

The covid-19 pandemic and civil society in a border region

Mobilizing voluntary forces in Murmansk region, Russia, and in Troms and Finnmark, Norway

Authors: Vigdis Nygaard, Bård Kårtveit, Anne Katrine Normann

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Summary	

This report is based on the analysis of official and media texts describing the national and regional developments of the COVID crisis and the role of volunteer work. We also refer to official statistics, surveys, and research literature available on the topic. Additionally, we have conducted interviews with NGO leaders and volunteer personnel by phone and face-to-face. The data cover the period from March 2020 to June 2021.

Preface

This report is a part of the research project “Adapting to a changing society. The case of civil society in the Murmansk region”. The project (2020–2023) is financed by The Research Council of Norway and answers a call for research on social- and health related topics in the Russian-Norwegian cooperation within the Barents region.

The aim of the project is to study civil society engagement in social and the public health domain in a border region. The focus is on non-profit organizations in Murmansk region, and how they have adapted to changing legal, political, and socioeconomic circumstances since 2000. This also includes the changes in cross-border co-operation towards the Norwegian neighbor region. Our work was originally organized in 4 work packages, with the following research questions:

1. What are the characteristics of civil society in the Murmansk region?
2. How is civil society in Murmansk region affected by national policies, regulations and laws?
3. How has changes in the political climate affected ties between civil society in Murmansk region and Norway?
4. How has internal and external changes and politics affected cross border cooperation between civil society in Murmansk and Norway?

The Norwegian Research Center - NORCE is the lead partner, and The Luzin Institute for Economic Studies of the Kola Science Center of the Russian Academy of Sciences in Apatity, Murmansk region was a cooperating partner up to 31 March 2022. Due to the Russian war in Ukraine and the subsequent suspension of all bilateral research cooperation between Norway and Russia in accordance with the statement of the Norwegian Research Council, the institutional cooperation within this project ended. By that time, data collection in Russia had stopped, and we had to rely on already gathered data. All further contact with the Russian researchers has taken place on an individual basis, without the Russian institution involved. This period has been challenging for all the participants and for finalizing the project. We want to thank the researchers from Russia Lyudmila Ivanova, Larissa Riabova, and Svetlana Britvina for their valuable contribution in collecting statistical data, conducting interviews, following the media debate on our research topics, giving context and knowledge to discussions as well as co-authoring articles and presentations.

The COVID-19 pandemic forced our research team to change the focus of the project and influenced the ways the research was conducted. We were committed to the main tasks and research questions presented above, but additionally decided to direct our focus on the role of volunteer structures in aiding the most vulnerable populations – the elderly, people with limited mobility and with chronic diseases, citizens in self-isolation. A new research avenue developed in front of our eyes, and as citizens of the local communities under study, we chose to direct our attention to what happened around us. Right at the start of the project we realized that we had to work as a remote team and find ways of getting information during COVID restrictions.

Two reports (Nygaard, 2024; Kårtveit, 2024) sum up our work in the 4 original work packages, while this report presents the additional data and analysis made because of the expansion of the project to also cover the covid – 19 pandemics. Our aim is to gain a deeper knowledge on the role of volunteer work in a crisis situation. The first part of this report contains an analysis of the mobilization of voluntary forces in the Russian-Norwegian border region. The second part is a

presentation of the Volunteer Centers as a structure for organizing volunteer work in Norway, their history, their organization and their activities within different local settings.

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1. Volunteer work in a border region

1.1. Introduction

The pandemic has significantly increased the importance of volunteer work in providing assistance to the population. Given the great significance placed on voluntary work, methods for organizing it and daily practices during the pandemic in the Arctic context are still understudied and need scientific investigation. This is important for understanding the role of volunteer structures in dealing with the crisis and in finding ways to improve the effectiveness of the assistance provided both in crisis situations and in the normal course of events.

We aim to provide a deeper understanding of the ways in which volunteer work with vulnerable groups was organized during the initial stages of the COVID-19 pandemic in two national and regional settings. Further, we discuss the role and scope of volunteer work during the pandemic in the two regions, and how this activity is framed by structural and political differences between Norway and Russia. The study adds knowledge to the field of implementation of national COVID-19 strategies in diverse regional settings and understanding the role of volunteerism in crisis response in providing for the health and well-being of vulnerable groups in the Arctic.

The northernmost county of Norway, Troms and Finnmark, and Murmansk oblast in the Northwest Russia are peripheral regions located in the Arctic, and the pandemic hit these areas with different impacts. Murmansk oblast had experienced a higher infection rate (7.527 COVID cases per 100.000 inhabitants) as of the last week of June 2021 and higher COVID-related deaths (184 COVID deaths per 100.000 inhabitants)¹ compared to Troms and Finnmark county (977 cases and 2,5 deaths per 100.000, respectively)²

The COVID crisis created a critical demand for organizing activities for protecting the health and well-being of vulnerable groups. This added a new dimension to the research on voluntary work because more needs to be learned about the ability of voluntary structures to quickly reorient to new challenges in a time of uncertainty and fear. Voluntary work and the formalization of volunteerism through participation in NGOs are quite dissimilar in Norway and Russia, thus voluntary work in a crisis situation developed differently within the two different political and health care systems. We have chosen our home regions (Murmansk oblast and Troms and Finnmark county) as cases for the study, and this has enabled us to follow closely the development of the pandemic and the responses to the situation. The research literature on COVID responses often takes the national perspective and focuses on larger cities (Greer, 2020; King & Dudina, 2021; Askim & Bergstrøm, 2021). Here, we present a less common perspective by comparing two remote and less populated regions in the Arctic.

1.2. Aims and research questions

We aimed to get a deeper understanding of the ways in which volunteer work with vulnerable groups was organized during the initial stages of the COVID-19 pandemic in two national and

¹ Regional Government of Murmansk oblast. URL: https://vk.com/covid_murman (accessed: 05.10.2021).

² Folkehelseinstituttet. URL: <https://www.fhi.no/>(accessed: 05.10.2021)

regional settings, the role and scope of volunteer work with vulnerable groups in the two case regions, and how this activity is framed by structural and political differences between Norway and Russia. Our research questions are:

- How was voluntary work with vulnerable groups organized during the initial stages of the COVID-19 pandemic in the two national and regional settings?
- What was the role and scope of volunteer work with vulnerable groups during the COVID-19 pandemic in the case regions?
- How can different political structures and governmental responses to the pandemic explain differences in organizing volunteer work in the case regions?

1.3. Methods and data

This report is based on the analysis of official and media texts describing the national and regional developments of the COVID crisis and the role of volunteer work. We also refer to official statistics, surveys, and research literature available on the topic. Additionally, we have conducted interviews with NGO leaders and volunteer personnel by phone and face-to-face. The data cover the period from March 2020 to June 2021.

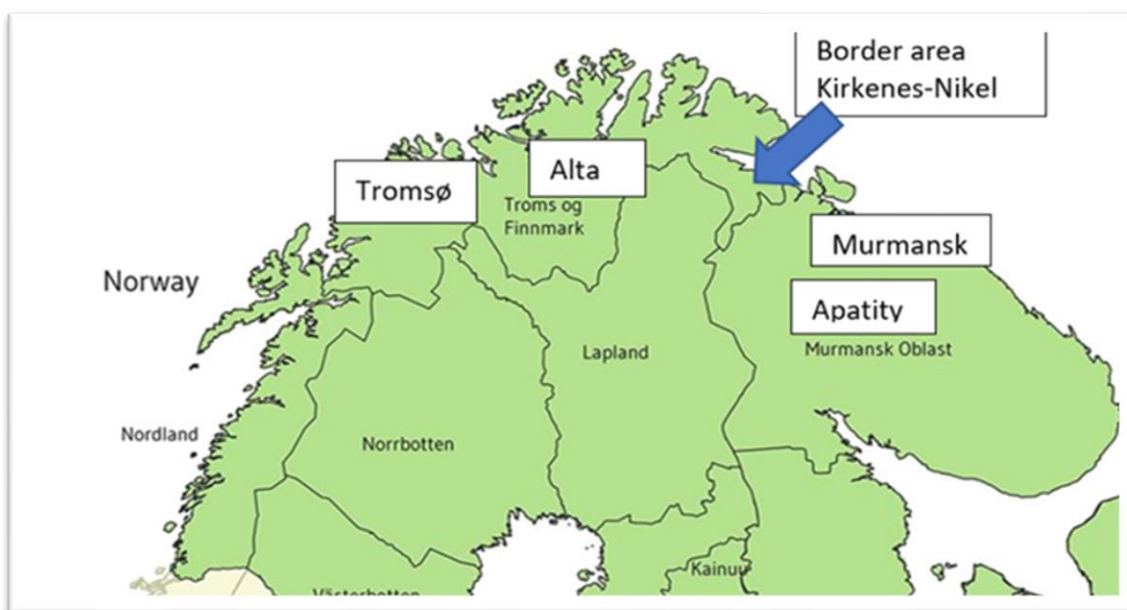


Figure 1: Map of the research regions and

1.4. Volunteering and civil society in the research literature

Volunteer work is defined as unpaid work provided to parties to whom the worker owes no contractual, familial, or friendship obligations (Tilly & Tilly, 1994). Other scholars have argued that the definition should be broadened to also include ‘the myriad informal ways of ‘helping out’ that should also be treated as productive activity’ (Wilson & Musick 1997). Voluntary work largely contributes to society, both at the community and individual levels. Volunteering is a complex

phenomenon that spans a variety of types of activities, organizations, and sectors (Wilson, 2000). A vast range of literature focuses on the characteristics of the helpers, while empirical analysis often focuses on the “laws of volunteering”, explaining the occurrence or non-occurrence of the phenomenon (Wilson, 2000).

Volunteer work with vulnerable groups takes place within formal registered non-governmental organizations as well as in informal settings. This study elaborates on both categories because the formalizations of volunteerism in Russia and Norway are quite different. The economic value of volunteering also differs. Dam & Bratshaug (2010) estimate voluntary work in Norway at 4 % of the gross domestic product, while the corresponding figure from Russia is 0,9 % (Shapovalova, 2019).

Civil society is a term filled with multiple meanings, and a comprehensive field of study. Edwards defines civil society as “the associational life that brings people together and allows civic values and skills to develop” (Edwards 2005). In popular usage, civil society commonly includes the family and private sphere, as well as non-governmental organizations, also referred to as the ‘third sector of society’, distinct from government and business (Ibid). We may separate between three schools of thought on what civil society is and does. One school of thought focuses on civil society as a political and democratic arena, a corporative space in which citizens can assert their interests in relation to the state (Tocqueville, 1969; Rokkan, 1987). A second school approaches civil society as set of forces that furthers social integration, create ties between people, give them a sense of belonging, and preserve a stable social order (Putnam 2000, Eimhjellen og Ødegård, 2016). A third school focusing on civil society as economic actor(s), that deliver(s) public services and produce welfare services that can be of vital importance to the well-being of a society and its members (Eimhjellen & Ødegård, 2016). In short, the three schools emphasize either the political, the social or the economic role of civil society. Further on, one may separate between civil society organizations whose activities are directed towards its own members (member benefit), and organizations whose work is directed towards other individuals, groups and causes in need of attention (public benefit) (Smith, 1993). These distinctions are all highly relevant in the context of present-day Russia and Norway.

1.5. Different political systems and crisis management response

We found inspiration in Greer et al. (2020) who proposed four areas of focus to understand the reasons for different governmental COVID-19 responses, namely pre-existing social policies and the policies enacted for crisis management, regime type (democracy, autocracy, or hybrid regimes), formal political institutions (federalism, presidentialism), and state capacity (including control over healthcare systems). Looking at these four areas, it is clear that Norway and Russia fall into different categories.

Russia employs a centralized, federally coordinated, quick mobilization-type response involving all governance levels and many sectors. There were two federal bodies developing measures to combat the pandemic crisis — the **Operational Headquarters** established in late January 2020 and chaired by the Deputy Prime Minister, and the **Coordination Council** organized in March 2020 and led by the Prime Minister. In both structures, **Rospotrebnadzor** (Federal Service for Supervision of Consumer Rights Protection and Human Welfare) and the **Ministry of Health** have a strong advisory role. Federal measures included national regulations (such as the enforcement of the national non-working days), mobilization of the healthcare system, economic support and so on.

In mid-March 2020, **regional COVID-19 operational headquarters** were activated in all 85 regions of Russia. The headquarters were led by the regional governors and include representatives from many regional bodies of state power. The headquarters coordinated efforts to combat the pandemic and prepared decisions and recommendations for citizens, organizations, the state, and municipal bodies. Also, regional centers for information monitoring on COVID-19 have been established. Regional authorities make the decisions to strengthen or ease restrictive measures such as the enforcement of lockdowns, emergency regimes, or stay-at-home orders (King & Dudina, 2021) and implement federal support measures like social benefits and tax reductions (Tarashenko, 2021). Regional governments maintained close contact with local authorities, especially on social policy matters, and are responsible for healthcare in the municipalities.

Local governments implement national and regional regulations and have powers to impose their own restrictive or preventive measures in the communities. Municipal authorities have the responsibility for creating conditions for the provision of medical care, implementing measures to preserve people's health in emergency situations, following up on citizens in need, etc. They also cooperate with industry and businesses to support the local health sector and voluntary structures.

As a federal state with a centralized political system, Russia has the capacity for mobilization of the healthcare system and other sectors, and this capacity was used to respond to the pandemic. The federal and regional levels played a coordinating and resource-providing role in the COVID response, with the regional level playing a key executive role. Referring to a poll about coping with the COVID threat, about 40 % of the population believe that the government is doing its best to combat the pandemic, while 27 % consider the government's measures excessive.

In Russia, **new bodies** were established to combat the pandemic in addition to existing bodies. In Norway, however, the authorities assigned with specific responsibilities in normal circumstances have held the same responsibilities during the pandemic. **The Ministry of Health and Care Services**, which has national responsibility for health preparedness, declared a health crisis and activated other authorities like the **Norwegian Directorate of Health** that coordinates mitigation efforts and implements infection control measures. **The National Institute of Public Health** monitors the epidemic situation and supervises and advises state and local authorities on infection control (Askim & Bergstrøm, 2021). The two executive agencies were given a strong position for handling the pandemic.

The municipal level is vital for implementing the national infection control measures. It has a prominent role in the COVID-19 response because the **chief medical officer** can use the emergency procedure given in the Infection Control Act to enact **local bylaws**. Early in the pandemic period several municipalities used this power to introduce stricter measures than the government's recommendations. The government lacked the authority to overrule such local bylaws, and this caused some tensions.

The role of the regional level is limited to a coordinating role in crisis preparedness by coordinating information between the government and municipalities in the region. By the end of 2020, the Norwegian county governors had taken a more active role in working out regional risk assessment plans, thus reducing the need for municipal bylaws in conflict with governmental recommendations (NOU 2021:6).

The Norwegian model of **community-centered public health** focusing on social distancing protocols, rapid testing, tracing close contacts of the infected, and tracking down people in need of isolation/quarantine is considered a success. A corona commission delivered a white paper on the authorities' handling of the COVID-19 pandemic in April 2021, and it highlights the strong position of the municipal level as an important prerequisite for a balance of power between the different levels (NOU 2021:6). The first period can be characterized as a top-down governing model with the need for a strong, unified message from the different state bodies to the people. This was followed by a period of municipal "freedom" to take necessary actions to address local needs before better communications and routines were established for coordination between the municipal, regional, and national levels.

1.6. The COVID situation in Murmansk oblast

In early March 2020, the pandemic had reached Russia, and in mid-March it hit Murmansk oblast. The day after the first COVID case in the region was confirmed on March 16, the regional COVID-19 headquarter started to operate, and the governor announced a high alert regime and early school holidays, a ban on mass events, and soon the closure of sports centers, hotels, and restaurants and the transition to distance learning and remote work. From the end of March, access to a number of municipalities was restricted, especially those hosting large industrial enterprises.

In early April, a COVID outbreak occurred at a liquefied natural gas construction site, and an emergency regime including the strict isolation of the site, the deployment of the mobile hospital of the Federal Ministry of Emergency Situations, and mass testing was introduced until mid-June. On March 30, in the region, as well as in the whole of Russia, a non-working-days regime with preservation of wages was enacted, which lasted until May 8th, 2020.

Places with high risks of transmission included industrial enterprises, especially those employing fly-in fly-out workers, and hospitals. The infections came with fly-in-fly-out workers, vessels boarding in Murmansk city, and people returning home from travels. With the high population density in Murmansk (the largest city in the Arctic Circle), as well as in the numerous industrial cities in the region, Murmansk oblast gradually found itself among the regions that were hardest hit. The blow was deflected by the mobilization of the existing healthcare facilities and the opening of additional COVID hospitals and observatories and promoting and enforcing compliance with anti-COVID rules such as mask wearing and social distancing, as well as by testing and tracing contacts of the infected, followed by isolation, the involvement of non-state health and well-being services, and vaccination.

The pandemic followed in waves, and after a period of some easing in the number of infections and restrictions, in June 2021 Murmansk oblast experienced another COVID outbreak. Upon the recommendations of the regional Rospotrebnadzor, night-time restaurant and bar services were again prohibited, and state-financed organizations were instructed to switch to a 30% remote work mode and shift to a sequential start of the working day for office workers. These measures were also recommended to non-state-financed employers.

The regional official media frequently announced the level of vaccination with numbers of immunity. In Murmansk region, as well in the rest of Russia, distrust in health authorities and

particularly the Russian produced Sputnik vaccine (Mikule et.al. 2021), affected the amount of immune citizens.

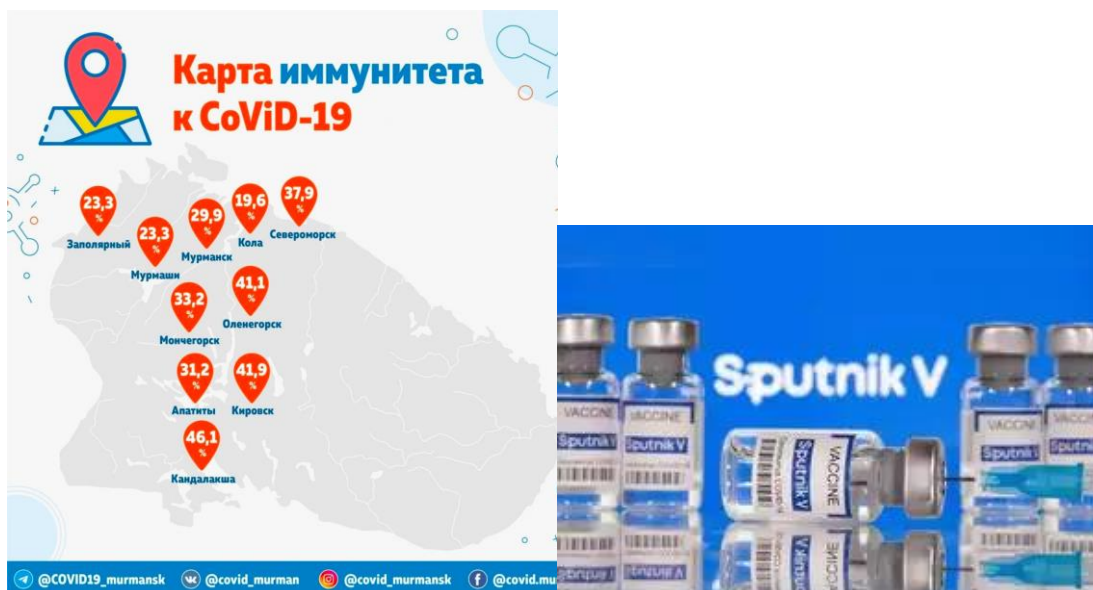


Figure 2: Map presenting the percentage of vaccination among citizens in different municipalities of Murmansk oblast, source: murman.ru. Sputnik V vaccine, source: Reuters

1.7. Volunteer work with vulnerable groups in Murmansk oblast

In the first months of the pandemic the needs for medical attention, food deliveries, and other services increased, and people in need of help became more dependent on outside assistance. Since 2015, there has been an increase in volunteer activities in Russia, and at the national level 2018 was declared the Year of the Volunteer. The pandemic has given rise to further and exceptional growth in volunteerism in Russia and Murmansk oblast. The volunteers mobilized quickly, and Murmansk oblast was one of the first regions in Russia to establish united COVID volunteer centers. Three days after the first case of infection in the region, on March 20th, 2020, the governor met with the leaders of the most active public movements — the All-Russia People’s Front (ARPF), Volunteer Medics, Victory Volunteers, and the party “United Russia”. By this time, volunteers from these structures had already started buying food and medicines and providing other assistance to vulnerable groups. As a result of the meeting, on March 21 the regional volunteer headquarters of ARPF and “United Russia” was set up. The all-Russian action of mutual assistance **#WeAreTogether** started on the same day, and within a few days regional volunteer headquarters were formed in all regions of Russia.

The volunteer movement snowballed, and in early April the **United Volunteer Centre of Murmansk** oblast was established. The Centre brought together various volunteer organizations, groups, and individuals (including, in addition to those already mentioned, the Red Cross, eco-volunteers, and persons who had not previously participated in NGOs) and started to coordinate the work of volunteer centers in the municipalities. It received strong support from the federal and regional levels as well as from the industrial and business sectors.

Local volunteer centers were set up in all 17 municipalities of Murmansk oblast in April 2020. New centers united volunteers from local administrations, volunteer movements, youth centers, universities and colleges, the media, local businesses, sports clubs, and rescue brigades. As the interviews showed, some smaller NGOs were not involved in the initial activities of the local centers and the increase in their involvement became a task for future work. The local centers answered the hotlines for persons aged 65+ and those having chronic diseases, low-mobility people, and people in self-isolation. Volunteers shopped for these individuals, delivered medicines and free food, helped with household chores, and worked at checkpoints at road inspections.

Large industrial companies located in the municipalities (PhosAgro, Nornikel, and other companies that play an important city-forming role) supported communities investing in health sector facilities. They also formed corporate volunteer structures working in cooperation with local volunteer centers to help the elderly and other vulnerable groups.

In Murmansk oblast, as well as throughout Russia, a significant rise in the volunteer movement was seen, and the results were substantial. In April – October 2020, 700 COVID-volunteers in Murmansk oblast fulfilled 17.600 appeals for assistance and delivered more than 14.000 free meals to those in need.

The growth of the volunteer movement and the outstanding service provided during the pandemic were achieved through the concerted efforts of volunteers, close cooperation of volunteer structures with local, regional, and federal governments and businesses, and strong support from state authorities.

1.8. The COVID situation in Troms and Finnmark

Based on a national increase in COVID infections, the Norwegian Prime Minister announced a national partial lockdown on March 12, 2020. All schools, kindergartens, and universities closed as well as all cultural and sports activities. Vulnerable groups dependent on practical help or social contact experienced a break in their daily routines. Employees were asked to work from home and old age homes were closed for visitors as they became high COVID-19 transmission areas. The infection rate was at this stage the highest in the southern capital area, while the northern regions had minor outbreaks. This caused some discontent because strong national restraints in less infected regions were considered unnecessary.



Figure 3: Hurtigruten cruise ship, source: Hurtigruten. Russian fishing vessel, photo: Vigdis Nygaard

The first infections in the northern region came with foreign labor in the cruise industry and fishing vessels boarding in Tromsø city and from migrant workers returning from holidays in Eastern European countries, but gradually also from internal travel, and it spread to the local

population of all ages. Some northern municipalities enacted local bylaws to restrict visitors from southern Norway with a higher infection rate from entering their territory by introducing quarantine measures. Places with high risks of transmission were hospitals, old age homes, bars, and restaurants. The cities in the north experienced some bigger outbreaks, but they were fought back by massive testing and tracing of close contacts of the infected, followed by isolation and quarantine. The infection peak came in waves at different times in different municipalities and challenged the municipal healthcare capacity. The tracing of contacts of the infected and information about the need for isolation by phone was a task with which the municipalities helped each other. Hammerfest was hit by a massive outbreak in May 2021, and the infection tracing team in Tromsø helped to reach the target group because they had the capacity to do so. The regional hospitals also exchanged personnel to step in when health workers themselves became infected and had to stay at home.

By June 2021 all the municipalities of Troms and Finnmark had experienced COVID outbreaks, and most people living outside the bigger cities in Troms and Finnmark had experienced limited periods of restrictions like the ban on social activities and meetings outside the household. A total lockdown, with everything closed except for grocery shops and pharmacies, was only implemented in some northern cities (Hammerfest, Harstad, and Tromsø) and only for a limited period. The northern region came out of the pandemic with minor restrictions compared with the capital area and the Russian neighbor region Murmansk oblast.

1.9. Volunteer work with vulnerable groups in Troms and Finnmark

The volunteer movement quickly mobilized to assist during the crisis. The national health authorities cooperated with the three major NGOs — the Red Cross, the Norwegian Women's Public Health Association, and Norwegian Peoples Aid — to work out guidelines for close cooperation with voluntary organizations (Arnesen & Sivesind, 2021). This was in line with the governmental "Voluntary declaration" from 2015 prompting the municipal level to map all voluntary organizations that were active in the communities and to work out a policy for volunteer work. **The volunteer Center (Frivilligsentralen)** is an essential local structure to put this policy into practice. Troms and Finnmark county consist of 37 municipalities, and most of them had a volunteers Center in operation when the pandemic hit. The volunteer Center is a meeting place for mobilizing and coordinating voluntary work, for mapping the needs of vulnerable groups, and for finding organizations or individuals who can help. The volunteer Center also engages in recruiting volunteers and teaching charitable practices. Such structures became paramount for the municipal mobilization in the beginning of the COVID-19 crisis.

The Red Cross has local units in most Norwegian municipalities, and volunteers in the organization helped the municipality with corona-related tasks. For example, the Red Cross in Tromsø helped the university hospital to test employees for COVID-19, provided safe transport of infected or suspected infected persons, ran a test station for foreign visitors at Tromsø airport, helped the elderly, disabled, and foreign workers in quarantine or isolation with shopping, and manned a "phone-a-friend" service for lonely and isolated people. The organization contributed with 4000 hours of voluntary COVID-related work in 2020 (Tromsø Røde Kors, 2020). The COVID-19 situation also forced the organization to find new methods of helping. Because of social distancing, the service where volunteers regularly visit lonely people in the community became virtual or phone based.

A survey conducted in May – June 2021 among volunteer organizations in Northern Norway highlights the resilience of voluntarism by finding new and innovative ways of helping people in need as well as taking responsibility for new tasks such as passing on and explaining information from the authorities about COVID-related issues.

1.10. The case of Sør-Varanger

The municipality of Sør-Varanger, and the town of Kirkenes has a rich volunteer sector, with hundreds of individuals within different organizations putting in hours to address the needs of vulnerable groups, in Sør-Varanger and elsewhere.

Organizations such as the Red Cross, Norwegian People's Aid, the Salvation Army and the Church City Mission (Kirkens Bymisjon) all organize social activities catering to the elderly, to people with drug and alcohol addictions, people with disabilities, and to refugees, or recently arrived immigrants who may need hand integrating, building personal networks and learning Norwegian. Much of this has taken the form of running café's or organizing a dinner gathering once a week, or on special occasions for the elderly and other vulnerable groups, language training courses and social gatherings involving refugees and immigrants, or gatherings in which refugees are taught the ropes of settling in, dealing with Norwegian public bureaucracy and building new lives for themselves in Sør-Varanger. These core activities of the volunteer organization all involved personal face to face interaction between people. As such when the Pandemic hit, these all constituted high risk activities that had to be shut down. As such, throughout 2020 and 2021, volunteer work in Sør-Varanger was mostly at a standstill. Some organizations established emergency phone services, as this became a period marked with widespread social isolation and increasing mental health struggles. Some also offered practical assistance for people the elderly and others in need, involving everyday shopping, simple repairs and other practical tasks at home. In addition, several organizations organized outdoor outings such as skiing trips in the winter, hiking trips during the summer and fall, that allowed people to get together without exposing each other to Covid.

Furthermore, some organizations, like the Norwegian People's Aid and the Salvation Army have had projects in Murmansk, involving guidance for health workers and family members in how to mobilize people with disabilities to live active lives (NPA), while the Salvation Army had projects involving job training for people with various challenges in Murmansk city. In the case of Norwegian People's Aid, they could no longer travel to Murmansk. Instead, they organized online courses for health workers and family member of people with disabilities to instruct them on how to assist them in having more active lives. This involved instructions on lifting techniques, the use of aiding equipment and movement techniques for to be applied by those with disabilities themselves. For the Salvation Army, they were unable to meet with their partners in Russia. Instead, they stayed in touch online. Overall, the volunteer organizations that were active in Sør-Varanger found themselves somewhat paralyzed during the Pandemic, as so much of their activities were based on face to face interaction with people. At the same time, they were forced – like everyone else – to rely on digital communication and find new ways to utilize digital tools and channels of communication. These lessons will remain with them, and inform how they organize their work, communicate with partners, and how they can make adjustment in situations where physical gatherings are not possible.

1.11. Concluding remarks

This report sheds light on national COVID-19 response strategies in Troms and Finnmark county and Murmansk oblast and focuses on how volunteer work with vulnerable groups in two neighboring regions in the Arctic was organized during the initial stages of the pandemic from March 2020 to June 2021. We described how structural and political differences framed volunteer work during the crisis in two national and regional settings. We have discovered that despite similarities in the COVID responses such as mobilization of volunteers and the rise in volunteer movements, political systems and health crisis responsibilities at the state, regional, and local levels have been quite diverse, and this explains differences in organizing volunteer work in the case regions.

Russia has employed a centralized mobilization type system for its COVID response involving all levels and many sectors. The regional level, with the governor heading the newly established regional COVID-19 headquarters, has substantial power to decide on measures to fight the pandemic. This is contrary to Norway where the regional level has only a minor role in the COVID-19 response. Here the municipal level has a relatively strong position in the implementation of national policy and municipal bylaws, though in close cooperation with state health agencies.

Before the pandemic, voluntary work did not play a substantial role in health and well-being provision in Murmansk oblast. The COVID-19 crisis changed this as new structures in the form of united regional and municipal volunteer centers quickly appeared across the region, and the extent of volunteerism increased. Volunteer structures in Troms and Finnmark were already well established on the regional and local levels and could easily be mobilized when the pandemic hit. Most of the activity took place within well-established NGOs in close cooperation with the municipality, and often under the umbrella of the volunteer centers.

Our study shows that volunteerism is one of the most efficient tools for crisis response on both sides of the Norwegian-Russian border and shows that volunteer work adds an indispensable value to reduce the workload of public health and social care institutions in promoting health and well-being for vulnerable groups. Voluntary structures on the Norwegian side appear to be resilient and flexible to meet the needs of the target group, and volunteerism in Murmansk oblast during the COVID-19 crisis shows exceptional strength to grow, formalize, and mobilize within a very short period. Although in different ways, volunteer structures in both neighboring Arctic regions have gained experience that can be used in crisis conditions related to various types of challenges, as well as to improve work in normal conditions.

2. Volunteer centers – experiences from Norway

The aim of this chapter is to present and analyze the institutionalization of Volunteer Centers in Norway, framed by the political changes affecting the development of the welfare state. We will investigate variations in structural and practical implementation over a period of 30 years. This information serves as an input to a resource bank of different models and best practice in organizing voluntary work for vulnerable groups within health and care.

2.1. Historical background of volunteering

The Norwegian voluntary movement goes far back and developed as organizations from the 1840s with the farmers unions, labor unions, temperance movement, religious and language movements together with social and humanitarian organizations. Later came sports, cultural and outdoor organizations. They were mostly consolidated with structures on national, regional and local level in the beginning of the 1900s (Arnesen, 2016).

These organizations were membership-based, and most of the citizens performing voluntary, unpaid work were also members of organizations. From the 1960s, many policymakers thought that voluntary work would become redundant with the expansion of the welfare state. By contrast, the growing critique of the welfare state and liberalization of public services, paved the way for a renewed focus on civic society and volunteering in the 1980-ties. The 1990s, to a large degree brought in the political consensus of many societal benefits of volunteering (Quist et.al, 2019).

The traditional hierarchical organizational structure of local, regional and national level organization changed since with 1980-ties as the numbers of local units decreased. We observe a dual organization of structures: The numbers of national organizations without local and regional units increased, and more independent local organizations emerged without a national or regional structure (Arnesen, 2016). The emergence of a grassroot and transition initiatives is a part of this development.

The percentage of Norwegians being members in an organization dropped from 83 % in 1997 to 78 % in 2014. The total number of memberships per person decreased, but at the same time, the amount of voluntary work performed, increased (Arnesen, 2016). It seems that the work performed by volunteers are becoming more important than the organizations themselves, and it is changing the role of the organizations in civil society. People are no longer lifelong members of the same organization, and it is more common to participate in voluntary work or contribute with money without being a member of the organization.

To put this in a comparative perspective, the Scandinavian voluntary sector still has a very high number of association membership per capita compared to other European countries. Several combinations of mechanism can explain these national differences, often referring to the demand side of the organizational society, the supply side characteristics of the population, and institutional factors that regulates the rules and opportunities for participation (Henriksen et. al 2019)

In Norway, as well as in Denmark, from the 1990-ties we observe an increased disconnection between membership in voluntary associations and volunteering (Selle et. al, 2019). This also

changes the role of organizations. The shift from the collective action for volunteering through traditional membership-based organizations is a trend often described as an individualization and reflexive form of volunteering where the motivation is more self-realization and self-orientation (Eimhjellen 2018).

2.2. Towards the idea of Volunteer Centers

These organizational developments opened the market for new voluntary structures, and in the late 1980-ties emerged an international interest in mixed solutions where both public and civic welfare resources were combined (Lorentzen 2012). The idea of Volunteer Centers started in the early 1990-ies, almost simultaneously in Denmark and Norway as a result of shifting policies and governmental initiatives.

A White paper on Voluntary organizations from 1988 (NOU 1988) fueled some expectations for a new policy in Norway and was followed in 1990 by an invitation from the Norwegian Social Ministry for a brainstorming among voluntary organizations in the social field. The idea of a local coordinating and connecting point, came up. Not as a tool for the authorities to “govern” voluntary organizations, but to increase the efficiency of voluntary work. The Norwegian Red Cross proposed to set up and take responsibility of centrals nationwide, but the Ministry suggested a free and bottom-up approach, a unit filled with social related content (Lorentzen, 2012).

The Norwegian Parliament funded a 3-year pilot program for Volunteer Centers, starting from 1991, to test different practical models for volunteering within health and care. In this early period, the Centers developed as independent welfare providers outside, and to some extent overlapping and in competition to, the existing voluntary organizations. This also triggered some uncertainties about the content and division of labor between the authorities and the new structures. The pilot was evaluated with some mixed feedback and reservations towards municipal dominance. As a need for a sturdier national coordination, the Ministry decided to prolong the finances with a cooperating body – FRISAM – a new hybrid structure.

2.3. Consolidating the Volunteer Centers

In 2004 the Government decided to gather policy on volunteering under the Church and Cultural Ministry. FRISAM disappeared, and the new umbrella FRINOR (Frivillighet Norge) became a national organization under State governance. FRINOR considered Volunteer Centers as a competing public element to get hold on state finances, and denied the Volunteer Centers membership, and they were left alone without a national umbrella organization to speak for them. The Government replied that the Volunteer Centers’ activity is more important than ownership and stressed the coordinating function (Lorentzen, 2012).

Some directions came with a White paper in 2006 with a more detailed plan for their role and function. Gradually, the Centers transformed to community centers (Nærmiljøsentre), moving away from a predominately health and care content to social and cultural, incorporating citizens outside ordinary working life and organizational membership. The government indicated the need for less direct service provision to more infrastructure functions (Lorentzen et. al 2014)

The Volunteer Centers gradually manifested itself as a predominately municipal owned structure, but with some variety as independent or owned by organizations. They are predominately dependent on public finances.

The next stage in developing a national policy affecting Volunteer Centers came in 2015. The Ministry of Health and Care, together with Frivillig Norge and KS launched a national strategy for voluntary work in the field of health and care. The aim was to recruit and maintain volunteers of all ages, and strengthen the systematic cooperation between voluntary organizations, volunteering centrals, individual volunteers and the municipalities. A declaration of Volunteering encompasses the principals and goals of state-voluntary cooperation. In April 2022, we find 478 Volunteer Centers active in 312 of the 356 Norwegian municipalities³.

Form of ownership	N	Percent
Municipal	274	51,5
Organization	133	27,8
Foundation	61	12,8
Cooperative	21	4,4
Others	14	2,9
Joint stock	2	0,4
Total	478	100

Table 2: Ownership of the Norwegian Volunteer Centers, 2022.

97 % of the Volunteer Centers are members of the umbrella organization *Norges Frivilligsentraler*, founded in 2016. The organization is also a resource center helping the individual centers with the vision: *Together we make inclusive local communities*. According to the statutes, Volunteer Centers are defined as:

1. A locally anchored meeting place managed according to local prerequisites and needs
2. Initiation, mobilizing and coordinate voluntary work in cooperation with independent volunteers, organizations, and public sector
3. Open to everybody, and includes all people interested in all forms of voluntary work.
4. Developed by people attached to the center.

³ <https://frivilligsentral.no/>

Ear marked state funding of a 100 % employed manager of each Volunteer Center is transferred to the municipalities.

The municipal level was encouraged to formulate their own voluntary policy, mapping and integrating the existing organizations and voluntary structures on the local level. A survey (Trættestad et al 2020) present a variety of relations between municipalities and volunteers; some are hierarchical with municipal dominance, some more equal, and others hierarchical with voluntary dominance.

This historical background highlights the dilemma of interaction and cooperation between municipalities and voluntary structures: the need of the municipality for governing and the need of voluntarism for autonomy.

2.4. Case studies

2.4.1. Alta Volunteer Center

Alta Volunteer Center was established in 1993 and aims to be a node and connector between people providing voluntary work and people in need of help. The central intend to include all the citizens of Alta, provides services as a supplement to the municipal services in a close cooperation between voluntary, private, and public sector. The purpose of Alta Volunteer Center is to initiate, mobilize and coordinate voluntary work in Alta.

The central has its own statutes and is subordinated under the national umbrella Norges frivilligsentraler and its statues. Alta Volunteer Center is governed by a board with representatives from various NGOs and the municipality. A 100 % position of the manager is paid from the municipal budget, with additional earmarked state transfers.

Alta Volunteer Center is owned by Alta municipality and organized under the health and welfare department. The services are a supplement to municipal services. The main activities are:

- Distribution/transport of warm meals to senior and disabled citizens
- Small jobs helping senior and disabled citizens with snow clearance, firewood supply, gardening, grocery shopping.
- Visitor friend/take a walk
- Cultural activities for senior citizens (den kulturelle spaserstokken)
- Supper together/share a meal

Some of the activities were affected by the pandemic, like reduced visiting in private homes, more phone-based contacts. Alta had few restrictions over a long period, and most of the tasks continued as before.

2.4.2. Sør-Varanger Volunteer Center

Sør-Varanger Volunteer Center was established in 1992 and is owned and funded by Sør-Varanger Municipality. The Center has a full-time director, and a board of six members, who represent the biggest political parties in the municipality, the municipal director's office, the council of elders and various volunteer organizations. The Center's director answers to the Health and Care section at the municipality. The Center also has a core of 45 very active volunteers, and a group of more sporadic participants. The Center shares an office building with the local branch of the Red Cross, and from where they organize a series of low-key activities.

-A "janitor-service" - a group of volunteers who can shovel snow, mow the lawn, hand help with other small, practical tasks primarily for older people who can use the help.

-An equipment boot – where they have a wide range of winter equipment – skis, snowboards + bikes and other items for recreational activities that people can lend, instead of buying.

-They are responsible for the upkeep on the Red Cross minibus, which is used to transport elderly and disabled people on excursions.

-Pre-Pandemic, the Center ran a café for the elderly in cooperation with the Red Cross.

-A language café for refugees and immigrants, where they can learn the Norwegian language in one-to-one conversations with local volunteers.

-In cooperation with the Red Cross, they organize a large May 17th breakfast gathering for the elderly and disabled.

During the Pandemic, the Center canalized their resources into other activities, as a response to widespread isolation and strict anti-contagion-measures. This included:

-A phone-service for people who needed someone to talk to.

-Shopping for people, especially among the elderly who needed the help.

Excursion – organized in cooperation with the organization Mental Health, including fishing trips for lonely people with little social networks.

The national organization of Volunteer Centers played little to no role in how the local volunteer center worked throughout the Pandemic. The local Center answers to, and is financed by the municipality, and the activities are organized on the basis of needs identified by local volunteers.

The Pandemic has taught them how important social activities are to people, and what they can mean for people's health and well-being.

The Volunteer Center in Sør-Varanger also organized a cross-border social club, for cooperation and social interaction between Norwegians and Russians on both sides of the border. They called it the Norwegian-Russian border residents club (Norsk-russisk grenseboerklubb), it was supported financially by the Barents Secretariate and was run by the Volunteer Center in cooperation with Pechenga Municipality. Through this club, Norwegian and Russian participants visited each other,

got to know each other and build personal relations through joint activities such as conversational language lessons, dancing, baking and cooking. The activities of the club were terminated in March 2022, following the War in Ukraine.⁴

As with many volunteer organizations, a significant number of the Center's volunteers are quite old. Many of them are recent retirees, but resourceful ones, with lots of energy, and suddenly lots of time that they want to use productively.

2.4.3. Red Cross Tromsø

Red Cross enjoys legitimacy worldwide, with its mandate to uncover, prevent and relieve human suffering. Following a Norwegian Royal Decree, Red Cross is to assist the authorities with crisis management.

Red Cross Tromsø belongs to the umbrella organization Norges frivillighetssentraler. As per July 2023, Red Cross Tromsø had 11 employees and 500 volunteers, who contributes to the organisation local activities, community centers and volunteer center.

Tromsø municipality does not have a tradition of integrating the volunteers sector in the municipality administration, but has a collaboration with the volunteer centres for those who assist with welfare needs of, inter alia, elderly, immigrants, poor, and homework assistance. There are two volunteer centers in Tromsø, none of them are municipal, but integrated in Red Cross Tromsø and the Church City Mission (Kirkens Bymisjon), respectively.

At the time of the interview, Tromsø municipality administration did not have personnel dedicated to work towards the volunteer sector. "There is not an explicit volunteer policy in Tromsø municipality", even though there are several interfaces between the municipality and Red Cross Tromsø.⁵ At the initiative of the volunteer sector, dialogue meetings were initiated in January 2021, where participants include the municipality administration, Red Cross Tromsø, Tromsø sports council,⁶ music council,⁷ and the Church City Mission. They meet on Teams to plan and facilitate meeting arenas. In November 2022, they arranged the volunteer conference.⁸

Preparedness and volunteering

As part of the Red Cross organization, Red Cross Tromsø doubles as an emergency organization in addition to being a volunteer center. The whole organization reacts quickly in case of societal crises. The interviewee highlights two crises: the Covid pandemic and the war in Ukraine.

⁴ Interview with Director of Sør-Varanger Volunteer Center, May 24th, 2022.

⁵ Our interviewee in Red Cross Tromsø believed the municipality intended to establish a position dedicated to work towards the volunteer sector.

⁶ Tromsø idrettsråd

⁷ Tromsø musikkråd

⁸ <https://tromso.kommune.no/nyheter/2023/02/frivillighetskonferanse-den-3-november>, accessed 30 January 2024.

When crises like these occur, Red Cross contacts a pool of volunteers to assist. Red Cross Tromsø is well prepared to receive new volunteers; they are obliged to accept new volunteers.

In the beginning of the pandemic, the volunteer center organized a shopping service for the elderly, collaborating with Norgesgruppen.

The University Hospital was assisted by Red Cross Tromsø as it became obvious that there was urgent need for covid testing of Hospital employees.

External influences leading to shifts in routines

The pandemic entailed an unprecedented shift in routines for Red Cross Tromsø. Due to the high pressure, there was a need for more volunteers. As it turned out to be difficult to recruit volunteers, they had to make agreements with pay volunteers. Being able to draw on volunteers' competences, Red Cross Tromsø got the assignment of testing people for Covid-19 at the airport.

During the pandemic, Red Cross Tromsø worked more closely with the municipality, and trained people to carry out covid testing.

Volunteers did other tasks, such as shoveling snow for people unable to, and Red Cross has an arrangement with "visiting friends", when volunteers visit people to prevent loneliness. During the pandemic, the arrangement was transformed to "telephone friends".

Red Cross Tromsø assisted foreign workers stranded in Tromsø, that could not get back to their countries due to the pandemic.

As the war in Ukraine broke out, and refugees came to Norway, there was an influx of new volunteers, many of them Ukrainians already living in Tromsø. Red Cross helped the Police with translators, and assisted Ukrainians in need of – inter alia – get the medications they need, or to get complementary bus passes. Red Cross Tromsø assisted Ukrainians who wanted to make an association for helping their compatriots with the organizational and practical procedures.

The interviewee emphasizes that Red Cross Tromsø is not to take on tasks that public Norway is required by law to do. But there is a grey area, where the humanitarian considerations are at the forefront. Emergencies create grey areas and interfaces, which makes it difficult to separate mandates.

2.5. Concluding remarks

Norwegians has a strong tradition for engagement in voluntary organizations. This goes back to the mid-1800s with the start of farmers unions, labor unions, religious and language movements, as well as social and humanitarian organizations. By the early 1900s many of these were consolidated with structures on a national, regional and local level.

The role of voluntary organization, their relationship with state and local authorities, as well as the balance between national coordination and local autonomy has evolved up present day.

The establishment of Volunteer Centers can be seen as an attempt to balance these considerations. In the early 1990s the first efforts were made to establish a national model for a kind of center that could coordinated voluntary initiatives at the local level. Throughout the next twenty years, a national structure took shape. This would consist of a loose umbrella organization representing volunteer organization attached to municipal authorities, each with one fully employed director, paid with earmarked state funding. In April 2022, there were 478 Volunteer Centers active in 312 of the 356 Norwegian municipalities⁹. These volunteer centers are all attached to local municipalities and have fully employed directors, but their organization, available resources, and activities differ from one local center to another. The Volunteer Center structure is still evolving, allowing local centers to take shape in different ways. At best, the volunteer centers can coordinate local voluntary resources in ways that serve to meet local needs.

⁹ <https://frivilligsentral.no/>

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