we are here for you and our joint values’ message. A linguistic turn toward solidarity, but no change in the substance.” (Häyry, 2021, p.3)

Basaure et al. (2021, p.4, italics in original) explain the changes in solidarities during the pandemic by expanding Durkheim’s solidarity framework, in particular with the coining of a new type of solidarity: “*fragmentary solidarity* (based on distancing) that partially interrupts the division of labor to protect individuals from contagion while still demanding fulfilment of their roles, and legally introduces a series of prohibitions on the level of public interaction”.

This “new form of solidarity based on distancing that is expressed in the maxim that, by distancing ourselves from others, we take care of each other and keep open the possibility of functional exchange”, is seen as the only way to preserve interdependence – ironically by limiting it (Basaure et al., 2021, p.8).

For Basaure et al. (2021, p.5), “the measures enforced by states to control contagion bring about a sudden radicalization of this fragmentary solidarity by closing or reducing to a minimum both local and global physical interaction”. This leads to “[m]ajor critical situations” (p.5) that are, in turn, contested by “cooperative forms of behavior that we refer to as *ordinary solidarity*, or solidarity based on empathy and equal treatment, appear at both the interaction and the institutional level, either in domestic or transnational contexts” (p.6, italics in original).

Focusing on the institutional level, Basaure et al. (2021, p.3) observe that lockdown measures and political decisions were very similar in different parts of the world “with states observing each other and behaving similarly”. However, even small differences in the timing of security measures were related to different death tolls, leading Shabbir et al. (2021, p.10) to suggest



that by calculating the economic losses avoided by delaying the first lockdown in 2020, one can deduce “assumptions governments make about the value of a citizen’s life”.

Several publications have focussed on another aspect of institutional solidarity: interstate support. Tomasini (2021, p.5) compares the EU’s course of action to the US American way, concluding that “the EU have taken solidaristic multilateralism further in response to COVID-19 within the European bloc”. In concrete, measures like the “joint procurement orders for Personal Protective Equipment (PPE) for health workers across the EU; (...) the treatment of French and Italian patients in German hospitals; (...) the shipment of medical equipment to Italy; (...) the support of EU citizens returning home; and, (...) the European Central bank approving 750 billion euros to do ‘everything necessary’ to deal with the crisis” are mentioned (Tomasini, 2021, p.5). Libal and Kashwan (2020, p.538) consider that “the European Union has made substantial strides to arrest the rapid spread of the virus” in comparison to the USA and India.

Gerhards (2020, p.3) picks up on repeated criticism of a lack of European solidarity in the COVID-19 crisis, concluding that “European solidarity is stronger than many people assume”. In this view “the European institutions reacted relatively quickly” and successfully “strengthened the capacity to act of those Member States that are particularly affected by the crisis”, while “European Citizens’ willingness to show European solidarity is strong” (Gerhards, 2020, p.3). When differentiating between economic support to tackle economic and social consequences of the pandemic and lockdown measures and medical support, e.g. the cross-border treatment of intensive care patients, Gerhards (2020) comes, however, to the conclusion that the medical support was relatively low and only symbolical. Economic support measures were quicker developed and approved as early as in April 2020. This difference is explained with the EU building on the existing institutions and instruments, which are basically economy-centred while health policy remains a Member State business. The creation of new institutions and instruments is, according to Gerhards (2020), not that easy as it requires long processes of coordination that take time and are not feasible as quick reactions in crisis situations.

Popa (2020, p.105) paints a rather negative picture of European solidarity at the beginning of the crisis, relating a “major dependence on non-EU sources for medical equipment” and the absence of “strategic reserves” to a lack of solidarity between member states and towards future EU candidates. In Popa’s (2020) account the aid offered by EU Member States appears rather anecdotal, while the external aid from China and Russia achieved great visibility, leading to an impression that these nations were more solidary than the EU, in which “in case of emergency each country is on its own” (Popa, 2020, p.107). Häyry (2021), on the contrary, considers China’s, Russia’s and Cuba’s sending of help to corona-shaken countries a self-interested attempt to sell their brand. Wallaschek (2021, p.5) depicts solidarity claims and acts between EU member states in the first phase of the COVID-19 crisis with a social network analysis. In this, Wallaschek (2021) shows that solidarity claims and acts overlap significantly, indicating that, in times of crisis, solidarity is not a mere discourse, and is particularly prominent between Member States from the same European region, though it is by no means limited to neighbouring countries only.

Returning to the definitions of (European) solidarity (see the second literature snapshot for RAY SOC), we could say that while the feeling that “it could have been me” leads to solidarity, the feeling that “it will be me very soon” limits solidarity actions in a context of scarcity of resources. “[T]he threat and uncertainty of the COVID-19 pandemic may push people towards protecting their own group rather than being solidaristic with others worldwide” (Stok et al., 2021). Popa (2020, p.106) argues that avoiding resource scarcity is the key to maintaining

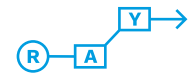
solidarity by saying that “the EU must develop a new pharmaceuticals strategy able to tackle supply chain problems revealed by the crisis, especially the block’s reliance on other countries for imports of crucial intensive care drugs”. Wallaschek and Eigmüller (2020), on the other hand, do not see supply shortage as a cause of a lack of solidarity, but a lack of a unified EU approach as the cause of conflicts between member states. In concrete, they argue that: “For most countries worldwide, the Covid-19 pandemic represents an unprecedented health crisis—yet one that the EU, with its collective and solidarity-based model of governance, should have been uniquely qualified to resolve.” (Wallaschek and Eigmüller, 2020, p.64)

“[T]he EU (...) failed to tap its unique potential to deploy collective resources and pursue solidarity-based action. Instead, the union addressed the crisis primarily as a domestic issue, leading to conflicts among member states over the distribution of medical goods.” (Wallaschek and Eigmüller, 2020, p.64f.)

Coming from a strong community-based understanding of solidarity with the EU as the in-group, Popa (2020) criticises measures that affected the free movement of people and goods within the EU, while external border controls, export restrictions and a “temporary relief for customs duties and VAT on the import of medical devices and protective equipment from third countries” are considered examples of positive political reactions at EU level (Popa, 2020, p.110). For Popa (2020) the EU was slow to answer to appeals for help, while member states installed measures that abolished principles of the EU integration, namely the free movement of people and goods and thus the single market, in order to benefit their own countries’ equipment with resources in great demand. Though from a different approach, Wallaschek and Eigmüller (2020, p.61) argue in a similar vein that “the erosion of these rights can prompt ordinary people and political actors to question the validity of the entire integrative project, severely destabilising its legitimacy”. Wallaschek (2021, p.1) considers therefore that “[t]his crisis (...) endangers the stability and prosperity of the whole European integration project”.

Another example of how opinions diverge is the EU recovery fund. Bremer et al. (2021, p.9) believe that “the pandemic recovery fund agreed under ‘Next Generation EU’ is a well-tailored instrument to generate widespread political support across European member states”. For Basaure et al. (2021, p. 11) “[t]he rescue package approved by the European Union in July 2020 counts as an example of institutionalized ordinary solidarity that corrects the anomic effects of fragmentary solidarity”. Popa (2020, p.110) praises the financial redistribution policies, in particular the common rescue plan, as “a strong international signal of internal cohesion”. For Wallaschek (2021, p.5) the EU recovery fund could have been the necessary “institutionalization of solidarity”, but was so contested and reformulated in response to criticism that it “served to weaken the idea of European solidarity among EU member states in pandemic times”, rather than establishing an “European solidarity structure”. Similarly, Häyry (2021, p.3) believes that “[t]he EU did reach a consensus on a coronavirus recovery fund, but the result was bitterly contested and the leaders returned from the summit already planning how they could benefit from the deal at the expense of others.”

Another approach to evaluating the measures of European corona solidarity is to study public opinion. Börner (2021, p.9) describes research showing that German citizens are more supportive of “solidarity towards vulnerable groups in other member states” than solidarity for “a member-state government”, concluding that “European solidarity in the context of COVID-19 is not a distinct form of European solidarity”, but distinguishes “between collective or state and individual addressees”.



In a survey experiment on citizens' support for different facets of the EU recovery fund, Bremer et al. (2021, p.27) found that “citizens, on average, support a permanent recovery fund with a broad purpose aimed at assisting the member states most affected [sic.] by the COVID-19 crisis”. This high support was, according to the authors, surprising as past EU collaboration was observed to follow the logic of ‘democratic constraint’, as “national leaders feared that other member states would take advantage of their solidarity and were wary of a populist and Euro-sceptic backlash among their voters”, leading them to not support more solidarity at the EU level (Bremer et al., 2021, p. 1). Joint EU borrowing was, however, less popular among all participants and significant differences between countries and citizens were observed. In concrete, citizens from net-receiver countries, like Spain and Italy, were more likely to support the fund, while net-payers, like Germany and the Netherlands, were more critical. Similarly, respondents identifying with right-wing or anti-EU positions were less supportive than respondents identifying with left-wing or pro-EU positions. In conclusion, the finally adopted fund is likely to receive high public support, though it includes joint EU borrowing and is therefore not the ideal package most citizens would support. The authors caution that the surprisingly high support may be an effect of the pandemic as “the enthusiasm for European solidarity is found to be particularly outspoken during crises and exogenous shocks” (Bremer et al., 2021, p.28).

An increased support for European solidarity in the wake of the COVID-19 pandemic could be used to institutionalise solidarity at the EU level further. The EU Solidarity Corps programme could be an important instrument in fostering European solidarity and thus supporting the European integration process.

2.3. SOLIDARITY TIERS AND THEIR INTERRELATIONS

A theoretical approach to analysing solidarity at different levels that is taken up by other authors in the analysis of the COVID-19 pandemic is the distinction of solidarity tiers by Prainsack (2020) (see also the second literature snapshot for RAY SOC).

“Solidarity can manifest itself at various levels, at the inter-personal level, group-level, and at the level of formal institutions and norms. When solidarity is enacted at the individual level, from person-to-person, we can speak of ‘tier 1 solidarity.’ When actions of mutual support become so common that they turn into ‘normal,’ expected behavior in some groups, we see an instance of ‘tier 2 solidarity.’ When solidarity express [sic.] itself in legal, administrative, and bureaucratic norms, regulations and designs, we call it ‘tier 3 solidarity.’ Tier 3 solidarity typically happens when individual and group-level practices have solidified into ‘harder,’ more structural, forms of solidarity.” (Prainsack, 2020, p.126)

In an attempt to apply Prainsack’s (2020) distinction of solidarity tiers to the COVID-19 pandemic, Tomasini (2021) offers examples from the first two months of the COVID-19 pandemic in Europe. In this, Tomasini (2021) interprets lockdown measures as tier 3 solidarity measures aiming at encouraging tier 1, that is to say ‘inter-personal solidarity’. Clapping on balconies is seen as a way to help “keep group solidarity (Tier 2)” (Tomasini, 2021, p.4). Measures like “socioeconomic relief schemes” and “boosting healthcare and emergency spending” are understood as tier 3 solidarity “designed to future-proof any group solidarity (Tier 2) that might disappear if people had no employment or businesses to return to post-pandemic” (p.5). Similarly, the WHO clinical solidarity trial (a trial in which voluntary patients tested the effects of different drugs on disease progression and survival chances all over the world) can be seen as tier 3 solidarity building on tier 1 solidarity, as this trial would not have been possible without

volunteers. Grass-root initiatives around grocery and medical supply for neighbours and mask crafting are considered tier 1 solidarity that grew into tier 2, that is to say ‘group’ solidarity. In some cases, this was furthermore encouraged and fostered by tier 3 solidarity, like “the NHS Volunteer Responders scheme” that facilitated contact between volunteers and vulnerable people to enact tier 1 solidarity (Tomasini, 2021, p.6).

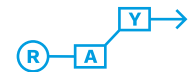
The distinction between solidarity tiers enables the analysis of how the different tiers interrelate. Different authors consider, for example, institutionalised solidarity (tier 3) a key factor causing and supporting tier 1 and 2 solidarity (Prainsack, 2020; Tomasini, 2021), while others highlight that a lack of institutionalised solidarity may cause compensatory outbreaks of tier 1 and 2 solidarity (Lahusen, 2020; Libal and Kashwan, 2020). Yet others believe that tier 1 and 2 solidarity actions depict the flaws and shortfalls of tier 3 solidarity (Börner, 2021; Sasse-Zeltner, 2021). A particular case of tier 3 solidarity is the political discourse. While this will be the topic of the next subsection, we will now focus on the interrelation between welfare state policies (tier 3) and tier 1 and 2 solidarity.

Lahusen (2020, p.323) observes that “citizens and solidarity groups jump in when governments become entrenched in an inability to agree on policy solutions”. In particular in the context of a sudden crisis, tier 1 and 2 solidarity may be much faster to react (Alalouf-Hall and Grant-Poitras, 2021), so it is not surprising that Aiello and Nazareno (2021, p.5) observe for the COVID-19 pandemic in Brazil, Canada and Europe a “fast response mostly at the community level”. Dany (2021, p.5) cautions against the “risk that voluntary civil local initiatives simply substitute and by way of this cover up the lack of political will and actions”. For Basaure et al. (2021, p.6) ordinary solidarity is triggered by shortcomings of institutional solidarity as it “aims to repair different failures in social and systemic integration and deal with the corresponding disappointments”. In this view, “civil-society solidarity, particularly during a crisis, brings to light pronounced weaknesses within traditional spaces of institutionalized or public solidarity” (Börner, 2021, p.3).

“Thus, COVID-19 solidarity is not only a reaction to decades of cutbacks in public spending in welfare-state retrenchment but also a response to a lack of epidemic knowledge, crisis-management plans and a reliable supply of medical products and protective equipment. Even though Europe had faced previous epidemics such as SARS, swine flu or bird flu, think tanks and international organizations like the WHO and Bertelsmann saw many European states as having been poorly prepared for a pandemic such as the one caused by COVID-19.” (Börner, 2021, p.3)

However, Börner (2021, p.11) highlights that this may be in the end positive, seeing “reason to hope that COVID-19 will help to end austerity and herald a new era for the welfare state and public policies in general.” Similarly, Basaure et al. (2021, p.11) believe that “[t]he rediscovery of the virtues of state intervention, even to support companies to preserve jobs and guarantee the functioning of the financial system (Dardot and Laval 2020), implies recognizing the importance of the institutionalization of ordinary solidarity in the form of a welfare state, especially at times of crisis.”

Prainsack (2020, p.130) shows that “where social security instruments and collective bargaining exists, more people are buffered from the worst effects of the crisis, and more will get through the crisis without losing their homes, incomes, and trust in government”. In this, Prainsack (2020) makes a case for institutionalized solidarity, tier 3, saying that:



“[T]he most resilient societies are not those that have the best technologies or most obedient citizens. It is those that have solidaristic institutions.” (Prainsack, 2020, p.130)

This is also supported by Basaure et al. (2021, p.3) in the argument that policy decisions “based on a neoliberal paradigm (cuts in the budgets of public health systems and welfare safety nets) have repercussions now for the scale of the crisis, the availability of critical care beds and ventilators, and the number of people who are infected and die”, while “countries with policies that reinforced investment in science and public health and resisted the weakening of their welfare states can now claim better results.” Similarly, Giraud et al. (2021) describe the Italian healthcare system as marked by austerity measures imposed by the EU in the course of the European debt crisis, and characterized “by long-term underfunding” (Giraud et al., 2021, p.96). In Börner’s (2021) interpretation, these findings show how the cutbacks have undermined the institutionalisation of solidarity in the welfare state:

“The crisis has shed light on the shortages of nursing staff and the effects of economization of work relations in the hospital system. In Italy, for instance, the insufficient intensive care unit bed capacities have been an obvious consequence of the economization of healthcare in Italy, due to austerity measures in this sector.” (Börner, 2021, p.8)

These authors do hence highlight, once again, the hopes for improvement attached to the COVID-19 pandemic, by depicting a learning effect that might lead to a revival of welfare states in the future. While inter-personal and group-level solidarity (tier 1 and 2) play here an important role in shedding light to the shortcomings of tier 3 solidarity, we will see in the following section how another aspect of tier 3 solidarity, political discourse, can undermine tier 1 and 2 solidarity and even invalidate other tier 3 solidarity, like security measures.

The European Solidarity Corps programme can be seen as institutionalised solidarity (tier 3) fostering and facilitating individual and group-level solidarity by enabling individuals to volunteer in solidarity organisations.

2.4. POLITICAL DISCOURSE

Political discourse is a specific form of tier 3 solidarity. Börner (2021, p.8) describes research finding “individual responsibility, mutual support and burden sharing” to be so common “in government speeches around COVID-19 in Europe”, that these are considered “the soundtrack to the practices of solidarity from below”. Dany (2021, p.3) even speaks of a “careless use of solidarity in political statements”. Apart from influencing inter-personal and group-level solidarity (Prainsack, 2020; Tomasini, 2020), Governments’ solidarity claims and solidarity claims by politicians in general can be seen as strategies to legitimate policy measures to contain the pandemic (Prainsack, 2020; Sasse-Zeltner), so their reception may explain the support for and adherence to certain measures in different contexts (Shabbir et al., 2021).

Prainsack (2020) explains the decrease in tier 1 solidarity in a second phase of the pandemic through government claims. Coming from a definition of solidarity including the recognition of “*similarity in a relevant respect*” (Prainsack, 2020, p.125, italics in the original), Prainsack (2020, p.127) argues that:

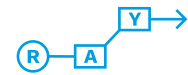
“In a pandemic, it is more difficult to see such commonalities across the entire population” and that a “strong government rhetoric about ‘risk groups’ in the early phases of the pandemic seems to have enhanced the perception of differences between

groups, and fueled animosities, rather than creating enabling conditions for solidarity to flourish". (Prainsack, 2020, p.129)

This may explain why in Austria, similarly to the development in the refugee crisis, the beginning of the COVID-19 crisis came with "celebrations of solidarity" (Prainsack, 2020, p.128), but soon shifted towards processes of othering and a waning of some forms of solidarity. Similar processes happened in other parts of the world, where after a first increase in solidarity, hostility and "the search for scapegoats" took over (Börner, 2021, p.10; Kumar and Srivastava, 2021; Sasse-Zeltner, 2021), as traditional "in- and outgroups" were severely shaken and rearranged and completely new "lines of conflict" emerged (e.g. advocates versus opponents of vaccination) (Börner, 2021, p.2).

Sasse-Zeltner (2021) and Börner (2021, p.11) anticipate de-solidarization when "conflict around the allocation of scarce resources erupts" and negative economical effects of security measures burden stronger on some. The high costs of "staying at home, home-schooling their children, or accepting losses of income or even their jobs for the sake of protecting a few", explain for Prainsack (2020, p.128) this dissolving of solidarity "because the costs of containing pandemics are carried not only by a sub-group but by the entire population, and because pandemics come about in a relatively short period of time where people have very different risks and stakes, the possibilities of mobilizing solidarity to support public health measures are limited". Prainsack (2020, p.128) explains that calls for solidarity are under such conditions answered by resistance, so that "measures need a different kind of justification". Sasse-Zeltner (2021, p.172), on the contrary, believes that the strategy to justify measures with the concept of solidarity is preventing Germany from drifting into "a conflict-laden phase in which the practices of solidarity will reach their limits".

In Shabbir et al.'s (2021, p.2) analysis, the risk group focus in government messaging is seen to have "encouraged Brits to trivialize the threat", explaining little adherence to security measures and recommendations at the beginning of the pandemic in the UK. Similarly the Russian government's delayed introduction of an official quarantine and its announcement as "a 'nation-wide work holiday'", framed the measures in a way that "downplayed the threat and failed to inspire care-focused sentiment within the community, resulting in many people spending their 'holiday' socializing in large groups" (p.3). According to Hlebova et al. (2021, p.275) the Ukrainian government's juggling with figures to "push the limit for the introduction of quarantine", raises questions about "manipulations of public consciousness". Publically defending fellow politicians who were caught not following lockdown rules, for example in the UK, undermined the acceptance of the security measures further (Shabbir et al., 2021). Similarly, "scapegoating and dehumanizing language (...) creates conditions that (1) discourage collective-personal engagement with Covid-19 policies, and (2) normalize disengagement from Covid-19 management" (Shabbir et al., 2021, p.6). Scapegoating and other "hate mechanisms" (p.7) can arise in public discourse without government messages pointing into this direction, but should be "countered with unifying and inclusive language" (p.6). However, "many politicians and media pundits have capitalized on these hate mechanisms during the current pandemic" (p.7) – worsening the situation instead of helping to overcome it. For example politicians calling SARS-CoV-2 the 'Chinese virus' or the 'Wuhan virus' were found to lead to a "concomitant rise in anti-Chinese and anti-Asian online hate crimes" (p.7). In other contexts, Muslims were targeted as scapegoats for contagion (Kumar and Srivastava, 2021) or the elderly as a burden for the health system – visible in frequently retweeted hashtags like "#BoomerRemover" (Shabbir et al., 2021, p.8; Stok et al., 2021, p.6). In a context of growing stigmatization of groups, such political messaging is particularly worrisome. Many politicians favoured the exclusion of marginalized groups from



the in-group and related COVID-19, for example, to migration in general and older age to draining limited resources thus fostering racism and ageism, reaching levels of senicide at some points (Shabbir et al., 2021).

West-Oram (2020, p.65) calls the British government's handling of the COVID-19 pandemic "mismanagement of a public health crisis, and a rejection of important democratic and egalitarian norms and values". In the analysis, the British government is accused of acting too slow, "creating uncertainty about how to act, and which guidance to follow" (p.67), not offering individuals the necessary support to be able to act in solidarity and for having caused important shortages in the health system through severe austerity policies. Tomasini (2021) explains the high death toll in the UK with "the heterotopian social orderings that undermined and disturbed the solidaristic aspirations set to deal with pandemic" (Tomasini, 2021, p. 9). That is to say elements that could have fostered a more solidaristic reaction to the pandemic, i.e. the perception of fighting a common enemy, were nullified by other aspects of the political discourse. Similarly, Zagefka (2021, p.10) argues that a global threat like COVID-19 or climate change could easily foster the perception of "global common fate", which in turn is known to trigger "identification with all of humanity" and thus global solidarity. Zagefka (2021, p.12) then argues that political messages should, unlike the examples from Great Britain, focus on global solidarity.

In Vietnam, on the contrary, "[t]he government's recurrent narrative of 'Every citizen is a soldier fighting the disease' has created collective unit" (Shabbir et al., 2021, p.5). Norway and New Zealand also produced government messages able to reify "the social solidarity and care ethics nexus" (p.6). Many other governments were, however, not able to frame their messages in this way, easier leading to a dynamic of resistance to adopted measures. "Authoritative measures that appeal to a superficial communal sense will often cause societal pushback." (Shabbir et al., 2021, p.5) Positive examples of pandemic management, for example from Africa or Pakistan, received, moreover, little publicity and were hardly recognised by Western commentators, so that opportunities "to learn from diversity abroad" (Shabbir et al., 2021, p.10) were also lowered or directly rejected.

In a nutshell, politicians can learn many lessons from COVID-19, in particular regarding welfare-state policies and political messaging to achieve public support for security measures and solidarity in general.

2.5. SOCIAL INEQUALITIES

Social inequalities are a concern in many publications on solidarity and COVID-19, in which the general tenor is that COVID-19 worsens social inequalities further and "hit the most vulnerable hardest" (Börner, 2021, p.7). Social inequality is deeply linked to solidarity, as "solidarity targets inequalities" (Dany, 2021, p.3) and inequalities can be seen as a result of missing (institutionalised) solidarity (Shabbir et al., 2021). When looking at social inequalities, we can distinguish between the impact of COVID-19 itself and the impact of the security measures to prevent the spread of COVID-19 (Stok et al., 2021). While socio-economically disadvantaged groups are disproportionately affected by both health and economic risks, other groups are more affected by the security measures than by the illness itself. In particular, the wellbeing of "adolescents and young adults", "children" and "parents" is compromised, even more so at the intersection with socioeconomic disadvantage (Stok et al., 2021, p.4). In this, COVID-19 exacerbates social inequalities and its continuance challenges solidarity between generations, nations and between different population groups (Stok et al., 2021).

All over the world poorer countries have been hit worse by the pandemic than richer countries and are receiving less vaccinations, while within richer countries, the poorest areas have been those most affected (Dany, 2021; Kumar and Srivastava, 2021; Stok et al., 2021). Within Western societies, people living in poor areas (Tomasini, 2021) or belonging to marginalised ethnicities (Shabbir et al., 2021; Stok et al., 2021) are particularly affected by contagion and death. Stok et al. (2021, p.2) argue that “racial and ethnic minorities and socioeconomically disadvantaged communities” face inequalities because of 1) “Pre-existing health conditions”, 2) “Fewer opportunities for supporting immune system”, 3) “Lower health literacy”, 4) “Suboptimal health care (access)” and 5) “Less opportunity to follow preventive and protective measures” (ibid, p.3). Stigma is moreover often related to Asian appearances in this pandemic (Stok et al., 2021) and public panic can exacerbate the exclusion of migrants and thus the economic impact of this crisis for them (Hlebova et al., 2021). Similarly, refugees face worse conditions, experiencing higher risks of contagion and death due to their often inhumane living conditions and increased socioeconomic detriments as their chances for education and work are diminished in receiving countries, while “[t]he virus has been further used as an excuse to prevent refugees from entering the EU” (Dany, 2021, p.3). The worse conditions in poorer countries and for refugees are related to a general lack of solidarity with these people:

“Solidarity with refugees as well as with vulnerable people in poor and conflict-ridden states is still patently absent, particularly during this pandemic.” (Dany, 2021, p.3)

Shabbir et al. (2021, p.2) explain higher COVID-19-related death tolls among “BAME (Black, Asian and Minority Ethnic)” in the UK and USA with “systemic racism” and “public policymakers’ lax planning for and subsequent discounting of vulnerable and marginalized communities” (p.1f.). In this analysis, “policymakers frequently allocated pandemic-related care disproportionately to privileged citizens” rather than better supporting those already in a worse position before the crisis (Shabbir et al., 2021, p.2). While government messages should focus on inclusiveness, “public policymakers should develop customized intervention programs for groups with a heightened Covid-19 risk”, as “tackling existing inequalities would help mitigate the current pandemic” (Shabbir et al., 2021, p.9).

Older people did not only face increased health risks in this pandemic, but were furthermore victims of increased ageism, up to the point of senicide (Shabbir et al., 2021). Generic shielding of older people can be seen as “discriminatory and ageist” (Tomasini, 2021, p.8) and had in the UK at first the negative impact that elderly patients from care homes were only reluctantly accepted into hospitals or sent back to the care home without a negative COVID-19 test, putting their health and that of other inhabitants in the care homes at risk rather than protecting them. Several measures forced older people, a group considered as at risk of societal marginalisation, moreover, into a situation of extreme isolation, fostering their exclusion from society (Alalouf-Hall and Grant-Poitras, 2021).

Regarding the working population, a study from the UK identified three groups as the “epicentre of the crisis” (Gustafsson and McCurdy, 2020, p.9):

“The low paid, young and female workers stand out as the groups putting their lives at risk by continuing to work in close proximity to others, and most likely to be experiencing direct financial pain from the economic shut down.” (Gustafsson and McCurdy, 2020, p.9)

Key workers, that is to say workers in sectors and services considered essential, put their health at risk by continuing working, at the beginning of the pandemic often without the necessary



security equipment (Gustafsson and McCurdy, 2020; Stok et al., 2021). While in particular healthcare workers gained visibility, the clapping on balconies did not change the lack of adequate protective equipment and many died “in disproportionate numbers” (Tomasini, 2021, p. 9). Other key workers, for instance in retail, agriculture, wholesale and public transport, were less visible, but also exposed to high risks. Basaure et al. (2021, p.10) even call key workers a “sacrificial victim”, arguing that “[e]ssential workers are therefore a condition of possibility of confinement as such, an excluded third party that permits the survival of society while the majority of the population takes refuge in reclusion.” As key workers are moreover more likely to be lower earners, with retail, whole sale and care workers often receiving “less than the real Living Wage” (Gustafsson and McCurdy, 2020, p.11), they “face the ‘double whammy’ of being more exposed to both economic risks during the coronavirus crisis, and health risks” (Gustafsson and McCurdy, 2020, p.3).

Women and in particular mothers are more likely than their male counterparts to be key workers, while the sectors most affected by shutdowns include disproportionately many young workers and young people are more likely to be unable to work from home (Gustafsson and McCurdy, 2020). The impact of job losses, working hour and income reductions were found to be strongest for workers being “female, young, low-paid, and on temporary contracts” (Stok et al., 2021, p.5). Health and economic risks are, therefore, disproportionately higher for these groups. While women are more likely to carry the additional burden of home caring children, two-thirds of single parents were found to be key workers or employed in shutdown sectors, meaning that these families are likely facing even worse effects. As child caring is more labourious with younger children, in particular parents under 35 are likely to face a more difficult situation, as their children are more likely to be younger themselves. These are precisely “the cohorts that experienced the deepest economic hit in the previous recession” (Gustafsson and McCurdy, 2020, p.18).

“The oldest millennials, those born in the early 1980s, struggled in the post-financial crisis labour market. It looks as if their younger counterparts, born around the turn of the century, will be some of the most affected by this crisis. Those already in work are concentrated in shutdown sectors, and those soon to leave education and enter the labour market are at risk from the long-term scarring effects that are known to affect those who graduate in a recession.” (Gustafsson and McCurdy, 2020, p.4)

Adolescents and young adults are not only harder hit by the economic impact of security measures, but their wellbeing is also likely to suffer disproportionately for other reasons, as “[s]ocial distancing measures disproportionately burden young people for whom the need for social connectedness is often augmented compared to older adults, while the disease is typically not directly dangerous to them” (Stok et al., 2021, p.4). While mental health issues and economic consequences are expected to burden particularly on socioeconomically disadvantaged groups, the intersection of socioeconomic disadvantage and age increases the burden for children, young people and adults with small children even further (ibid.).

“[S]ocial distancing measures appear to affect adolescents and young adults to a larger extent than any other age group (...). Adolescence and young adulthood are phases of life in which social identities are formed and peers become the most important source of social influence (...). The need for social connectedness is at its highest in this stage of life, and limiting young people’s ability to go out into the world and meet each other significantly impacts their wellbeing (...). It has been shown that mental health problems, while significantly increasing across all population groups, grew most steeply

among young adults (...). Young people are thus asked to make large sacrifices to curb a disease that is typically not directly dangerous to them.” (Stok et al., 2021, p.5)

In particular during the first lockdowns, the digital divide also marked an important inequality adding to the difficulties of socioeconomically disadvantaged groups, as they were less able to participate in activities that were offered online (e.g. education) and could not make use of the different virtual support offers (Siino, 2021).

Considering social inequalities existent before the pandemic, it can be said that “[t]his crisis has disproportionately affected groups already struggling with broader insecurities” (Gustafsson and McCurdy, 2020, p.14). This means that “[f]or many of these workers, the harmful effects of the shutdown will come on the back of already challenging labour market experiences.” (ibid.) Moreover, these groups are not only facing job but also housing insecurity and already “spent more of their incomes on housing costs” before this pandemic (Gustafsson and McCurdy, 2020, p.15). For many who were able to cope before this pandemic, the economic impact may have impaired their ability to pay their housing expenditure (Gustafsson and McCurdy, 2020). As in particular key workers and workers from shutdown sectors are found to be less likely to be home owners, once again they are also more likely to be harder hit by housing insecurity. Most housing measures adopted in the crisis, focused however on mortgages and home owners in general, while “financial help for renters may be less flexible and harder to come by” (Gustafsson and McCurdy, 2020, p.15).

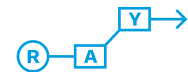
“This crisis – and the way we respond to it – therefore risks deepening existing economic divides. While this crisis is touching everyone in different ways, it is important that the Government recognises the financial challenges and personal sacrifices that many are being forced to make as it continues to calibrate its response and the support it provides in the recovery phase.” (Gustafsson and McCurdy, 2020, p.20)

3. VOLUNTEERING DURING COVID-19

Some authors focus in their accounts of volunteering during the COVID-19 crisis on previously existing volunteering services and how these were affected by the crisis. Others include expressions of inter-personal solidarity in their analyses and observe the sudden outbreak of solidarity practices in the first phase of the pandemic. The question if and how COVID-19 is going to change solidarity practices and volunteering permanently cannot be answered yet, but some authors offer first hypotheses about future development that are also interesting for the future of the European solidarity corps programme, though none of the revised publications directly reflects on it. In the following, we will first see how volunteering changed in particular in the first months of the crisis, as most currently available publications build on data from the first lockdown phase. Afterwards we present a short outlook on the possible durability or temporariness of these changes.

“While the pandemic abruptly disrupted existing patterns of solidarity, it spawned an impressive spectrum of new practices of solidarity, both from below, by individual volunteers and civil society organizations, and from above, in the form of policies directed towards supporting specific groups.” (Börner, 2021, p.1)

Volunteering with its important functions for society is in particular demand in times of crises, leading some authors to argue that “citizen participation is key to providing an effective response to disasters due to their spontaneity and improvisation” (Blades et al., 2020, p.117, translated from Catalan by the authors).



“As COVID-19 will not be the last crisis, it is necessary to be conscious of the fact that volunteers will be playing an increasingly important role in disaster risk reduction, disaster management, and, more broadly, humanitarian emergencies.” (Alalouf-Hall and Grant-Poitras, 2021, p.42)

The European Solidarity Corps programme might therefore gain further importance in the future, in particular if it offered crucial support during the COVID-19 crisis. The number of available studies on the European Solidarity Corps programme is currently very low and these studies build on data gathered before the pandemic, so they do not allow us to reflect on how the COVID-19 pandemic and the imposed lockdown and security measures affected the programme.

Beyond the decision to continue or discontinue an activity, COVID-19 can have an impact on the content and organization of volunteering projects as “the socio-demographic, political, and cultural realities that constitute voluntary activity are subject to change as transformations or crises occur within society” (Alalouf-Hall and Grant-Poitras, 2021, p.33). Given that young people were particularly prone to face severe isolation and mental health issues during the pandemic (Stok et al., 2021), volunteering abroad could have had a significant impact on them, increasing their resilience or their isolation. Some publications on volunteering in times of COVID-19 can help us to at least formulate clearer hypotheses of how the European Solidarity Corps and their young volunteers lived the pandemic.

3.1. DIFFERENT FUNCTIONS

Following a study on the effects of the COVID-19 pandemic on the volunteering sector in Quebec (Alalouf-Hall and Grant-Poitras, 2021, p.42), we can distinguish certain changes that are likely to be similar in contexts with an equally “mature voluntary sector, capable of rapidly mobilizing and organizing a large and cost-free labour force for a long period of time”. Volunteering is supposed to serve three main functions:

“an economic function, because it provides free labour that increases the supply of services to society thus contributing to community development (Panet-Raymond, Rouffignat, & Dubois, 2002); a social function, because volunteer involvement produces bonds of solidarity (Godbout, 2002; Godbout & Caillé, 1995); and a political function, because volunteer involvement serves as a means for certain individuals or groups to gain recognition in the public arena while simultaneously developing their power to act (Carette & Lamont, 1988; Redjeb, 2008).” (Alalouf-Hall and Grant-Poitras, 2021, p.40)

While volunteering played a crucial role in the resilience to the COVID-19 pandemic through its economic function, the social and political functions were partly or even completely abolished in particular during the first lockdown:

“[H]ealth constraints often had the effect of sacrificing spaces and moments typically dedicated to the creation of social relations (...) During COVID-19, volunteers were not allowed to meet and socialize with each other on agency premises, and physical distancing measures affected the quality of the relationships they had with their beneficiaries.” (Alalouf-Hall and Grant-Poitras, 2021, p.40)

Many services had to be adapted in little satisfying ways, eliminating the social function of contact from the provision of a service. Activities like cooking, for example, had to be

completed by staff without the help of volunteers to ensure social distancing measures, others were reinvented in different formats, for example turning ‘friendly visits’ into ‘friendly calls’. The closure of premises made some activities impossible and severely affected the volunteers’ chance to socialise. Overall, it seems that “what was gained in terms of safety was lost in terms of the quality of person-to-person interaction” (Alalouf-Hall and Grant-Poitras, 2021, p.39) between volunteers, staff and beneficiaries.

Volunteers in non-essential sectors basically lost their activity and with it “the many benefits they gleaned from this type of involvement in society” (Alalouf-Hall and Grant-Poitras, 2021, p.36). As the culture and leisure sectors were not considered essential, they entered into a complete halt, including volunteering activity. This meant in many cases the abolishment of the political function of volunteering (p.41). The (hopefully temporal) loss of the social function of volunteering is particularly important when considering that “getting together with other people” was the second most mentioned “reason to begin engagement activity” in a “nationwide volunteer survey in Germany” in 2014 (Kuhnt, 2021, p.71).

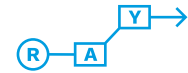
Several initiatives were launched to achieve that the culture and leisure sectors were also considered essential in Canada, highlighting their benefits for health, education and “social inclusion for young people, seniors, and disabled individuals” (Alalouf-Hall and Grant-Poitras, 2021, p. 38). Others have argued that all volunteering activity should be considered essential and also made a point for not excluding risk groups categorically from volunteering, given the importance and benefits volunteering has in their lives (p.38). The article does not mention any impact of this discussion, which may have lost importance in every case over time as regulations changed and a certain reopening of all sectors took place.

3.2. NEW VOLUNTEERS

In the Canadian study, a first impact of the corona lockdown was a severe reduction of the pool of volunteers, as seniors “are the most active in formal volunteering” and retrieved from their activities given their status as a risk group (Alalouf-Hall and Grant-Poitras, 2021, p.36). This reduction of volunteers left many organisations with severe difficulties to continue to offer their basic services, leading the government to publish a call for solidarity, asking individuals with spare time and not belonging to risk groups to sign up with volunteer banks. This call was very successful, attracting in particular younger applicants: “Mostly students, and salaried employees whose businesses had shut down.” (Alalouf-Hall and Grant-Poitras, 2021, p.37)

In a Catalan study on volunteering during the pandemic (Blades et al. 2020) the focus of volunteering activity was at the beginning of the lockdown clearly on new services, in particular the manufacturing of protective equipment and the care for children, requiring home schooling and care after school closures. Particularly older volunteers, mainly women, deployed their time and materials to create masks and other protective materials at their homes. Rather than a sudden loss of elderly volunteers, the Catalan sector saw an increase in this profile, as they were able to answer an urgent need without having to expose themselves to any risk of infection. In this, an age division appeared as elderly people volunteered with analogue tasks from their homes, while younger volunteers were more active in virtual spaces and outside their homes, for example going shopping for others (Blades et al., 2020, p.125).

The sudden increase in available volunteers is in line with the outbreak of solidarity practices at inter-personal level at the beginning of the crisis (Börner, 2021; Prainsack, 2020; Sasse-Zeltner, 2021). It seems that as many people felt an urge to become active, many sought a group with whom to share their activity, either by starting a new initiative or by joining existing

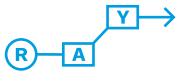


offers. In the UK, “the NHS Volunteer Responders scheme”, a governmental initiative offering potential volunteers an app to contact vulnerable people and help them with “groceries, medicines, and conversation”, reached 750,000 volunteers in 4 days (Tomasini, 2021, p.6).

In the description of the European Solidarity Corps programme it is stated that “[t]hese projects offer an inspiring and empowering experience, as well as the chance to bring change while developing your skills and competences.”, highlighting the social function of volunteering and the gains for the volunteer. During the first lockdown phases of the COVID-19 crisis, young volunteers taking part in the European Solidarity Corps programme did likely face isolation measures that disabled them to develop social relations with other volunteers and beneficiaries. Furthermore, intergenerational work with elderly volunteers or beneficiaries did likely come to a total stop. This may undermine the social function of volunteering and decrease the positive impact on the young volunteers, who may experience their volunteering as less gratifying and less fruitful for their personal development, and the beneficiaries and their communities, as social connections and cohesion is less fostered than in pre-pandemic volunteering. However, in the context of lockdown measures the social contacts made in their voluntary activity may have been among the few social contacts left in that time, depending on the measures taken in the local context. The retreat of elderly volunteers might also have an empowering impact on the young volunteers who might feel more needed and in charge of their volunteering. For some organisations counting with young volunteers may have been the key to allowing their continuity throughout the first phase of the crisis.

As the lockdown continued and new volunteers arrived, organisations in Quebec faced the difficulty to attend so many new volunteers, giving them “the structure they need” and only about half of the newly inscribed volunteers were actually integrated into the sector (Alalouf-Hall and Grant-Poitras, 2021, p.37). In a study from Leipzig on bottom-up COVID-19 initiatives, all six initiatives manifested difficulties to contact their target groups or received few requests for help (Fiedlschuster and Reichle, 2021). In one case, a chat group started by three friends grew tremendously in very little time, but turned out to only include other activists and not the targeted people facing social exclusion. The interviewed volunteers explain this with a general reluctance to accept help and recognise one’s neediness and with elderly people being critical about ‘left-wing projects’ (ibid.).

As so many people wished to become active as volunteers at the beginning of the first lockdown phase, these wishes were often frustrated as not all new volunteers were actually integrated into the sector and in particular newly founded initiatives had issues reaching their target groups. The organisations receiving volunteers from the European Solidarity Corps programme did likely not face such issues, unless they attempted to reach new target groups in the pandemic context. However, even when reaching out to new target groups, these organisations did likely have an easier entrance as well-established organisations than new bottom-up initiatives without any references that could easier cause suspicion and reticence. Young volunteers from the European solidarity corps programme were, in this sense, privileged as they could act out the volunteering others were dreaming of.



3.3. SERVICE ADAPTATION

The pandemic “has affected existing practices of solidarity from below that often had to shift their original mission because the virus had complicated the work of established groups” (Börner, 2021, p.6). The continuity of volunteering activity during the first lockdown depended in the Canadian context and likely as well abroad on the definition of a sector as essential or not. In the first phase of lockdowns, many volunteering organizations saw the scope of services they usually offer drastically reduced, as only few of their services were considered essential. In the Canadian study, the volunteering sector quickly adjusted to the lockdown situation by offering new services in particular for the most vulnerable individuals in society and some organisations received direct government instructions how to help (Alalouf-Hall and Grant-Poitras, 2021). In other cases, spontaneous bottom-up initiatives appeared driven by old and new volunteers that led to an expansion or improvement of organisations’ services that may be maintained after the pandemic (Alalouf-Hall and Grant-Poitras, 2021). In particular in the beginning, these volunteers exposed themselves to risks by realising errands for vulnerable people without access to protective equipment themselves. Organisations had to work to achieve this equipment for their essential services requiring personal contact and had to train volunteers in the new safety measures, while new volunteers could also require professional training for certain activities first.

As the lockdown prolonged, many organisations attempted to negotiate better conditions for their volunteers, for example waiting areas to prevent their volunteers from having to wait hours in a car when accompanying a beneficiary to the hospital (Alalouf-Hall and Grant-Poitras, 2021). In the German study on bottom-up COVID-19 initiatives from Leipzig participated some initiatives that had already existed before the pandemic and could hence reflect on the impact of the pandemic on their work (Fiedlschuster and Reichle, 2021). While the lack of personal contact was considered “paralyzing”, “childcare duties and other restraining factors” also affected the groups’ functioning (Fiedlschuster and Reichle, 2021, p.48). As the difficult situation affected the mental health of their volunteers and staff, several organisations furthermore started to offer support to their team, e.g. virtual workshops and sessions with psychologists (Alalouf-Hall and Grant-Poitras, 2021; Fiedlschuster and Reichle, 2021).

Young volunteers from the European Solidarity Corps programme may have entered into a phase of complete non-activity with the first lockdown, depending on the sector they developed their volunteering activity in. Depending on the organisation’s services, they were in a second phase likely asked to offer different activities than those they had planned for, particularly related to essential services. International volunteers may have faced additional difficulties to become active again, in particular if they had started their volunteer activity rather recently, as a lack of integration in the new surroundings likely challenged their ability to participate in new bottom-up initiatives. Others might have found, however, their own ways to become active as volunteers – within or beyond their organisation. The special situation of young volunteers in the European Solidarity Corps programme may have, however, fostered their exclusion from activities exposing them to an increased risk of infection. The additional workload caused by the pandemic, including the recruitment and integration of new volunteers as well as the adaptation of services, might have furthermore diminished the organisations’ capacities to integrate and attend their young volunteers from the European Solidarity Corps programme. Moreover, organisations may have a bigger interest to best attend their new volunteers from the region, in hopes of fostering their engagement after the pandemic



and gaining new long-term volunteers. However, it seems that volunteering organisations reacted rather quickly to the new needs of mental health support of their volunteers, so it is possible that after a rough start they offered young volunteers a crucial support most of the population was needing and not receiving at that point. In this sense, forming part of a volunteering organisation could have been an advantage for young people.

3.4. DIGITALISATION

In the Spanish survey, a majority of participants indicated to have learned about the new initiatives through social media and instant messaging, showing that in the context of lockdowns, the virtual networks proved more effective disseminators of local initiatives than more traditional forms (Blades et al., 2020). In a study from Leipzig, several initiatives considered digital tools a solution for their issues and one even developed the new task to work for a general “digitalization of civil society” (Fiedlschuster and Reichle, 2021, p.49). Nevertheless, both the German and an Italian study also describe issues in reaching the target groups through digital tools, as in particular elderly people but also people living at the margins of society are likely on the analogue side of the digital divide (Fiedlschuster and Reichle, 2021; Siino, 2021). Alalouf-Hall and Grant-Poitras (2021) mention for their work in Canada that some organisations faced issues with reaching elderly beneficiaries even by telephone, as the increased economic difficulties forced some to cancel their contracts. Access to internet may then be even more illusory.

While the internet and digital tools may not be good ways to reach elderly and marginalised groups and convey essential services, they can offer possibilities to continue to offer non-essential services or to reach and address the needs of less marginalised people.

The Catalan study highlights the importance of virtual tools, mentioning “telematic volunteering and initiatives, especially tasks of emotional and psychological support in lockdown, counselling and leisure activities like free online workshops, classes and concerts” (Blades et al., 2020, p. 123, translated from Catalan by the authors). The Catalan study includes new grassroots initiatives without organisational bonds, showcasing like this virtual artistic leisure entertainment as volunteering. Often these artists had already been active in social media before the lockdown and simply relocated their time towards this field, in part out of the self-interest to keep their accounts busy and not lose followers, but in part in a pleasant solidarity high:

“Well, since I'm not a physician, I'm not a doctor, I can't heal people... but now with the issue of quarantine, solidarity networks have emerged, right? Each one contributes what they know to do, right? (...) Each one has a super power (...) So it was, like, well, 'let's unite our super power and try to do something to entertain, more than anything’”.
(Blades et al., 2020, p.124, translated from Spanish by the authors).

3.5. POST-COVID-19 VOLUNTEERING

Several of the authors quoted in the previous sections make assumptions about the expected durability of the changes they describe. We can distinguish changes at the macro level, from the organisational and the individual level.

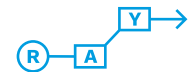
At the macro level, Blades et al. (2020, p.126 translated from Catalan by the authors) interpret the new solidarity arising as “a break with the capitalist logic and individualistic values it promotes”. Less optimistic, Alalouf-Hall and Grant-Poitras (2021, p.41) interpret the changes

affecting the volunteering sector as a shift in the logic of the sector turning from “a means of social and political action independent of the state” into “a crutch for a public sector engulfed in crisis management”. As described, the political and social functions of volunteering were largely abolished and the economic function was reduced to services considered essential by the Canadian state. As this study focused on the beginning of the pandemic, mainly on the time with most severe lockdown measures, it remains to be seen if this change in logic was temporary or if and how the sector was substantially changed.

The durability of changes at the organisational level may be more predictable, as in particular learning effects and implemented improvements are likely to be maintained in the future and some organisations consider to continue new services they included during the pandemic (Alalouf-Hall and Grant-Poitras, 2021). The immense rise of volunteers in the first phase of the pandemic and an anticipation of their loss with the return to ‘normalcy’ led in the Canadian study to efforts to “rethink the terms and conditions of engagement so that volunteering can stay compatible with the regular schedules of workers and students”, the main profile of newly gained volunteers (Alalouf-Hall and Grant-Poitras, 2021, p.38). The COVID-19 pandemic is, hence, an opportunity for learning and improvement within the sector. However, this may not be enough to overcome the challenges awaiting the volunteering sector in the post-COVID crisis management. Several of the Canadian organisations anticipate that they will continue to need the additional volunteers after the pandemic in order to address the post-pandemic challenges, but if new volunteers are lost with the return to ‘normalcy’ (Alalouf-Hall and Grant-Poitras, 2021; Blades et al. 2020) and old volunteers who disengaged due to health risks do not return either, the sector will face a severe lack of volunteers after the crisis.

Volunteering and civil-society organisations experienced such an upswing of visibility, ascribed importance and public and political support during the COVID-19 pandemic, that Börner (2021, p.11) asks “whether civil-society organizations will be winners of the crisis”. Though predictions are difficult, Asan (2021) shows that some businesses in the youth tourism sector expect volunteering and thus related tourism to increase after the pandemic. Sasse-Zeltner (2021, p.164) expects the pandemic to have a lasting impact on societies, raising, on the one hand, the “awareness of vulnerability of societies to highly infectious diseases” and lowering, on the other, the “narrative of the control of nature and technical solutions to all problems”. Both impacts may favour “that alternative non-technical solutions such as cooperative disease-related social solidarity practices might become more attractive” (ibid.). It is also observed that “[d]isaster-specific emergent groups, which over time become institutionalized as civil-society organizations, can sustain the conflict far beyond the actual disaster” (Sasse-Zeltner, 2021, p.168.). These observations hint at the chance of continuity of new initiatives, in particular if they achieved a certain level of organisation before losing momentum, and a maintained rise in volunteering activities in general.

However, other considerations point to the temporariness of the observed changes. The first wave of bottom-up corona solidarity is seen as typical of “solidarity during disasters”, characterized as having “a spontaneous, temporary and improvised character” (Börner, 2021, p.10). An “increased willingness to cooperate and the phenomena of solidarity are thus less a remarkable exception than the norm when it comes to behaviour in the event of disaster” (Sasse-Zeltner, 2021, p.164). Sasse-Zeltner (2021, p.167) furthermore explains an increase in the “public display of solidarity” with “a stabilizing and reaffirming function”, reassuring after a disaster and less necessary once ‘normalcy’ returns. In a natural succession of solidarity phases in the wake of a disaster a “phase of increasing solidarity is followed by a phase of bitter conflict, characterized by the search for scapegoats and the emergence of old factionalisms and



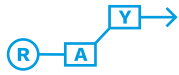
widely manifested hostility” (Sasse-Zeltner, 2021, p.168). “[S]olidary group formation” is, hence, followed by another of conflict that leads to “processes of de-solidarization” and brings to an end many of the newly formed groupings and initiatives (Sasse-Zeltner, 2021, p.168). Though some new groups may survive the pandemic and continue their work, the general trend may still be that of de-solidarization and a return to the pre-COVID-19 levels of volunteering.

Fiedlschuster and Reichle (2021, p.40) take a closer look at the temporariness of the new initiatives that emerged in Leipzig around the COVID-19 crisis: “Despite some groups’ reflective attempts to develop long-term strategies and projects, their work at present remains, by and large, within rather limited activist or socio-economic circles.” From the six observed groups one never planned to continue their work after the pandemic, the newly formed initiatives that mean to continue face important difficulties to maintain both their volunteers active and to reach their target groups and several of the groups planning to continue, actually existed already before the pandemic, so they are not examples of newly emerging groupings. Fiedlschuster and Reichle (2021) consider it too early to come to a final verdict on temporariness.

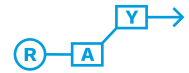
Taken together this may indicate that while individual solidarity practices decrease and thus many of the ‘new’ volunteers are likely to disappear over time, civil-society organizations can gain important momentum from this pandemic and even newly created groups can outlast the pandemic if they manage to reach a certain level of institutionalization before the de-solidarization tendencies become too strong.

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