Generosity in Times of Crisis

Norwegian helping behaviors during the corona pandemic

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Acknowledgements

The authors wish to thank their international collaborators who participated in this project and/or collected data for the generosity project in other countries: Cassandra M. Chapman, Wendy Scaife, Barbara M Masser, Marie Balczun, Lucy Holmes McHugh (Australia); Michaela Neumayr, Michael Meyer, Astrid Pennerstorfer, and Berta Terzieva (Austria and Germany); Henrietta Grönlund and Anne Birgitta Pessi (Finland); Steinunn Hrafnsdóttir and Ómar H. Kristmundsson (Iceland); Hagai Katz and Galia Feit (Israel); Irina Mersionova and Natalya Ivanova (Russia); Sung-Ju Kim (South Korea); and Johan Vamstad (Sweden); Pamala Wiepking, Cathie Carrigan and Yongzheng Yang (USA). The series editors thank Una Osili and Femida Handy for their support, as well as the University of Queensland's Business School and the Indiana University Lilly Family School of Philanthropy for seed grants that helped fund the preparation of this report.

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1. Executive Summary

The corona pandemic has thrown the world into a health crisis that has had devastating effects on the global economy and public life in many countries. Little is known about how people have responded to two competing pressures caused by the crisis in many countries: increased community need coupled with decreased financial capacity to help others.
We surveyed 4,003 Norwegians between May and June 2020 to understand how their generosity behaviors manifested and changed during the corona pandemic. By generosity we mean all forms of behavior that people engage in with the intention of benefiting others (including people, animals, and environments).

Two key findings emerged:

1. 28% of Norwegian adults contributed by engaging in one or more corona-related helping activities during four weeks of the first and second waves of the pandemic.

2. The key contributions that voluntary organisations made during the corona-crisis were provision of advice and information, as well as social and cultural activities.

Managerial Implications. Voluntary organizations and nonprofit welfare providers may wish to:

- Reach out with information about protective measures, testing, vaccines and how to get assistance to people in general and in particular to groups with special needs, including people with low skills in Norwegian language or that have little trust in government.
- Organize social and cultural activities for people who are isolated or who have limited social networks, such as elderly, students or people with disabilities. Unmet mental and social needs can have long-term consequences.
- Assist vulnerable groups, such as people without work or immigration documents, homeless and substance abusers, that the public sector may be less able to reach.

Policy Implications. Governments may wish to:

- Collaborate with voluntary organizations that can coordinate volunteers to distribute information, food and medicine.
- Build up networks with organizations that can contribute to cover mental and social needs by organizing cultural or social activities and human contact.
- Involve organizations to assist people that have low levels of trust in government or lack language skills, or who are excluded from social security benefits. This will help to avoid gaps in distribution of information and humanitarian aid.

2. Introduction: COVID-19 and Public Generosity

In early 2020, the world was thrown into a health crisis that had devastating effects on the global economy and social life in many countries: the COVID-19 pandemic. At the time of writing (September 2021), more than 225 million people have contracted the virus globally and over 4.6 million people have died (Worldometer, 2021). By April 2020, more than 3.9 billion people from 90 countries – around half the world's population – were told by their governments to stay at home to slow the spread of the virus (Sandford, 2020). These restrictions had knock-on effects for people's social lives, as many people were separated from friends and family for long periods of time. Restricted movement (and associated dampened spending) also devastated many economies, with more than 225 million full-time jobs being lost from the global economy and unemployment rates skyrocketing in many countries (Hassan, 2021). In short, the COVID-19 pandemic has been a global crisis that has severely impacted social and economic life in many countries.

The pandemic has had two competing effects in relation to the provision of social support to communities in need. On the one hand, the crisis amplified need: many more families than usual found themselves in need of support due to sickness or unemployment, especially families from vulnerable communities. On the other hand, because the global economy was straining and many families were facing difficult times, nonprofits and social programs faced reduced flows of income and support (CAF, 2021). Yet little is known about how people responded to these twin pressures: did the pressures of the pandemic constrain generosity, or were people able to find ways to help each other regardless? The purpose of this report is to answer this overarching question:

How have generosity behaviors manifested and changed during the COVID-19 pandemic?

We define generosity as all forms of behavior that people engage in with the intention of benefiting others (including people, animals, and environments).[1] Generosity behaviors therefore include both formal and informal support. Examples of formal generosity behaviors are donating money to charities, volunteering for nonprofit organizations, or giving blood. Informal generosity behaviors include helping people they know, helping strangers, and participating in grassroots community groups.

To answer our research question, we formed a team of researchers working in eleven countries to collect data on the formal and informal generosity practices that emerged during the COVID-19 pandemic. Countries included in the research project were Australia, Austria, Finland, Germany, Iceland, Israel, Norway, Russia, South Korea, Sweden, and the United States.

Country reports will be available online at: www.globalgenerosityresearch.com. This series is part of a broader research initiative from "The Global Generosity Project" led by Professor Pamala Wiepking from the Indiana University Lilly Family School of Philanthropy in the United States.

In this report, we focus on the Norwegian context; however, we include some high-level comparisons with nine other countries where the same data was collected: Australia, Austria, Finland, Germany, Iceland, Russia, South Korea, Sweden, and the United States.

By understanding generosity responses to this particular crisis, we can learn more about how individuals and societies respond to crises in general. Such knowledge can be used to develop policies and practices that ensure that Norway will be able to withstand future shocks while maintaining a thriving and harmonious social fabric. To this end, we include a summary of our key findings and recommendations for both nonprofits and government.

3. Research Method

3.1 Participants and Procedure

Data were collected in 11 countries during 2020 and early 2021, with at least 644 participants per country (range 644 – 5900). In many countries, efforts were made to generate a nationally representative sample of participants.

The Norwegian surveys on the corona pandemic were carried out in representative samples of the Norwegian population aged 18 to 79 years. The net sample for the first survey was 4,003, and the response rate was 41%. The questions were added to a survey that was already scheduled to be launched in spring 2020, called “Social Media in the Public Sphere (SMIPS)”. The follow-up survey was part of the project “Pandemic rhetoric, trust and social media — PAR-TS” (Institute for Social Research, 2020). The net sample for the second survey was 2,060 and the response rate was between 45 and 51% for the different waves. Both surveys were conducted through an internet-based access panel by Kantar TNS. More information on the participant demographics can be found in a report in Norwegian (Arnesen & Sivesind, 2020).

3.2 Timing and COVID-19 Context

The first Norwegian survey was active from May 13th to June 15th 2020. The survey was conducted during the first wave of the corona pandemica period with strickt locdown that gradually was lifted. There was great uncertainty about how the threat of the pandemic could be met. The first coronavirus infections came to Norway mainly from people that had been on holiday in the Alps and spread very rapidly, in particular in the Oslo area. Hospitals were filling up much faster than health authorities expected, and the situation in Northern Italy showed that strong measures were needed.

On March 12th, the Norwegian Prime Minister Erna Solberg announced an almost complete lockdown with immediate effect. Schools, kindergartens, universities and higher education institutions were closed. There were restrictions against cultural and sport arrangements and a ban on organized sport activities for all age groups. Office workers had to work from home, if practically possible. Shops that did not sell essential products like groceries had to close. People were told to keep one meter distance from one another in public spaces and two meter distance indoors. In homes, people could have a of maximum five visitors.

However, restaurants and places serving food and drink could still be open, provided that it was practically possible to meet basic infection control requirements and keep two meters distance between people at all times.

At an early stage, the Norwegian government chose much stricter measures than Swedish health authorities did, but unlike several EU-countries, Norway never had any form of curfew. However, there were some travel restrictions: people were not allowed to stay overnight in their holiday houses outside their main municipality of dwelling. This measure was intended to avoid over-burdening the limited health care capacity in remote districts. The authorities advised against all leisure travel and international travel that was not strictly necessary. People coming across the border had to go in quarantine, and if they were not living or working in Norway they could not enter the country at all (The Norwegian Government, 2021).

The lockdown measures enforced in March 2020 were the strongest restrictions ever imposed on the Norwegian population in peacetime. Prime Minister Erna Solberg appealed to the population of Norway to contribute to a communal effort [dugnad] to limit the spread of the coronavirus. Otherwise, rapid growth in hospitalizations would soon go beyond maximum ICU-capacity, and the very limited stocks of personal protective equipment for healthcare workers would run out. On April 7th 2020 the government concluded that the spread of the corona virus had been effectively limited by physical distancing and many restrictions would gradually be lifted. Child day care opened on April 20th and primary school for 1-4 levels was opened on April 27th, while universities and upper-level education were only partly opened. Public arrangement with less than 50 participants were allowed. Health and personal services that could follow statutory requirements on infection control could also open. Personal measures to limit the risk of infections were still encouraged, such as keeping at least one meter distance from other people, avoiding crowded places and public transportation, washing hands, and keep good respiratory and cough hygiene. Some government restrictions were gradually lifted while the survey was conducted. Facemasks were not recommended at this stage, as the limited supply had to be reserved for health care workers. There were also doubts about their effectiveness. As testing capacity was very limited, it was reserved for health personnel and risk groups.

In the first half of April 2020 on average only 2,388 tests per day were analyzed and this increased to 3,282 in the first half of June 2020, according to data from the Norwegian Institute of Public Health (2021). The average share of positive tests declined from 5.4 to 0.5 percent, which indicated that a lot of infections were undetected when the first wave was at the highest level. In a country with 5,4 million people, this level of testing was clearly insufficient, but it would increase gradually through the next months. This contributed to insecurity about the necessary level of infection control measures among the public health authorities and the general population.

There were generous public support measures for businesses facing economic difficulties due to government restrictions and the pandemic, and workers who found themselves temporarily out of work got unemployment compensation for as long as the pandemic lasted. Voluntary organizations would get public support as planned, although they could not continue with many of their scheduled activities due to restrictions on social contact. On March 18th, compensation for loss of income for culture, sports and voluntary organisations was announced. These measures limited the economic insecurity, and the expected economic downturn was substantially reduced.

The timing of the survey from May to June 2020 meant that it was conducted during the decline of the first wave of the corona-pandemic. However, the respondents were asked about volunteering, donations and other forms of generosity during the last four weeks. This means that the earliest respondents would refer to the period April 13th to May 13th and the latest respondents would refer to the period from May 15th to June 15th. The maximum number of infected in the first wage was reached by the end of March and the minimum by the end of June, according to data from the Norwegian Institute of Public Health (2021). This means that the first survey covered a period when the first wave still was on a high level but in gradual decline. There was still very little knowledge about which protective measures were effective. However, the health authorities underlined that if infection rates did not decrease, the gradual opening had to be reversed (The Norwegian Government, 2021). This means that while the survey was conducted, there was a lot of insecurity and fear in the population about the new virus as a threat to life and health. Restrictions and insecurity perhaps imposed limitations on people's ability or willingness to help others in ways that presupposed social contact. Later in the summer of 2020, social life would temporarily carry on in a more normal way.

The second Norwegian survey was active from October 19th to November 10th, and coincided with the second wave of the corona pandemic. On October 26th, as infections began to rise and there were still no vaccines approved, the Government reimposed rather strict social restrictions. This included maximum 5 visitors in homes, 50 persons at private events in public places, and 600 persons at outdoor events with seating. In general, people should limit the number of social contacts with during a week. Municipalities could enforce even stronger restrictions if needed, including mandated use of face masks on public transportation and other crowded indoor places, work from home, and a ban on letting new guests in after 22:00 for establishments serving food and drinks. Health authorities considered the outbreak to be reinforced by infections coming with foreign workers, that were exempted from the duty of quarantine. Consequently, a general rule of quarantine and testing was implemented for all people coming from places with a high number of infections (The Norwegian Government, 2021). This means that the second survey also was conducted in a period with new uncertainties, rising number of infections and hospitalization, and strict restrictions on social contact.

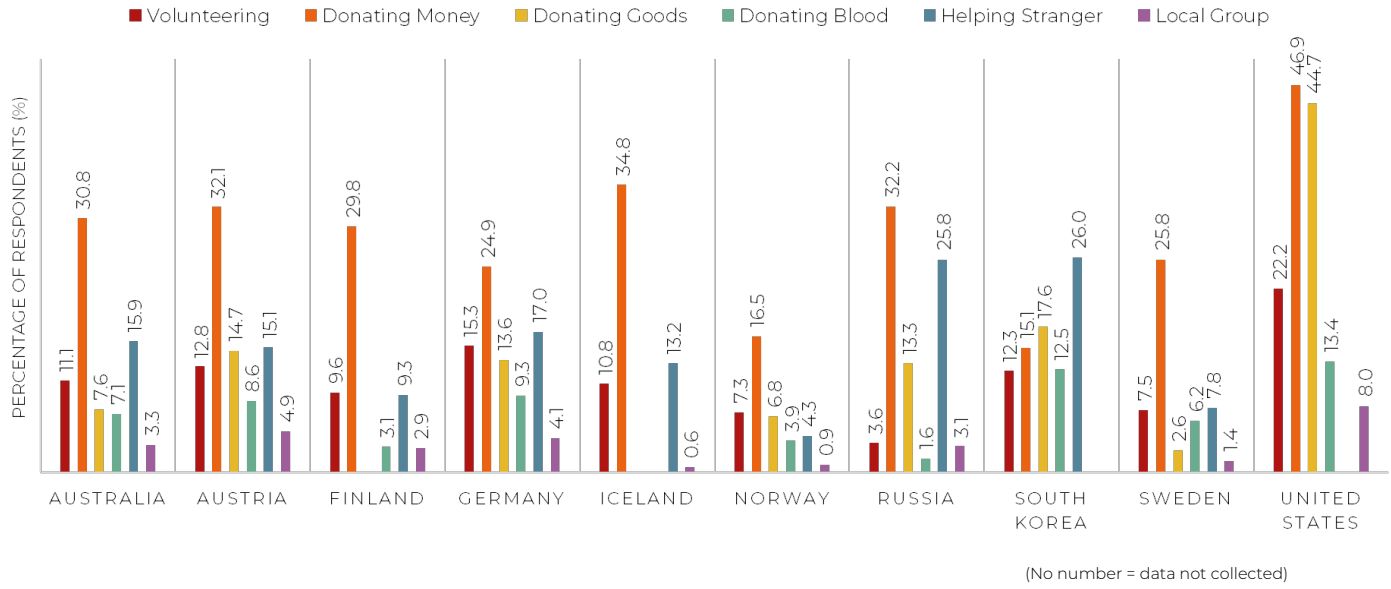
4. Global Comparison

As seen in Figure 1, manifestations of generosity behaviors varied across national contexts. We asked participants which generosity behaviors they had engaged in since the beginning of the pandemic. Some countries did not ask about all behaviors. In most countries, donating money was the most common generosity behavior reported, as was also the case in Norway. In comparison to other countries, Russians and South Koreans were more likely to help strangers, and Americans were more likely to donate goods and volunteer time.

In Norway, relatively low percentages of the population contributed compared to other countries. Donating money was the most common contribution (16.5%), followed by volunteering through organizations (7.3%), donating goods (6.8%), and helping strangers (4.3 %). However, when it comes to donating blood, Finland and Russia had even lower percentages than Norway (3.9%). The low participation rates in Norway compared to the other countries in Figure 1 may be partly explained by the phrasing of the questions. The Norwegian survey asked about contributions in connection to the corona-crisis, while other countries asked about during the corona-crisis. In addition, Norway used four weeks as reference period.

In previous research, the Norwegian profile on the generosity responses is quite similar to Sweden's, regarding volunteering (Folkestad et al., 2017; Qvist et al., 2019) and donations (Vamstad et al., 2019). The most important difference in Figure 1 is that Sweden has a much higher percentage that donated money during the last four weeks (25.8% vs. 16.5%). In contrast, previous national surveys show that Norway and Sweden are quite similar with 77 and 80 percent, respectively, donating money during the last 12 months (Vamstad et al., 2019). The higher share in Sweden in this survey on donations of money is therefore most likely an artefact of the phrasing of the question. In Sweden, donations of money to all kinds of purposes could carry on more or less as before during the pandemic. However, in Norway the survey question was limited to donations in connection with the corona crisis. There were few fundraising organizations that were actively identifying the corona-crisis as the main purpose of their activities early in the pandemic, in particular since the government seemed able to limit economic consequences for most people. The social and psychological consequences of the pandemic and school closures would only become visible later. The other types of contributions in Figure 1 are more similar for Norway and Sweden and seem to be less affected by the phrasing of the questions. This indicates that the effect of different phrasing in Norway are mostly affecting question about contributions that were given in immediate connection to the corona-crisis.

Figure 1. Generosity responses during pandemic



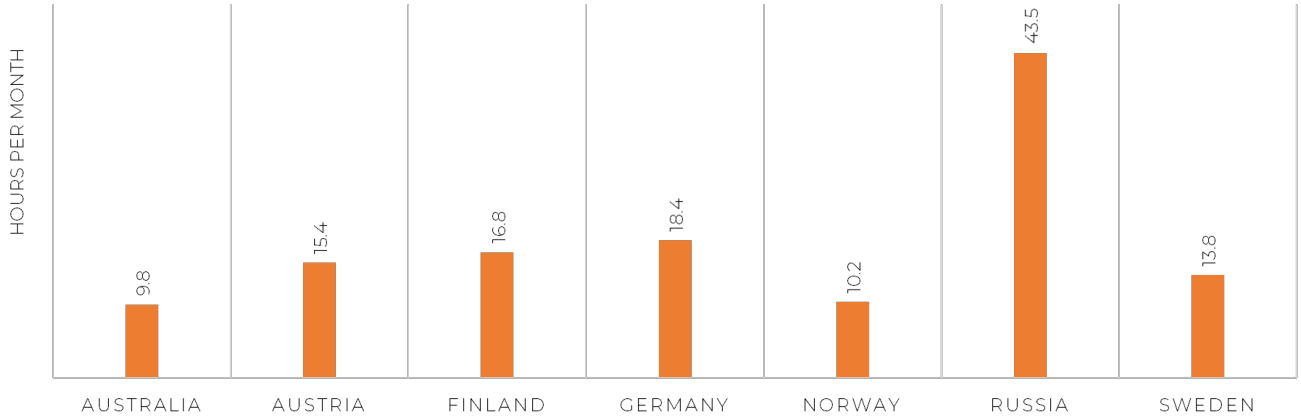
(No number = data not collected)

The extent of generosity behaviors varied significantly across nations. Respondents in different countries showed large differences in terms of the number of hours they volunteered each month (see Figure 2). Of the hours volunteered per month (Figure 2), Russia stands out with 43.5 hours, about 2.5 times more hours than volunteers in Austria, Finland, Sweden and Germany. Yet Russia also had the lowest percentage of volunteers during the pandemic (Figure 1: 3.6%), compared with 22.2% of Americans, 15.3% of Germans and 12.8% Austrians.

A more detailed analysis of the Norwegian data show that most volunteers reported to contribute 1-3 hours (24 %) or 4-6 hours (25 %). However, large shares volunteered 7-10 hours (19%) or 11 hours and more (23%) (Arnesen & Sivesind, 2020). By assuming that the contributions of hours in each category were in the middle range, the average is 10.2 hours in the last four weeks, as Figure 2 shows. In a survey from 2017, when there was no pandemic, the average hours of volunteering were 13.6 hours in the last four weeks (Fladmoe et al., 2018, figure 5). This indicates that volunteers during the corona-crisis contributed 25% less hours compared to hours contributed by regular volunteers in a normal year, which probably is a result of restrictions on social contacts and that many felt insecurity and feared potential health risks.

In comparison to the other countries in Figure 2, Norway would be in the lower end, between Australia with an average of 9.8 hours per month and Sweden, Austria and Finland with respectively 13.8, 15.4 and 16.8 hours per month.

Figure 2. Average number of hours per month spent volunteering during the COVID-19 pandemic



5. National Findings

The key purpose of this report is to examine how Norwegians responded to the corona crisis; in particular, how individuals came together to help support those directly or indirectly affected by the corona pandemic. Below we consider the different forms of generosity behavior that were common in Norway during the pandemic and how these generosity behaviors changed during the pandemic. We then discuss a particular example of how generosity manifested in Norway during the crisis.

5.1 Generosity During COVID-19

Figure 1 above showed that 7.3% of Norwegian adults reported volunteering for an organization in connection with the pandemic. 3.5% reported that they helped strangers in connection with the pandemic during the previous four weeks. In a previous survey from 2017, which included volunteering for all kinds of purposes, 39% reported doing voluntary work for an organization during the previous four weeks (Fladmoe et al., 2018). However, the latter number included volunteering to sustain normal activities in organizations that to a large extent were not possible during the first wave of the pandemic. Corona-related volunteering still involved a sizeable number of individuals. We can estimate that around 280,000 people in Norway volunteered for voluntary organizations and around 160,000 helped other people. In average, volunteers spent more hours in organizational activities than in helping others directly (Arnesen & Sivesind, 2021, Figure 2; Fladmoe et al., 2016).

5.2 Changes in Generosity

To assess the changes in generosity in connection with the corona crisis, it can be useful to compare with data from a similarly challenging situation when public institutions were overwhelmed.

During the refugee-crisis in 2015, a lot of donations of money, food and warm clothes were organized through social media by informal groups such as Refugees Welcome Norway. However, formal voluntary organizations would become more important in organizing volunteers and fundraising, as they worked in collaboration with public authorities to assist the many refugees that came to Norway. This builds on the traditional close collaboration between the government and the hierarchical, national organization in health and social services (Sivesind & Selle, 2010). Refugees Welcome Norway became formalized as a voluntary organization and thus become part of this pattern of collaboration (Sætrang, 2016).

In connection with the refugee crisis, about a third of the population contributed with volunteering in and outside organisations, donations of money or goods, etc. (Fladmoe et al., 2016). We find that almost the same share of the population, or 27 percent contributed in one or several ways during the first part of the corona-crisis (Arnesen & Sivesind, 2021, Figure 2), despite the special circumstances surrounding the pandemic in its early phase, with strict social lockdowns and infection control measures and insecurity about the health risks.

Voluntary organizations were involved in many types of corona-related activities. The Directorate of Health in collaboration with the Red Cross, Norwegian People's Help, and the Norwegian Women's Health Organizations issued guidelines for how municipalities could use voluntary organizations to coordinate volunteers involved in their efforts, for example to distribute food, medicine and other kinds of assistance to people in quarantine or who had health problems (The Norwegian directorate of public health, 2020). We do not know to what extent this kind of collaboration between municipalities and voluntary organizations was used in practice. However, there are several examples of how the volunteers were active: A helpline was established to take pressure off the corona-phone of the Directorate of Health, with volunteers from The National Health Organization, Norwegian Women's Health Organization, and National Association for Heart and Lung Disease. When public services closed, the Church City Mission and the Salvation Army stepped in to help homeless, substance abusers, people without money to buy food and other essentials, and people from other countries without work or immigration documents. Organizations for various immigrant groups, such as Equality, Inclusion and Network (LIN) in addition to Caritas Norway, Norwegian Volunteer Centers, Norwegian Women's Health Organization, Norwegian People's Aid and Christian Intercultural Work helped distribute information in other languages, supported by public funding (Ministry of Education and Research, 2020; Skogheim et al., 2020).

There was increased awareness of the social implications of lockdown and the pandemic, in particular a decrease in wellbeing among youth and children (Soest et al., 2021). To address such problems, the number of voluntary helpers active on a chat-line for children and youth with parents who are substance abusers increased (Mikov & Endresen, 2021). Several voluntary organizations arranged activities that vulnerable children could take part in when there were restrictions on normal sports and cultural activities. Volunteers also organized and assisted people standing in line for corona testing, and in 2021 also at vaccination-centres.

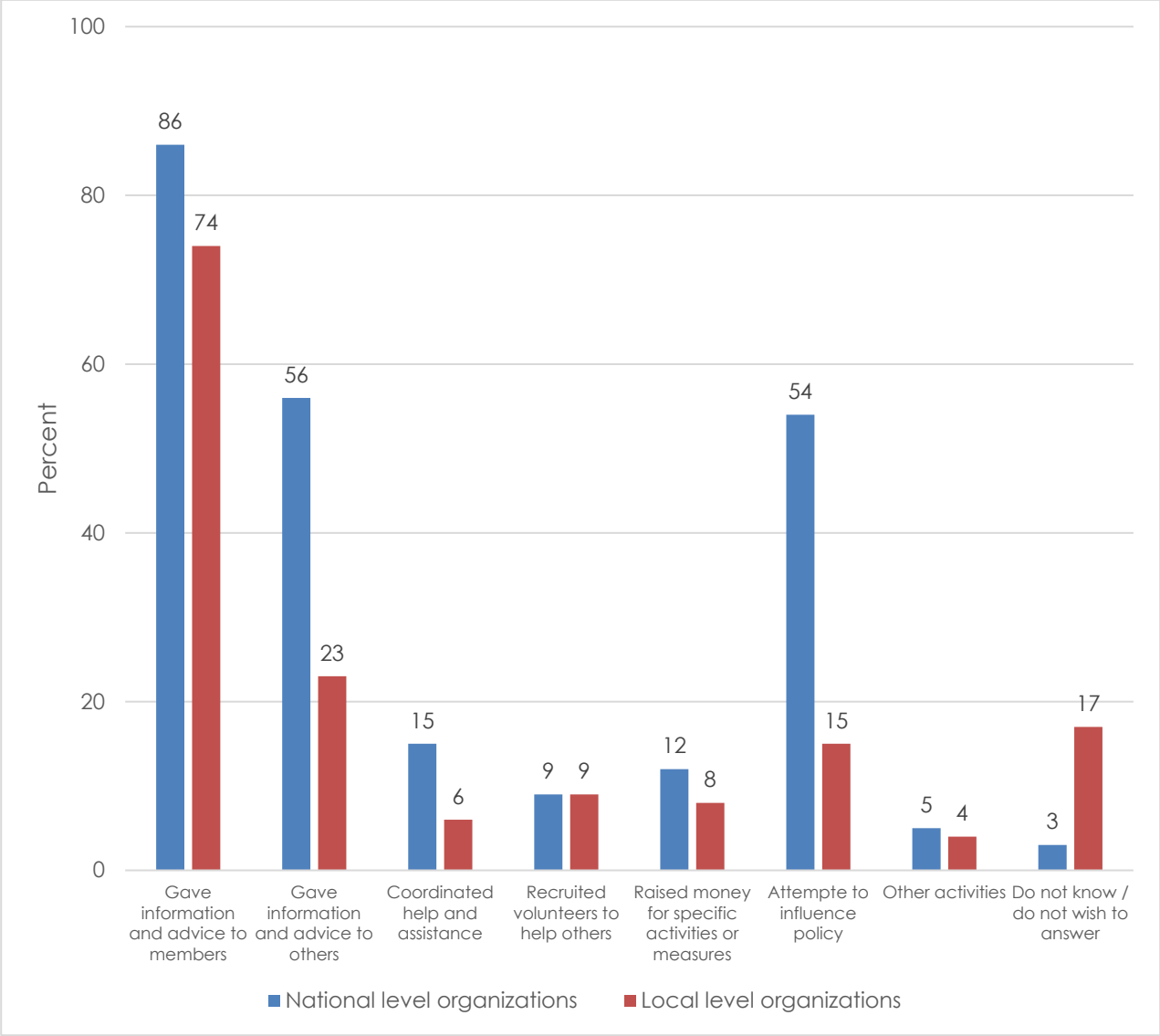
5.3 Case Study: Organizations meeting needs for information and social care

Voluntary organizations in Norway played an important role in dealing with crises and societal challenges. They have been a necessary part of the ongoing emergency preparedness with regard to search and rescue coordinated by public agencies such as the main emergency centres, the police and the fire departments, and ambulances and other rescue services (Skiple & Winsvold, 2020). Fortunately, it has been a long time since there has been a need for broader mobilization of the voluntary sector to deal with a societal crisis in Norway. Preparedness is then not limited to assistance in emergency operations. A crisis that affects many functions in society from government institutions to informal social interaction, as the corona pandemic did, shows that there may be a need for many kinds of social care preparedness as well. This includes distribution of food and medicine, but also spreading information, answering questions on helplines, and assisting people in a vulnerable situation with social contact and cultural activities.

An organization-survey conducted during the first wave of the pandemic, at the same time as the population-survey, asked questions about which activities national level and local level organizations had taken part in (Arnesen & Sivesind, 2021). Figure 3 below shows that 86% of the national level organization and 74% of local level organizations answered that they gave advice and information to their members. 56 % of national level organizations and 23 % of local level organizations also answered that they gave advice and information to others outside their membership. Furthermore, among national level organizations, 16% coordinated help and assistance, 9% recruited volunteers to help others, and 12% raised money for specific activities or measures. In comparison, 6% of local level organizations coordinated help and assistance, 9% percent recruited volunteers to help others and 8% raised money for specific activities or measures. Lastly, 54% of national level organizations attempted to influence public policy. Informing the government about local issues or the situation of vulnerable groups are normal activities for voluntary organizations in Norway. During the corona-crisis, such communication channels about public policy became more important.

A study of local level organizations in Northern Norway, carried out one year later, in May and June 2021, shows that 28% arranged activities for children and youth, 16% raised money for specific activities or measures, 11% arranged activities for elderly, and 8% helped people in risk groups. Several organizations coordinated volunteers in helping others (6%), in assisting people in quarantine or isolation (5%), in visitor services (5%) or in transportation (4%). Some organizations also assisted relatives and friends of those affected by the corona-crisis (2%), or delivered food to elderly (2%) (Arnesen & Jøsok, 2021).

Figure 3. Organizations that carried out activities in connection with the first wave of the corona pandemic



These findings show that there is a need for preparedness well beyond what may be considered the core emergency services, like health care or meeting basic needs for water, food and medicine. In fact, only a small percentage of organizations were involved in assisting people in quarantine or delivering food to elderly. This is probably because the municipal services in Norway were able to meet most basic needs. Still, voluntary organizations in health and social services had central roles during the pandemic by coordinating volunteers to give information on helplines and to members and other people. Additionally, culture and recreation organizations and youth and children's organizations were also important contributors. During the second and third wave of corona-infections, the social and mental aspects of isolation and social lockdown for people in risk groups or with limited social networks like elderly and students became more apparent. Several voluntary organizations recognized these needs and tried to help as far as infection control measures allowed. In addition, many people felt insecure and fearful during this time and needed information from trusted sources about protection measures, testing and vaccines. The organization survey shows that a large percentage of organizations were involved

in such information, assistance and social care activities (Arnesen & Sivesind, 2021).

In many cases, such activities were carried out in collaboration with public authorities (Arnesen & Sivesind, 2021, figure 14). Voluntary organizations in Norway are regularly in contact with policymakers and public authorities. Organizations like The Red Cross, Norwegian People's Help, The Norwegian Sea Rescue Society, Norwegian Rescue Dogs, and Norwegian Radio Relay League have drills with emergency services and take part in search and rescue operations. These relations are important foundations for organizing services and assistance during a broader social crisis like the corona-pandemic. However, the organization surveys show that the large field of culture and recreation organizations in Norway, in addition to the health and social service organizations, were involved in ways that seems unlikely to be part of emergency plans for a pandemic.

6. Conclusion

In this section, we briefly summarize the findings about Norwegians' generosity behaviors during the corona pandemic and elaborate potential implications both for government policy and nonprofit management.

6.1 Key Findings

There are two key findings from this report. First, 28% of Norwegian adults contributed by engaging in one or more corona-related helping activities during four weeks of the first wave of the pandemic. Donating money, volunteering for voluntary organizations, and helping people outside of the household or close family were the three most important contributions.

Second, voluntary organizations became involved in helping activities of a much broader kind than emergency services of distributing food and medicine. The social and mental needs for activities and contact with other people, and information from reliable sources became areas where a large part of the voluntary organizations contributed in connection with the corona crisis. Such activities were to a large part organized in collaboration with public authorities, but the organizations could reach other people and fulfil other needs than the public sector health and social workers could.

6.2 Implications for Voluntary Organizations and Nonprofits

Results suggest that voluntary associations and nonprofit welfare providers can assist people with social and mental needs and provide activities and assistance for people in vulnerable situations, like children in dysfunctional families, or people with limited social networks like elderly and students. They can also reach out with targeted information and assistance to groups with special needs, like homeless, substance abusers or people without work or immigration papers. Because many organizations are trusted sources of information, they can fill in the government's information services with helplines and reach immigrants with information in their own languages (Indseth, 2021). Neighborhoods with a high percentage of immigrants have had more infections and less vaccinations than the rest of the population (Brurberg & Himmels, 2021).

This indicates that although information in different languages was available (Norwegian Institute of Public Health, 2020), the message did not reach out to a sufficient degree. Furthermore, studies indicate that social restrictions during the pandemic had negative consequences for mental health and social activities, particularly among adolescents (Hafstad et al., 2021). Emergency preparedness includes advice and information, as well as social and cultural activities. Norway, Denmark and Finland came through the corona-crisis with less deaths and hospitalizations than almost all other European countries. In comparison with other countries, fewer Norwegians contributed through generosity behaviors in connection with the corona crisis. More volunteers could probably have been mobilized if there was a greater need. However, organizations engaged in broader efforts of social care or cultural activities had to improvise and rely upon local enthusiasts and informal contacts established through previous collaborations with government institutions, businesses and other voluntary organizations. A larger mobilization would probably require better organization structures and more concrete plans for responsibilities and activities. However, in the making of emergency preparedness it is often difficult to imagine what the next crisis will be like, as the corona-crisis made apparent in many ways.

During times of crisis voluntary organizations and nonprofits can:

- Organize social and cultural activities for people in isolation or with limited networks. Unmet mental and social needs can have long-term consequences.
- Reach out with information to people in general and to groups with special needs
- Assist vulnerable groups that the public sector is less able to reach. Assist vulnerable groups that the public sector is less able to reach.

6.3 Implications for Government Policy

Results suggest that broad collaboration between voluntary associations and government agencies can turn out to be relevant in a broader societal crisis to meet needs that are not first priorities in emergency plans.

During times of crisis governments can:

- Collaborate with voluntary organizations that can coordinate volunteers to distribute information, food and medicine.
- Build up networks with organizations that can contribute to cover mental and social needs by organizing cultural or social activities and human contact.
- Involve organizations to assist people that have little trust in government or are excluded from social security benefits to avoid gaps in distribution of information and humanitarian aid.

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8. Appendix

8.1 Notes

1. A full overview of generosity behaviors can be found on the Open Science Framework (https://osf.io/mznqu/).

2. Due to unusual outliers, the data has been winsorized for two countries at the 99th (Australia) or 95th (Russia) percentile.

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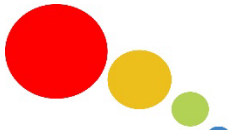

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