


Helping Behavior of Older Adults during the Early COVID-19 Lockdown in Belgium

Research on Aging
2022, Vol. 0(0) 1–13
© The Author(s) 2022
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/01640275221105231
journals.sagepub.com/home/roa


Sarah Dury¹ , Dorien Brosens¹ , Honghui Pan¹ , Andrea Principi² ,
An-Sofie Smetcoren¹ , Jolanta Perek-Białas³ , and Liesbeth De Donder¹ 

Abstract

This study aimed to understand whether older adults not only received but also provided help during the first COVID-19 lockdown in Belgium, which factors motivated them to help, and whether older adults differed from younger age groups in terms of helping behavior and motives. Bivariate analyses were performed using data generated from an online cross-sectional survey in Belgium ($N = 1892$).

The results showed that older adults who received help also provided it. This “interdependence” – mutual or reciprocal dependence – occurred regardless of age. In terms of motives for providing help, both older adults and their younger peers were primarily motivated by present-oriented and emotion-related motivation: older people were motivated to provide help by altruistic values and humanism, and enhancement motives linked to self-development.

Policy implications of these results entail: during crisis situations, make use of the bond between older adults and their neighbors, such as caring communities.

Keywords

helping behavior, older adults, motives, social-emotional selectivity theory, COVID-19

Background

The years 2020 and 2021 are marked by the COVID-19 pandemic, which is already one of the infectious diseases with the highest death toll of the past 100 years (Moore & Lucas, 2021). The pandemic has not only affected mortality and health, but also social, economic, cultural, and psychological life (De Haas et al., 2020; Jacobson et al., 2020). On 13 March 2020, the Belgian government implemented the first restrictions and on 18 March enforced a hard lockdown by prohibiting non-essential travel both at home and abroad, not even to visit family or friends; closing schools; mandating work from home; banning recreational activities; and restricting shopping to strictly essential purchases (Van Ballegooijen et al., 2021). Belgium is of course not the only country to have imposed such strict rules to contain the coronavirus (De Haas et al., 2020). Worldwide, most countries chose to impose a lockdown and implemented various mechanisms to regulate physical interaction, such as keeping physical distance, forbidding, or limiting public gatherings, restricting mobility, and closing borders (Basaure et al., 2021).

The COVID-19 pandemic and its lockdown measures had negative consequences for older adults, such as being confronted with health challenges and experiencing higher levels of loneliness, feelings of isolation, and financial deprivation (Bowe et al., 2021; Pan et al., 2021; Pentaris et al., 2020),

ageism (Barth et al., 2021; Fraser et al., 2020; Previtali et al., 2020), and care and support needs (Pentaris et al., 2020). Likewise, the pandemic has accentuated the exclusion of older adults and prejudice against them. For example, older adults received stricter guidelines on physical distance, as they were among the first to be encouraged to stay at home (Buffel et al., 2021; Fraser et al., 2020; Morrow-Howell et al., 2020). Government policies based on chronological age have reinforced negative age stereotypes by portraying them as vulnerable and dependent, thereby perpetuating ageism (Ayalon et al., 2021; Fraser et al., 2020). Accordingly, the pandemic has highlighted a troubling public discourse about older adults, on the one hand by questioning the value of their lives and on the other by ignoring their valuable contributions and participation in the community (Morrow-Howell &

¹Adult Educational Sciences, Vrije Universiteit Brussel (VUB), Brussels, Belgium

²Centre for Socio-Economic Research on Ageing, IRCCS INRCA, Ancona, Italy

³Jagiellonian University, Cracow, Poland

Corresponding Author:

Sarah Dury, Vrije Universiteit Brussel (VUB), Adult Educational Sciences, Pleinlaan 2, 1050 Brussels, Belgium.
Email: sdury@vub.be

Gonzales, 2020; Previtali et al., 2020). By emphasizing the dependence of older adults, it has been implied that they were expected to need more help than other age groups during the pandemic (Buffel et al., 2021; Fraser et al., 2020). Despite the associated restrictions imposed on the older population in our society and clear indications of ageism, several sociological reflections have been formulated around the theme of solidarity as a human response to the public health crisis (Basaure et al., 2021). This study therefore aims to gain insight into the way in which older adults not only received but also provided help, for what motivational factors, and how this differs from younger age groups in the Belgian context.

Helping Behavior

Helping behavior refers to activities whose main purpose is to provide help to other individuals, including family members, friends, neighbors, and strangers who live outside the helper's place of residence (Baumeister, 2005; Putnam et al., 2014). In the current study, helping behavior is defined as voluntary action that benefits others, such as helping, sharing, caring, and comforting, including both formal volunteering and informal helping (Burr et al., 2018; Caprara et al., 2012). Helping activities range from providing emotional support, shopping for others, helping with household chores, and transportation to volunteering and donating money (Baumeister, 2005; Putnam et al., 2014).

The pandemic has strengthened feelings of shared destiny and solidarity, which were expressed through community support and in coordinated action (Drury & Tekin Guven, 2020), and a wave of overwhelming helpfulness has set in (Bowe et al., 2021). Encouraging signs of intergenerational solidarity have been witnessed during this pandemic, such as getting groceries, gardening, picking up prescriptions at the pharmacy, and paying bills; plus, younger adults even create opportunities to help older adults who are in need of social contact or support by walking their dog (Fraser et al., 2020; Morrow-Howell et al., 2020). "Digital solidarity" to maintain intergenerational help (Peng et al., 2018), such as help with online shopping and providing opportunities for community groups to meet online and organize help for those in need (Marston et al., 2020), was also pervasive (Glazer, 2020). So were intergenerational relationships maintained digitally with family members, friends, and colleagues through new technologies (e.g., FaceTime, Zoom), with younger age groups teaching the older generation how to use video chat and text messaging, and in traditional ways such as phone calls. Many families feel that the pandemic has prompted them to communicate more regularly (Glazer, 2020). In the absence of family dinners and celebrations, older adults missed these interactions and came to value the importance of these contacts more. Although the pandemic may lead to strengthened ties between older and younger family members (Ayalon et al., 2021; Morrow-Howell & Gonzales, 2020), it may also increase feelings of tension and strain between generations (Gilligan et al., 2020).

Motives for Helping Behavior and Age

In the global crisis of the COVID-19 pandemic, the question is what encourages people to helping behavior. On the one hand, there is the popular view that human nature is inherently self-serving and selfish. However, challenging contexts such as this pandemic may actually promote helping behavior (Vieira et al., 2020). Helping behavior is an element of human association that emphasizes the cohesive social bond that holds a group together and which is valued and understood by all group members (Bowe et al., 2021). Providing help is a crucial predictor of shared social identification (Levine et al., 2005), which may be especially true in a global health crisis. Previous research shows that helping behavior has a positive impact on the individual, with benefits such as generating meaning in life (Thoits, 2012), gaining resilience (Madsen et al., 2019), increasing happiness (Lawton et al., 2020), and feeling more socially connected (Dury et al., 2020).

Understanding who provides helping behavior as well as their motives during the current pandemic can support future efforts to develop strategies to encourage people's helping behavior, as well as improve local health systems and plan for epidemics (Mak & Fancourt, 2021). Psychologists have primarily used motivational theories to explain why people decide to help, and specifically why they decide to take up volunteering (Wilson, 2012). In answering whether motives can explain helping behavior, previous studies found that the decision to provide help is also influenced by the stage of life in which one finds oneself and the related life roles, such as education, career, family, and retirement (e.g., Carr et al., 2015; Yamashita et al., 2019). Social-emotional selectivity theory explains these shifts in priorities and decisions as we age (Carstensen, 1992), and helps us understand the motives behind helping behavior.

According to social-emotional selectivity theory, certain life goals and motivations are prioritized depending on the future time perspective. Adults prioritize future-oriented motives, such as gathering information and social resources when the future time perspective is broad, open, and finite. When the future perspective is more limited and circumscribed, adults prioritize present-oriented motives, such as pursuing emotional meaning and fulfillment. The first is more applicable to younger adults, while the latter rather applies to older adults. Later in life, future time is typically perceived as increasingly limited, which strengthens individuals' emotionally related motivation to pursue emotional goals. This might help explain why changes in helping behavior over the life course could be linked to an age-related shift in volunteering motives. Previous studies found that knowledge-related motives, also future-oriented ones, to volunteer (desire to learn new skills or work-related benefits and social motives such as networking) were associated with younger age to a higher extent, while emotional-related volunteer motives, known as present-oriented motives (e.g., self-development and protection from negative feelings), were

more related to older age (Principi et al., 2012; Yamashita et al., 2019).

Building further on Gong et al. (2019) and Yamashita et al. (2019), a shift in priorities related to future-oriented (social interactions that are valued by one's social group) or present-oriented motives (being focused on family care) may contribute to understanding the motives for helping behavior. A question is whether this pandemic may have altered motivational factors across age groups. Even though younger adults' motivation is expected to be more future-oriented, is it possible that due to fear and feelings of uncertainty these younger adults' motivation is also more emotion-related (i.e., more present-oriented) because future-oriented motives are limited and circumscribed? For these reasons, one can expect differences in social-emotional goals to also be found in the motives for helping behavior.

Research Questions

This study specifically aims to understand whether older adults not only received but also provided help during the first COVID-19 lockdown (between 16 March and 30 March 2020) in Belgium, which factors motivated them to help, and whether older adults differed from younger age groups in terms of helping behavior and motives. Using cross-sectional survey data, we aim to answer the following two research questions:

RQ 1: To what extent did older adults receive and/or provide help, and from and/or to whom during the first COVID-19 lockdown in Belgium? To what extent is this different from other age groups?

RQ 2: What were older adults' motives for providing help during the first COVID-19 lockdown in Belgium? To what extent are these different from other age groups?

Data and Methods

Study Design and Sample. The study was based on an online cross-sectional survey among adults aged 18 years and older living in Belgium (both Flanders and Wallonia). The survey was conducted in the week of 23 March 2020, when Belgium had been in lockdown for 10 days. The information about the online survey was distributed through social media (e.g., Facebook, Twitter), as well as via traditional media (e.g., national newspaper, radio). The survey was available in three languages (Dutch, French, and English).

The online cross-sectional survey, powered by Qualtrics, started with a description of the study background and aims, clear instructions, and contact details of the researcher. Participants were informed of their right to withdraw from the survey if they had any doubts while completing it. They had to be 18 years or older. Anonymous participation in the survey was ensured by removing participants' identifying information (e.g., IP address) prior to data cleaning. This study was approved by the Ethical Committee for Social Sciences and Humanities of the Vrije Universiteit Brussel (ref. no.

ECHW_218). The survey aimed to identify the actions taken by citizens during the last 7 days in the context of providing help to and receiving help from family, friends, neighbors, and strangers. The questionnaire was divided into four sections: (1) type of help provided, and to whom; (2) whether these respondents needed and received help themselves; (3) motives underlying the helping behavior; and (4) basic sociodemographic information. The survey was a self-developed questionnaire. Median completion time of the survey was 5 minutes. All items were written to be short, simple, and in language familiar to both younger and older adults. No reverse-scored items were generated as growing literature has reported problems with such items (e.g., for a review see Tsang et al., 2017). The questionnaire was pilot-tested among 20 individuals.

A total of 2017 adults completed the study, 155 of whom were 65 or older. In terms of geographical distribution, 1839 respondents filled in their postal code. Of that sample, 82% resided in Flanders and 18% in Wallonia. As for the socio-demographic and socioeconomic characteristics of the participants, none were representative either. As such, the study did not reach a representative sample of the Belgian population. The study reflects a subgroup with the ability to participate in online surveys (with internet access and smartphone/tablet/computer). Cases with missing responses to the main variable age (125 cases did not fill in their date of birth) were excluded, leading to a sample size of 1892 respondents.

Measurements

Variables

Receiving help was assessed by asking respondents whether they currently needed help for themselves during the coronavirus pandemic. Response options were: (1) yes, I am receiving this help; (2) yes, but I am not receiving help; (3) no, I do not need help. We divided respondents into two groups: (1) recipients (those who received help); and (0) non-recipients (those who did not receive help). A second question asked respondents who they received help from: (1) family and friends, (2) neighbors, and (3) strangers.

Providing help was assessed by asking respondents whether they had provided help during the coronavirus pandemic (outside of their work) in the previous 7 days. Respondents were shown a list of 29 different help activities, such as grocery shopping, cooking, driving, childcare, making face masks, and home schooling; a complete list can be found in Appendix I. Respondents who indicated at least one of these activities were classified as "providers". A second question asked respondents who they provided help to: (1) family and friends, (2) neighbors, and (3) strangers.

Receiving and providing help was constructed by combining the two questions on receiving and providing help into four groups: (1) those who neither provided nor received help; (2) those who received help but did not provide it; (3) those

who only provided help; and (4) those who both provided and received help.

Motives for providing help was assessed by asking respondents what the most important reasons were to help during the coronavirus pandemic (outside of their work). Respondents were shown a list of 20 different motives for helping behavior (see Appendix II). Respondents were asked to indicate which motives for providing help were most important to them (0 = not experiencing this kind of motive, 1 = experiencing this kind of motive). The list was based on the functional motives for volunteering of Clary et al. (1996, 1998). Six original items were used and 11 items were modified to reflect the current pandemic. For instance, “I am genuinely concerned for others during this coronavirus pandemic”, adapted from the item “I am genuinely concerned about the particular group I am serving”. Three new possible motives were added related to the coronavirus crisis (e.g., “I want to help fight the coronavirus”). It is important to note that the choice to use certain functional motives was based on both an extensive literature review and a practical approach (i.e. length of questionnaire), rather than choosing items directly related to a particular theoretical framework or corresponding to all functional motives. For instance, the systematic review by Dunn and colleagues (2016) examined volunteer motives in various sectors (sports, tourism, events, health, and social welfare), and found that more than 80% of the motivations were classified according to the VFI functions enhancement, values, and social motives. We therefore left out the functions of “career”, “understanding motives”, and protective motives.

All motives were subsequently grouped into one of the three different categories of the Volunteer Functions Inventory (VFI; Clary et al., 1998): values (motives linked to altruism and humanism), enhancement (motives linked to self-development and improvement of ourselves), and social (motives linked to social interactions that are valued by one’s social group). We also linked the three categories of motives to social-emotional selectivity theory, the values and enhancement motives to present-oriented and emotion-related motivation, and the social motive category to future-oriented motivation. Each category was formed into a dichotomous variable (0 = not experiencing this kind of motive, 1 = experiencing this kind of motive). Respondents were coded 1 when they indicated at least one motive belonging to that category.

In terms of sociodemographic characteristics, age (measured per birthyear) ranged from 18 to 89 years ($M = 39.61$) (1 = 18-34 years, 2 = 35-49 years, 3 = 50-64 years, and 4 = 65+ years). Gender included two categories: 1 = female, 2 = male. Living situation was dichotomized into 1 = living alone and 2 = living with someone.

In terms of socioeconomic characteristics, in order to obtain educational level we asked people’s highest educational level attained. This was further dichotomized into the categories: 1 = no degree, primary education, and lower secondary and higher secondary education; and 2 = higher education, including university college or university degrees.

Analytical Strategy

Descriptive statistics are presented first (see Table 1). Next, bivariate analyses are used to determine differences in the sociodemographic and socioeconomic characteristics of the age groups, in providing and/or receiving help, and in motives (see Table 2). The bivariate analyses consisted of Chi-square tests, including the z-test with adjusted p -values according to the Bonferroni correction to limit the potential for type I errors ($\alpha = 0.05$). The z-test compares the proportion of the total frequency of the first column that falls in the first row to the proportion of the total frequency of the second column that falls into the same row. These subscripts tell us the results of the z-test: if the subscript of a proportion differs for a row, then these proportions differ significantly from each other (Field, 2018). These significant differences are discussed in the Results section. We used SPSS Statistics (v. 27) software.

To answer RQ 1, Chi-square tests, including the z-test, were used to determine whether there is a difference between age groups and receiving/providing help. Both receiving and providing help were measured as dichotomous variables (1 = recipients, 0 = non-recipients) (1 = providers, 0 = not providers). To answer RQ 2, Chi-square tests, including the z-test, were used to determine whether there is a difference between age groups and the different categories of motives to provide help measured as dichotomous variable (1 = yes, indicating at least one item belonging to that category of motives; 0 = no).

Results

Table 1 displays the results obtained for the means, standard deviations, and relative percentages for sociodemographic and socioeconomic characteristics of the participants. The sample comprised 1892 adults ranging in age from 18 to 89 years ($M = 39.61$, $SD = 15.54$); 45.3% of them were aged 18-34, 26.2% were 35-49, 20.2% were 50-64, and 8.2% were 65+; 74.7% was female, 14.4% lived alone, and 76.5% were higher educated.

Table 1 also shows the significant differences found between age groups. Compared with the younger age groups in the sample, the 65+ group counted fewer women, lived alone more frequently, and had a lower educational level.

Receiving and Providing Help

27.9% of adults reported receiving help in the previous 7 days (see Table 2). Most of them received help from family and friends (26.5%), followed by neighbors (3.7%) and strangers (0.7%). The youngest and oldest age group received help most often compared to adults aged 35-49 and 50-64. The youngest age group received most help from family and friends (29.6%). The percentage of adults who received help from neighbors differed significantly between age groups. Older

Table 1. Sociodemographic and Socioeconomic Characteristics of the Participants and Age Differences.

	M	SD	Overall 100% (N = 1892)	Ages 18-34 45.3% (N=858)	Ages 35-49 26.2% (N=496)	Ages 50-64 20.2% (N=383)	Ages 65+ 8.2% (N=155)	p- value*
Age (years)	39.61	15.54	1892					
Gender								
Female			74.7 (1407)	80.9 (691)	72.5 (356)	70.0 (268)	59.4 (92)	<0.001
Male			25.3 (476)	19.1 (163)	27.5 (135)	30.0 (115)	40.6 (63)	
Living situation								
Living alone			14.4 (272)	10.5 (90)	14.7 (73)	16.5 (63)	29.7 (46)	<0.001
Not living alone			85.6 (1616)	89.5 (766)	85.3 (422)	83.5 (319)	70.3 (109)	
Educational level								
Low educational level			23.5 (442)	27.0 (231)	15.2 (75)	23.6 (90)	30.1 (46)	<0.001
High educational level			76.5 (1442)	73.0 (625)	84.8 (418)	76.4 (292)	69.9 (107)	

Note: Frequencies with percentages (%), as well as means (M) and standard deviations (SD), are shown in the table. Differences between age groups, shown in the proportions of categorical variables, were performed *via χ^2 tests, $p < .05$. N = Number of participants. The number of participants changed according to the number of missing answers due to non-response to individual questions.

Table 2. Receiving and Providing Help (N = 1892).

	%	Ages 18-34	Ages 35-49	Ages 50-64	Ages 65+
Received help	27.9	30.2**a	25.0**b,c	24.0**c	32.3**a,b
From:					
1. Family & friends	26.5	29.6**a	23.6**b	22.5**b	28.4**b
2. Neighbors	3.7	0.4**a	4.6**b	6.8**b,c	15.4**c
3. Strangers	0.7	0.8	0.4	0.8	1.3
Provided help	96.9	97.1*a	97.4*a	97.1*a,b	93.5*b
To:					
1. Family & friends	92.7	93.8**a	93.8**a	91.4**a,b	85.8**b
2. Neighbors	36.6	25.4**a	45.6**b	46.0**b	46.5**b
3. Strangers	20.7	22.4**a	21.0**a	20.9**a	9.7**b

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$; cells with different lowercase letters are significantly different from each other and cells with the same lowercase letter are not significantly different from each other.

adults (65+) received more help from their neighbors (15.4%) than adults aged 18-34 (0.4%) and 35-49 (4.6%).

As for providing help, displayed in Table 2, almost all respondents provided help. Appendix 2 provides an overview of the help activities. Over eight out of ten respondents had social contact with family and friends and half of the respondents provided moral support, such as applauding for healthcare workers. This was followed by social contact with neighbors, shopping for friends or family, and home schooling one's children as the most frequently mentioned activities. Most respondents provided help to family and friends, but there are significant differences between age groups. Whereas older adults (65+) provided less help to family and friends (93.8% vs. 85.8%), and less to strangers compared to

adults aged 18-34 (22.4% vs. 9.7%), older adults were more likely to provide help to neighbors (46.5% vs. 25.4%).

Receiving and Providing Help

Table 3 shows that the majority of respondents (69.8%) provided but did not receive help, followed by adults who both provided and received help (27.1%). Older adults (63.9%) were less likely to provide help without receiving it than adults aged 35-64 (73.0% and 73.9%, respectively), yet older adults (2.6%) were more likely to receive help without providing it than the youngest – 18-34 (0.2%) and 35-49 (0.6%) – age groups.

Table 3. Receiving and Providing Help by Age Group (N=1892).

	%	18-34	35-49	50-64	65+
Providers but not recipients	69.8	67.1 ^{***a}	73.0 ^{**b}	73.9 ^{**b}	63.9 ^{**a}
Providers and recipients	27.1	30.0 ^{**a}	24.4 ^{**b}	23.2 ^{**b}	29.7 ^{**a,b}
Neither providers nor recipients	2.5	2.7	2.0	2.1	3.9
Recipients but not providers	0.6	0.2 ^{**a}	0.6 ^{**a}	0.8 ^{**a,b}	2.6 ^{**b}

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$; cells with different lowercase letters are significantly different from each other and cells with the same lowercase letter are not significantly different from each other.

Table 4. Motives for providing help (N = 1827).

	%	Ages 18-34	Ages 35-49	Ages 50-64	Ages 65+	
Present-oriented and emotion-related motivation						
Values	Motives linked to altruism and humanism	86.4	87.3 ^{**a}	86.7 ^{**a}	87.7 ^{**a}	77.4 ^{**b}
	I am genuinely concerned for others during this coronavirus pandemic	59.2	58.9	60.1	61.4	53.5
	I feel it is important to help others	51.5	54.7 ^{**a}	47.4 ^{**b}	57.4 ^{**a}	32.3 ^{**c}
	I feel socially responsible to help others	45.1	43.7	47.4	48.0	38.7
	To feel like you are doing something useful for society	31.9	33.9	28.8	32.6	28.4
	I want to help fight the coronavirus	30.9	34.3 ^{**a}	27.7 ^{**b}	31.3 ^{**a,b}	23.2 ^{**b}
	I am concerned about those less fortunate than myself	30.3	30.1	28.2	31.3	36.1
	Showing others to take up social responsibility	12.6	12.6 ^{a,b}	12.3 ^{a,b}	15.1 ^b	7.1 ^a
Enhancement	Motives linked to self-development and self-improvement	52.6	56.5 ^{**a}	50.2 ^{**b}	52.2 ^{**a,b}	40.0 ^{**c}
	It increases my self-esteem	33.2	33.7 ^{**a}	33.1 ^{**a}	36.6 ^{**}	22.6 ^{**b}
	To mean something for another	30.7	33.8 ^{**a}	28.0 ^{**b,c}	30.5 ^{**a,c}	21.9 ^{**b}
	Makes me feel needed	22.9	26.9 ^{**a}	19.8 ^{**b}	20.4 ^{**b}	16.8 ^{**b}
	Is a way to make friends	3.7	3.3	3.0	5.5	3.9
	Because of the recognition it brings	2.2	2.4	2.2	1.3	3.2
Future-oriented motivation						
Social	Motives linked to social interactions that are valued by one's social group	36.6	38.2	32.3	38.4	36.8
	To feel connected to others	32.8	34.0 ^{**a}	28.0 ^{**b}	36.3 ^{**a}	32.9 ^{**a,b}
	Because others expect this of me	4.8	5.5	5.0	3.1	3.9
	To fit in	2.3	2.3	1.6	3.1	2.3
	Because others are doing it	2.1	3.0 ^{**a}	2.2 ^{**a}	0.3 ^{**b}	0.6 ^{**a,b}

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$; cells with different lowercase letters are significantly different from each other and cells with the same lowercase letter are not significantly different from each other.

Motives for Providing Help

Table 4 presents an overview of the motives for providing help during the first lockdown of the pandemic. Main motivation of the respondents who provided help was present-oriented and emotion-related, namely values motives (86.4%) and enhancement motives (52.6%). Specifically, among the values motives 59.2% of respondents were motivated out of concern for others, followed by finding it important to help others (51.5%) and feeling responsible to help others (45.1%). Regarding motives for enhancement, adults were mostly motivated because helping others (33.2%) and meaning something for another (30.7%) increased their self-esteem. In addition, 22.9% wanted to feel needed. While future-oriented motivation seemed less

important, being socially motivated was reported by 36.6% of respondents, with feeling connected to others as their most-mentioned motive.

Of the three different categories of motives, only the values and enhancement motives differed between age groups. Adults aged 65 or older (77.4%) were less driven out of values than those aged 18-34 (87.3%), 35-49 (86.7%), and 50-64 (87.7%). Likewise, the oldest age group was less driven out of enhancement motives than the younger age groups.

Discussion

The study examined whether older adults provided and received help, for what motivational factors, and whether this

helping behavior differed between age groups in Belgium during the first COVID-19 lockdown.

The first research question focused on the extent to which older adults provided and/or received help, who to/from, and whether this varied across the different age groups. The results first show that although older adults often received help, they were also an important source of help for others. On the one hand, this can be explained from the perspective of bounded solidarity (Portes & Sensenbrenner, 1993), which argues that people tend to provide help to each other when faced with a common adversity, such as a public health crisis. However, the results also argue for a broader and more diverse conceptualization of dependence in later life, given that older adults are still too often seen as “dependent” on others (De Donder et al., 2019). This calls for removing the divide between “help providers” versus “help receivers” and moving to an “interdependence” perspective (De Donder et al., 2019; Seedsman, 2017; Smetcoren et al., 2018). In recent decades, many researchers in the field of gerontology have invested a great deal of energy in shifting the focus from the inevitable decline of human capacity to gradually replacing it with concepts such as positive, multidimensional views of aging (Johnson & Mutchler, 2014). However, the COVID-19 pandemic has revealed entrenched ageism and age stereotyping in today’s society (Morrow-Howell et al., 2020; Pentaris et al., 2020), as there is a rather negative focus on what older people can no longer do (i.e., their deficits). Major efforts to counteract the image of old age as a state of frailty, vulnerability, and less value (Morrow-Howell et al., 2020; Pentaris et al., 2020) are necessary.

Second, the study results show the role of the community and more specifically the significant role of neighbors in the help chain. Much more than with the younger age groups, older adults received help from neighbors and provided it to them. These results are in line with a UK study which discovered that older adults engaged more frequently than younger age groups in informal neighborhood help during the pandemic (Mak & Fancourt, 2021). This again underlines the interactive relationship that older adults have with their neighborhood (Buffel et al., 2012), in which they cannot be seen solely as passive recipients, but rather as continually and actively contributing to society with unpaid work (United Nations Economic Commission for Europe, 2019). Our results likewise support the large bulk of research demonstrating that older adults regularly help family members, friends, and neighbors, and thus that they are a vital part of volunteerism and civil society (Principi et al., 2014). A study that took place in the United States and Canada during the pandemic found that older age was associated with more frequent engagement in formal and informal volunteering compared to younger age groups (Sin et al., 2021). For instance, older people with lifelong careers in the medical field – such as nurses, doctors, and social workers – volunteered in the medical field or older people helped online as tutors to support families with homeschooling (Halpern, 2020; Sun et al., 2021). At the same time, we must remember that there are volunteers, including many older adults, who are

unable to fulfill voluntary roles because of pandemic-related stay-at-home regulations and changes in the operations of social services and other nonprofit organizations (Morrow-Howell et al., 2020; Seddighi et al., 2020; Sun et al., 2021).

The second research question examined older adults’ motives for providing help, and whether this differed from the other age groups. Our results indicate that present-oriented and emotion-related motivation was especially important for providing help. For example, over eight out of ten participants were motivated to provide help out of altruistic (values) motives, with concern for others during the pandemic playing a particularly crucial role. These results are in line with a Swiss study which found that both the enhancement motive and the values motive positively affected informal volunteering during the pandemic, whereas the career, social, and understanding motives were not relevant to the formation of such informal volunteering (Trautwein et al., 2020). Our results are also in line with previous pre-pandemic research findings that for service-related volunteering (e.g., volunteering in a health or social service organization) the altruistic (values) motive was also the most dominant, whereas for other, more self-expressive activities, the role of selfish motivations was stronger (such as the career motive, linked to job-related skills, and the understanding motive, such as exercising knowledge and skills) (Clary et al., 1996; Principi et al., 2012).

In the light of the current pandemic our study further shows that although the altruistic (values) motivation is important in all age groups, it is especially more prevalent among young people than among those over 65. This finding to some extent contrasts with the socioemotional selectivity theory which prescribes that as people age, they tend to be more likely to engage in meaningful and altruistic activities (Carstensen, 1993; Carstensen & Hershfield, 2021). It also deviates from previous research findings showing that altruistic values are more correlated with older age than with younger age (Principi et al., 2012; Yamashita et al., 2019).

Socially and emotionally meaningful activities are often of personal interest and concern to the individual and perceived as effective contributions to society and their communities, and are therefore prioritized (Carstensen, 1993; Carstensen & Hershfield, 2021). Such activities have been associated in previous research with older adults tending to place more emphasis on them (e.g., Dávila & Díaz-Morales, 2009). Our different study results, on the other hand, may be more unique to the COVID-19 pandemic.

The enhancement motive seems to be less prevalent among the oldest age group than among other age groups. Building further on Gong et al. (2019) and Yamashita et al. (2019), a shift in priorities in which adults prioritize present-oriented motives despite their age, such as pursuing emotional meaning and fulfilment when the future time perspective is limited and circumscribed, may help explain the enhancement motives underlying helping behavior during the pandemic. In their decision to provide help, compared to their older peers younger age groups were plausibly also driven to give

meaning to their lives from enhancement motives, such as increasing self-esteem and working toward self-development. This enhancement motive has been linked in previous research (Schnell & Hoof, 2012) to an emotional-related motive (e.g., development of self-esteem and deepening social relationships) as well as to a present-oriented motive, which would occur more often in older than in younger people. In this study, the difference between age groups may be due to the specific context, the COVID-19 pandemic.

Although this research provides interesting insights into providing help across age groups during a public health crisis, it also has several methodological limitations. First, the study could only be completed online. Therefore, these findings are not representative – instead, they reflect a subgroup with the ability to participate in online surveys (with internet access and a smartphone/tablet/computer). Among the Belgian population in 2020, 98% of adults aged 18-34, 96% of those 35-44, 94% of those 45-74, 87% of those 55-64, and 73% of adults aged 65 and older use the Internet. Of the latter, 89% used e-mail to communicate and 50% used social media (Statbel, 2020). This demonstrates that people's potential inability to participate in an online survey may not have been the most important barrier to participation. There may however be a self-selection bias in our sample for people who effectively provided help during the pandemic. It is also likely that other selection effects were present, such as healthier individuals who were more prone to provide help than individuals in poorer health. Intuitively, the fact that more women than men participated in the survey can be attributed to gender differences in helping behavior, given the reality of sex-differentiated social roles. Previous research has demonstrated that older women are more involved in household activities and in helping others than older men, who seem to be more engaged outside the home, for example with sports and socially oriented activities (eating out) (Dury et al., 2021; Li et al., 2011). For these reasons, a selection effect may be possible and could explain the overrepresentation of women in our sample.

Second, we made use of several indicators of the Volunteer Function Inventory of Clary and colleagues. Yet the purpose of the study was not to measure volunteers' motivation, but to look at the motives of citizens in terms of providing help during a public health crisis. To this end, and based on both an extensive literature review and a practical approach, not all six motivational functions of the VFI appeared applicable and fewer indicators have been used in our study. We left out the indicators of career and understanding motives, and for protective motives we only included one indicator. This resulted in the exclusion of that motive in the analysis, which might be considered as a shortcoming. Hence in total we used four indicators. But by having made these choices, we are unable to measure whether people were motivated to help out

of knowledge-related motives. The future-oriented perspective is being measured by means of the social motive category, but the knowledge-related category is missing in the study, such as the desire to learn new skills (understanding) or work-related benefits (career). Future research should explore whether these indicators are not at play in a health crisis.

Third, this is a cross-sectional study on the amount of help provided and received within the informal network during a public health crisis. However, this cannot be compared with pre-pandemic levels. Due to the changing lockdown rules social opportunities can change, and the ability of adults to switch and actively adapt to these changes may affect aspects such as whether they receive or provide help.

Conclusion

Previous studies have already identified key differences in how different generations experience and respond to COVID-19 (Morrow-Howell et al., 2020; Urick, 2020). More than ever, this pandemic demonstrates the need for social cohesion, inter- and intra-generational solidarity, and community resilience. Helping behavior between and among generations during the pandemic was not limited to the lockdown phase. The key messages that emerged from this study – that older adults who received help also provided it but that this depended on who the provider or the recipient was, and that younger adults too tend to pursue emotional meaning and fulfillment when providing help in a crisis – could be broadly extended to the prevention and mitigation of potential implications of emergency crises at large among older people, of which the pandemic represents the contingency (UNECE, 2020).

Especially from a policy perspective, these results indicate that, for example, policymakers could consider working more at the neighborhood level. Although family and friends are still important actors in terms of helping behavior for the population, neighbors are also particularly important for older adults. This is in their role both as providers and as recipients of help.

It is likewise recommended to focus strongly on caring neighborhoods and communities. A caring community is one that is resilient to change throughout the life cycle, where residents know and help each other, where there are opportunities to meet, and where care is guaranteed, and continuity of care is provided. Further policy implications link to the result that when emergency situations arise, younger generations may be emotionally more prone to provide help for reasons other than personal growth, as is usually the case (Yamashita et al., 2019). Policymakers could consider this aspect to involve younger people in helping manage emergency situations.

Appendix I

What instrumental and social support have you provided during the coronavirus crisis (outside of your work) in the previous 7 days? (multiple answers possible)

-
1. Shopping for friends or family who do not live with me
 2. Shopping for neighbors
 3. Shopping for people I don't know (e.g. older adults, people in difficult situations)
 4. Cooking for friends or family who do not live with me
 5. Cooking for neighbors
 6. Cooking for people I don't know (e.g. older adults, people in difficult situations)
 7. Transporting friends or family who do not live with me
 8. Transporting neighbors
 9. Transporting adults I don't know (e.g. older adults, people in difficult situations)
 10. Looking after children of friends or family who do not live with me
 11. Looking after children of neighbors
 12. Looking after children of people I don't know (e.g. healthcare workers, people in difficult situations)
 13. Walking the dog for friends or family who do not live with me
 14. Walking the dog for neighbors
 15. Walking the dog for people I don't know (e.g. older adults, people in difficult situations)
 16. Social contact with friends or family (e.g. phone, text messages, WhatsApp, video calls)
 17. Social contact with neighbors (e.g. phone, text messages, WhatsApp, video calls)
 18. Social contact with people I don't know (e.g. phone, text messages, WhatsApp, video calls)
 19. Sending letters/cards to family and friends
 20. Sending letters/cards to people I don't know (e.g. older adults, people in difficult situations)
 21. Volunteering in the caregiving sector
 22. Offering help through a platform set up during the crisis (e.g. via Facebook, Hoplr)
 23. Moral support (e.g. applauding for healthcare workers at 20.00, hanging white flag)
 24. Homeschooling your own children
 25. Teaching others' children (e.g. via Skype)
 26. Making face masks
 27. Starting a fundraiser
 28. Donating money to charity (e.g. Red Cross)
 29. Other: please fill in
-

Appendix II

What are the most important reasons for you to provide help during the coronavirus crisis (outside of your work)? (multiple answers possible)

-
1. I am genuinely concerned for others during this coronavirus pandemic*
 2. I want to help fight the coronavirus*
 3. I feel socially responsible to help others
 4. I am concerned about those less fortunate than myself
 5. I feel it is important to help others
 6. It increases my self-esteem
 7. To feel like you are doing something useful for society
 8. Makes me feel needed
 9. To mean something to someone else
 10. To feel connected with others
 11. To fit in
 12. Showing others to take up social responsibility
 13. Because other people are doing it
 14. By helping I feel less lonely
 15. Because others expect it of me
 16. Because of the recognition it brings
 17. Is a way to make friends
-

*Reason adapted to the COVID-19 pandemic.

Author contributions

The research idea and first version of the survey was conceived by Sarah Dury, An-Sofie Smetcoren and Liesbeth De Donder. Sarah Dury, An-Sofie Smetcoren and Liesbeth De Donder performed the data collection. Data cleaning was performed by Sarah Dury. Statistical analyses were conducted by Sarah Dury with the assistance of Liesbeth De Donder and Dorien Brosens. Sarah Dury took the lead in writing the manuscript. All co-authors provided feedback and revised several versions of the manuscript. All authors have read and agreed to the published version of the manuscript.








Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iDs

Sarah Dury  <https://orcid.org/0000-0003-0743-0364>
 Dorien Brosens  <https://orcid.org/0000-0003-4321-5450>
 Honghui Pan  <https://orcid.org/0000-0001-7880-5827>
 Andrea Principi  <https://orcid.org/0000-0003-3701-0539>
 Jolanta Perek-Białas  <https://orcid.org/0000-0003-4215-9565>
 An-Sofie Smetcoren  <https://orcid.org/0000-0002-4581-4898>
 Liesbeth De Donder  <https://orcid.org/0000-0003-4999-5902>

References

- Ayalon, L., Chasteen, A., Diehl, M., Levy, B. R., Neupert, S. D., Rothermund, K., Tesch-Römer, C., & Wahl, H.-W. (2021). Aging in times of the COVID-19 pandemic: Avoiding ageism and fostering intergenerational solidarity. *The Journals of Gerontology: Series B*, 76(2), e49–e52. <https://doi.org/10.1093/geronb/gbaa051>
- Barth, N., Guyot, J., Fraser, S. A., Lagacé, M., Adam, S., Gouttefarde, P., Goethals, L., Bechard, L., Bongue, B., Fundenberger, H., & Célarier, T. (2021). COVID-19 and quarantine, a catalyst for ageism. *Frontiers in Public Health*, 9, 589244. <https://doi.org/10.3389/fpubh.2021.589244>
- Basare, M., Joignant, A., & Mascareno, A. (2021). Between distancing and interdependence: The conflict of solidarities in the COVID-19 Pandemic. *Sociological Perspectives*. <https://doi.org/10.1177/07311214211005492>
- Baumeister, R. F. (2005). *The cultural animal: Human nature, meaning, and social life*. Oxford University Press.
- Bowe, M., Wakefields, J. R. H., Kellezi, B., Stevenson, C., McNamara, N., Jones, B. A., Sumich, A., & Heym, N. (2021). The mental health benefits of community helping during crisis: Coordinated helping, community identification and sense of unity during the COVID-19 pandemic. *Journal of Community & Applied Social Psychology*. 1–15. <https://doi.org/10.1002/casp.2520>
- Buffel, T., Verté, D., De Donder, L., De Witte, N., Dury, S., Vanwing, T., & Bolsenbroek, A. (2012). Theorising the relationship between older people and their immediate social living environment. *International Journal of Lifelong Education*, 31(1), 13–32. <https://doi.org/10.1080/02601370.2012.636577>
- Buffel, T., Yarker, S., Phillipson, C., Lang, L., Lewis, C., Doran, P., & Goff, M. (2021). Locked down by inequality: Older adults and the COVID-19 pandemic. *Urban Studies*. 1–18. <https://doi.org/10.1177/00420980211041018>
- Burr, J. A., Han, S., Lee, H. J., Tavares, J. L., & Mutchler, J. E. (2018). Health benefits associated with three helping behaviors: Evidence for incident cardiovascular disease. *The Journals of Gerontology: Series B*, 73(3), 492–500. <https://doi.org/10.1093/geronb/gbx082>
- Caprara, G. V., Alessandri, G., & Eisenberg, N. (2012). Prosociality: The contribution of traits, values, and self-efficacy beliefs. *Journal of Personality and Social Psychology*, 102(6), 1289–1303. <https://doi.org/10.1037/a0025626>
- Carr, D. C., King, K., & Matz-Costa, C. (2015). Parent–teacher association, soup kitchen, church, or the local civic club? Life stage indicators of volunteer domain. *The International Journal of Aging & Human Development*, 80(4), 293–315. <https://doi.org/10.1177/0091415015603608>
- Carstensen, L. L. (1992). Social and emotional patterns in adulthood: Support for socioemotional selectivity theory. *Psychology and Aging*, 7(3), 331–338. <https://doi.org/10.1037//0882-7974.7.3.331>
- Carstensen, L. L. (1993). Motivation for social contact across the life span: A theory of socioemotional selectivity. In J. Jacobs (Ed.), *Nebraska symposium on motivation* (pp. 209–254). University of Nebraska Press.
- Carstensen, L. L., & Hershfield, H. E. (2021). Beyond stereotypes: Using socioemotional selectivity theory to improve messaging to older adults. *Current Directions in Psychological Science*, 30(4), 327–334. <https://doi.org/10.1177/09637214211011468>
- Clary, E. G., Snyder, M., Ridge, R. D., Copeland, J., Stukas, A. A., Haugen, J., & Miene, P. (1998). Understanding and assessing the motivations of volunteers: A functional approach. *Journal of Personality and Social Psychology*, 74(6), 1516–1530. <https://doi.org/10.1037//0022-3514.74.6.1516>
- Clary, E. G., Snyder, M., & Stukas, A. A. (1996). Volunteers' motivations: Findings from a national survey. *Nonprofit and Voluntary Sector Quarterly*, 25(4), 485–505. <https://doi.org/10.1177/0899764096254006>
- Dávila, M. C., & Díaz-Morales, J. F. (2009). Age and motives for volunteering: Further evidence. *Europe's Journal of Psychology*, 5(2), 82–95. <https://doi.org/10.5964/ejop.v5i2.268>
- De Donder, L., Smetcoren, A. S., Schols, J., van der Vorst, A., & Dierckx, E., D-SCOPE consortium. (2019). Critical reflections on the blind sides of frailty in later life. *Journal of Aging Studies*, 49, 66–73. <https://doi.org/10.1016/j.jaging.2019.100787>
- De Haas, M., Faber, R., & Hamersma, M. (2020). How COVID-19 and the dutch 'intelligent lockdown' change activities, work and travel behaviour: Evidence from longitudinal data in the Netherlands. *Transportation Research Interdisciplinary Perspectives*, 6, 100150. <https://doi.org/10.1016/j.trip.2020.100150>

- Drury, J., & Tekin Guven, S. (2020). Emergencies and disasters. In J. Jetten, S. D. Reicher, S. A. Haslam, & T. Cruwys (Eds.), *Together apart: The psychology of COVID-19* (pp. 80–83). Sage.
- Dunn, J., Chambers, S. K., & Hyde, M. K. (2016). Systematic review of motives for episodic volunteering. *Voluntas*, 27(1), 425–464. <https://doi.org/10.1007/s11266-015-9548-4>
- Dury, S., Brosens, D., Smetcoren, A.-S., Van Regenmortel, S., De Witte, N., De Donder, L., & Verté, D. (2020). Pathways to late-life volunteering: A focus on social connectedness. *Nonprofit and Voluntary Sector Quarterly*, 49(3), 523–547. <https://doi.org/10.1177/0899764019881509>
- Dury, S., Stas, L., Switsers, L., Duppen, D., Abella, J., Dierckx, E., & De Donder, L., D-SCOPE consortium. (2021). Gender-related differences in the relationship between social and activity participation and health and subjective well-being in later life. *Social Science & Medicine*, 270, 113668. <https://doi.org/10.1016/j.socscimed.2020.113668>
- Field, A. (2018). *Discovering statistics using IBM SPSS statistics*. (5th ed.). SAGE Publications Ltd.
- Fraser, S., Lagacé, M., Bongué, B., Ndeye, N., Guyot, J., Bechard, L., Garcia, L., Taler, V., CCNA Social Inclusion and Stigma Working Group Adam, S., Beaulieu, M., Bergeron, C. D., Boudjemadi, V., Desmette, D., Donizzetti, A. R., Éthier, S., Garon, S., Gillis, M., & Tougas, F. (2020). Ageism and COVID-19: What does our society's response say about us? *Age and Ageing*, 49(5), 692–695. <https://doi.org/10.1093/ageing/afaa097>
- Gilligan, M., Suitor, J. J., Rurka, M., & Silverstein, M. (2020). Multigenerational support in the face of the COVID-19 pandemic. *Journal of Family Theory & Review*, 12(4), 431–447. <https://doi.org/10.1111/jftr.12397>
- Glazer, E. S. (2020). Grandparenting in the time of COVID-19 [Web log post]. <https://www.health.harvard.edu/blog/grandparenting-in-the-time-of-covid-19-2020032119261> (Accessed June 20th, 2021).
- Gong, X., Seaman, K. L., Fung, H. H., Loeckenhoff, C., & Lang, F. R. (2019). Development and validation of social motivation questionnaire. *The Gerontologist*, 59(6), e664–e673. <https://doi.org/10.1093/geront/gny121>
- Halpern, J. (2020). Introducing the “grandparents academy”. *The New York Times*. <https://www.nytimes.com/2020/03/26/opinion/covid-home-school-grandparents.html> (Accessed March 18, 2022).
- Jacobson, N. C., Lekkas, D., Price, G., Heinz, M. V., Song, M., O'Malley, A. J., & Barr, P. J. (2020). Flattening the mental health curve: COVID-19 stay-at-home orders are associated with alterations in mental health search behavior in the United States. *JMIR Mental Health*, 7(6), Article e19347. <https://doi.org/10.2196/19347>
- Johnson, K. J., & Mutchler, J. E. (2014). The emergence of a positive gerontology: From disengagement to social involvement. *The Gerontologist*, 54(1), 93–100. <https://doi.org/10.1093/geront/gnt099>
- Lawton, R. N., Gramatki, I., Watt, W., & Fujiwara, D. (2020). Does volunteering make us happier, or are happier adults more likely to volunteer? Addressing the problem of reverse causality when estimating the well-being impacts of volunteering. *Journal of Happiness Studies*, 22, 1–26. <https://doi.org/10.1007/s10902-020-00242-8>
- Levine, M., Prosser, A., Evans, D., & Reicher, S. (2005). Identity and emergency intervention: How social group membership and inclusiveness of group boundaries shape helping behavior. *Personality & Social Psychology Bulletin*, 31(4), 443–453. <https://doi.org/10.1177/0146167204271651>
- Li, Y.-P., Lin, S.-I., & Chen, C.-H. (2011). Gender differences in the relationship of social activity and quality of life in community-dwelling Taiwanese elders. *Journal of Women & Aging*, 23(4), 305–320. <https://doi.org/10.1080/08952841.2011.611052>
- Madsen, W., Ambrens, M., & Ohl, M. (2019). Enhancing resilience in community-dwelling older adults: A rapid review of the evidence and implications for public health practitioners. *Frontiers in Public Health*, 7, 14. <https://doi.org/10.3389/fpubh.2019.00014>
- Mak, H. W., & Fancourt, D. (2021). Predictors of engaging in voluntary work during the COVID-19 pandemic: Analyses of data from 31,890 adults in the UK. *Perspectives in Public Health*. <https://doi.org/10.1177/1757913921994146>
- Marston, H. R., Shore, L., & White, P. J. (2020). How does a (smart) age-friendly ecosystem look in a post-pandemic society? *International Journal of Environmental Research and Public Health*, 17(21), 8276. <https://doi.org/10.3390/ijerph17218276>
- Moore, K. A., & Lucas, J. J. (2021). Covid-19 distress and worries: The role of attitudes, social support, and positive coping during social isolation, psychology and psychotherapy. *Theory, Research and Practice*, 94(2), 365–370. <https://doi.org/10.1111/papt.12308>
- Morrow-Howell, N., Galucia, N., & Swinford, E. (2020). Recovering from the COVID-19 pandemic: A focus on older adults. *Journal of Aging & Social Policy*, 32(4–5), 526–535. <https://doi.org/10.1080/08959420.2020.1759758>
- Morrow-Howell, N., & Gonzales, E. (2020). Recovering from Coronavirus disease 2019 (COVID-19): Resisting ageism and recommitting to a productive aging perspective. *Public Policy & Aging Report*, 30(4), 133–137. <https://doi.org/10.1093/ppar/praa021>
- Pan, H., Fokkema, T., Switsers, L., Dury, S., Hoens, S., & De Donder, L. (2021). Older Chinese migrants in coronavirus pandemic: exploring risk and protective factors to increased loneliness. *European Journal of Ageing*, 18, 207–215.
- Peng, S., Silverstein, M., Suitor, J. J., Gilligan, M., Hwang, W., Nam, S., & Routh, B. (2018). Use of communication technology to maintain intergenerational contact: Toward an understanding of ‘digital solidarity’. In B. B. Neves, & C. Casimiro (Eds.), *Connecting families? Information and communication technologies, generations, and the life course* (pp. 159–180). Policy Press.
- Pentaris, P., Willis, P., Ray, M., Deusdad, B., Lonbay, S., Niemi, M., & Donnelly, S. (2020). Older adults in the context of COVID-19: A European perspective. *Journal of Gerontological Social Work*, 63(8), 736–742. <https://doi.org/10.1080/01634372.2020.1821143>

- Portes, A., & Sensenbrenner, J. (1993). Embeddedness and immigration: Notes on the social determinants of economic action. *The American Journal of Sociology*, 98(6), 1320–1350. <https://doi.org/0002-9602/93/9806-0002>
- Previtali, F., Allen, L. D., & Varlamova, M. (2020). Not only virus spread: The diffusion of ageism during the outbreak of COVID-19. *Journal of Aging & Social Policy*, 32(4–5), 506–514. <https://doi.org/10.1080/08959420.2020.1772002>
- Principi, A., Chiatti, C., & Lamura, G. (2012). Motivations of older volunteers in three European countries. *International Journal of Manpower*, 33(6), 704–722. <https://doi.org/10.1108/01437721211261831>
- Principi, A., Jensen, P., & Lamura, G. (Eds.). (2014). *Active ageing: Voluntary work by older people in Europe*. Bristol University Press. <https://doi.org/10.2307/j.ctt1ggjk6v>
- Putnam, M., Morrow-Howell, N., Inoue, M., Greenfield, J. C., Chen, H., & Lee, Y. (2014). Suitability of public use secondary data sets to study multiple activities. *The Gerontologist*, 54(5), 818–829. <https://doi.org/10.1093/geront/gnt074>
- Schnell, T., & Hoof, M. (2012). Meaningful commitment: Finding meaning in volunteer work. *Journal of Beliefs & Values*, 33(1), 35–53. <https://doi.org/10.1080/13617672.2012.650029>
- Seddighi, H., Salmani, I., Ermolaeva, P., Basheva, O., & Sedeh, M.S. (2020). The challenges and opportunities of online volunteering for COVID-19 response in Iran: A qualitative study. *Research Square*. <https://doi.org/10.21203/rs.3.rs-48770/v1>
- Seedsman, T. (2017). Building a humane society for older people: Compassionate policy making for integration, participation, and positive ageing within a framework of intergenerational solidarity. *Journal of Intergenerational Relationships*, 15(3), 204–220. <https://doi.org/10.1080/15350770.2017.1329582>
- Sin, N. L., Klaiber, P., Wen, J. H., & DeLongis, A. (2021). Helping amid the pandemic: Daily affective and social implications of COVID-19-related prosocial activities. *The Gerontologist*, 61(1), 59–70. <https://doi.org/10.1093/geront/gnaa140>
- Smetcoren, A.-S., De Donder, L., Duppen, D., De Witte, N., Vanmechelen, O., & Verté, D. (2018). Towards an active caring community in Brussels. In T. Buffel, S. Handles, & C. Phillipson (Eds.), *Age-friendly communities: A global perspective* (pp. 97–118). Policy Press.
- Statbel. (2020). *Availability of internet in the household*. <https://statbel.fgov.be/nl/themas/huishoudens/ict-gebruik-huishoudens#figures> (Accessed June 22nd, 2022).
- Sun, P. C., Morrow-Howell, N., Pawloski, E., & Helbach, A. (2021). Older adults' attitudes toward virtual volunteering during the COVID-19 pandemic. *Journal of Applied Gerontology*. <https://doi.org/10.1177/07334648211006978>
- Thoits, P. A. (2012). Role-identity salience, purpose and meaning in life, and well-being among volunteers. *Social Psychology Quarterly*, 75(4), 360–384. <https://doi.org/10.1177/0190272512459662>
- Trautwein, S., Liberatore, F., Lindenmeier, J., & von Schnurbein, G. (2020). Satisfaction with informal volunteering during the COVID-19 crisis: An empirical study considering a Swiss online volunteering platform. *Nonprofit and Voluntary Sector Quarterly*, 49(6), 1142–1151. <https://doi.org/10.1177/0899764020964595>
- Tsang, S., Royse, C. F., & Terkawi, A. S. (2017). Guidelines for developing, translating, and validating a questionnaire in perioperative and pain medicine. *Saudi Journal of Anaesthesia*, 11(1), S80–S89. https://doi.org/10.4103/sja.SJA_203_17
- UNECE. (2020). Older Persons in Emergency Situations. https://unece.org/fileadmin/DAM/pau/age/Policy_briefs/ECE_WG1_36_PB25.pdf (Accessed September 9, 2022).
- United Nations Economic Commission for Europe. (2019). 2018 active ageing index. https://unece.org/DAM/pau/age/Active_Ageing_Index/ECE-WG-33.pdf (Accessed June 22, 2022).
- Urlick, M. (2020). Generational differences and COVID-19: Positive interactions in virtual workplaces. *Journal of Intergenerational Relationships*, 18(4), 379–398. <https://doi.org/10.1080/15350770.2020.1818662>
- Van Balleghooijen, H., Goossens, L., Bruin, R. H., Michels, R., & Krol, M. (2021). Concerns, quality of life, access to care and productivity of the general population during the first 8 weeks of the coronavirus lockdown in Belgium and the Netherlands. *BMC Health Services Research*, 21(1), 227. <https://doi.org/10.1186/s12913-021-06240-7>
- Vieira, J., Pierzchajlo, S., Jangard, S., Marsh, A., & Olsson, A. (2020). Perceived threat and acute anxiety predict increased everyday altruism during the COVID-19 pandemic. *PsyArxiv*. <https://doi.org/10.31234/osf.io/n3t5c>
- Wilson, J. (2012). Volunteerism research: A review essay. *Nonprofit & Voluntary Sector Quarterly*, 41(2), 176–212. <https://doi.org/10.1177/0899764011434558>
- Yamashita, T., Keene, J. R., Lu, C., & Carr, D. C. (2019). Underlying motivations of volunteering across life stages: A study of volunteers in nonprofit organizations in Nevada. *Journal of Applied Gerontology*, 38(2), 207–231. <https://doi.org/10.1177/0733464817701202>

Author Biographies

Sarah Dury (PhD) is assistant professor in Adult Educational Sciences at the Vrije Universiteit Brussel. She does research on civic engagement among older people from a broad contextual approach and on social networks, loneliness, community building, and Compassionate Communities. She is coordinator of the Compassionate Communities Centre of Expertise.

Dorien Brosens (PhD) is postdoctoral researcher at the Research Foundation of Flanders and assistant professor at the Vrije Universiteit Brussel. She is involved in several research projects about prisoners' participation in prison programs (e.g., sports, education, vocational training) and their active participation in prison life (e.g., prisoner councils, peer programs).

Honghui Pan (PhD) is postdoctoral researcher at the Vrije Universiteit Brussel. She concentrates on social participation in later life, with a focus on environmental challenges. Her

main research topics are social participation, loneliness, long-term care and wellbeing in older people especially those with a migration background.

Andrea Principi is a social gerontologist at the Italian National Institute of Ageing (IRCCS INRCA). His research interests concern active ageing, including work in older age and the retirement transition; reconciliation between work and informal family care; volunteering; education in older age; grandparenting and informal family care to older relatives.

An-Sofie Smetcoren (PhD) is postdoctoral researcher and assistant professor at the Vrije Universiteit Brussel. Her research focuses on how urban environments influence daily life (e.g. access to services and care, access to housing) of its

inhabitants and how processes of social inclusion and exclusion take place in different types of communities.

Jolanta Perek-Bialas (PhD) is director of the Centre for Evaluation and Analysis of Public Policies and Professor at the Institute of Sociology of the Jagiellonian University. Her research interest is focused on ageism in the labour market, age discrimination, extending working lives, exclusion in old age, supporting caregivers.

Liesbeth De Donder (PhD) is Professor in Adult Educational Sciences at the Vrije Universiteit Brussel. Her research focuses on 1) Social gerontology (social participation and inclusion of older adults, active caring communities, safety and elder mistreatment), 2) Participation and learning in detention, 3) with a particular interest in participatory methodologies.