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research article

Community solidarity, adaptive capacity and collaboration: a realist review of how the third sector adapts and responds to crisis

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The COVID-19 pandemic highlighted the critical role of the third sector and mutual aid in supporting vulnerable populations through crisis response. This study asks how community resilience (mobilising resources to cope with crises) is enabled by third sector and mutual aid responses in the United Kingdom. We conducted a realist review of UK peer-reviewed and grey literature using stakeholder-agreed search terms. Of 366 records identified, 55 contained sufficient explanatory detail to develop and test programme theories. Iterative analysis refined initial propositions into three overarching theories, represented through three Context–Mechanism–Outcome configurations. Findings emphasise the importance of community solidarity through shared adversity, adaptive capacity drawing on specialist knowledge, cross-sector collaboration and trust-based networks that enable rapid scaling. Collaborative roles were often temporary; without formal recognition and longer-term governance infrastructure, crisis response may remain fragile and fragmented. These theoretical models provide transferable explanations to inform crisis preparedness, adaptation planning, and resourcing of community-based responses.

Keywords third sector • crisis response • community resilience • realist review • COVID-19 pandemic

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Introduction

Across the globe, societies are facing interconnected challenges of climate crisis and environmental injustice, rising economic inequality, declining community cohesion, ageing populations, democratic disengagement and distrust, and shrinking public finances. Community-based responses to the COVID-19 pandemic (2020–3; World Health Organization, 2023) offered a glimmer of optimism, as many communities revealed a latent capacity for collective action and mutual aid.

In an increasingly individualised and fragmented world, the ability of the third sector to foster solidarity, adapt to changing conditions, and scale up through networks is essential to crisis preparedness and adaptation. Yet the conditions and mechanisms that enable the third sector to act quickly and collectively in times of crisis remain under-theorised.

Evidence from the COVID-19 pandemic provides an opportunity to model third sector responses and understand the conditions and supports required to enhance societal resilience. The pandemic tested the resilience and vulnerability of individuals and communities in ways that are still not fully understood. Globally, community-based organisations and networks were among the first to respond and the role of the third sector was widely recognised.

New groups of self-organising volunteers emerged, while established groups and organisations adapted their services to support vulnerable populations. Acting through existing and new partnerships and networks, the speed of the third sector transformation to meet this challenge was remarkable (Macmillan, 2020; Cullingworth et al, 2024). Yet, the legacy of this mobilisation remains uncertain. Despite the upswing in volunteering during the pandemic, longitudinal data show a decline in formal volunteering in the United Kingdom since 2013/4 with a drop of 11 per cent in England (UK Government, 2024) and 8 per cent in Scotland (Volunteer Scotland, 2025) linked to reduced mental resilience, less available time pressure, more expenses and the cost-of-living crisis (Volunteer Scotland, 2025).

Another legacy of the pandemic has been the heightened awareness of loneliness and isolation driving increased demand for third sector services, while budget cuts widen the gap between need and service provision. A key feature of the third sector response to COVID-19 was the role of informal groups that played a critical role in uncovering unmet needs. These groups operate 'under the (official) radar' and are difficult to quantify, measure, or track, making their contributions easy to overlook (Chapman, 2022).

This evidence review contributes to the field by explaining how the third sector strengthens community resilience. It examines how organisations and groups respond during crises to enable communities to cope with uncertainty and change. The review identifies three ways in which the third sector builds solidarity, adapts, and scales up rapidly through trust-based networks and collaborations during a crisis.

Evidence of how the sector responded to COVID-19 provides important insights into the nature of community resilience for future crises, included climate-related events. 'Community resilience' is understood here as a process of mobilising resources to withstand and recover from shocks (Fransen et al, 2022: 433). It has a number of key dimensions – local knowledge, community networks and relationships, communication, health, governance and leadership, resources, economic investment, preparedness, and mental outlook (Patel et al, 2017) – all linked to individual and collective well-being. Despite this understanding, the mechanisms that enable resilience remain under-theorised. This review seeks to clarify how the third sector

delivers support to vulnerable people during crises and the conditions that support adaptability and collaboration with government.

In a general sense, a 'crisis' may be defined as 'an abrupt and unexpected negative change creating a critical, dangerous and unstable situation at the individual, group, organisation or community level' (Garayev, 2013: 187). Prior to the COVID-19 pandemic, the main focus of research in this area had been on social support in the context of extreme weather events, terrorism, and war. While the pandemic response has generated a vast evidence base, the specific ways in which third sector responses contribute to resilience, and under what conditions, are yet to be established.

This article is structured as follows. The first section describes the background to the study, and the review questions. The second section describes the research method, stages of the review process, analysis and synthesis. The article then describes the results and the final cohort of 55 studies. The resulting three theoretical models are presented as Context–Mechanism–Outcome configurations with a narrative synthesis of each model. The discussion explains the findings and considers the implications for future crisis preparedness.

Background

The background to this research was a call from the Scottish Government's COVID-19 Learning and Evaluation Group, which sought evidence to inform recovery and future preparedness. The project synthesised research and data on 'public service innovation and creativity'. A policy stakeholder group, including civil servants and officials engaged in third sector partnerships, advised on the review scope and the research terms – volunteer, volunteering, community resilience, emergency planning, charity, person-centred and relational.

To deepen understanding of third sector crisis responses, we undertook a 'realist review' (Pawson et al, 2004), analysing scientific and grey literature from the COVID-19 pandemic. Our review addressed two core questions:

> How and in what ways did the third sector respond and adapt to sustain delivery and support vulnerable and disadvantaged people during the COVID-19 pandemic?
>
> What are the implications of the COVID-19 response for understanding how the third sector responds to crisis?

The review focused on local third sector crisis response understood as a set of interventions and activities triggered by a crisis, including informal volunteering and mutual aid; community-based organisations adapting and expanding services and infrastructure organisations coordinating and facilitating collaboration.

Methodology

Given the nature of the research questions, we undertook a realist evidence review, which aims to understand 'what works, for whom, and in what circumstances' (Pawson and Tilley, 1997; Pawson et al, 2004; 2005). Realist review has an advantage as an evidence review method because it welcomes the use of grey literature, such as

policy reports and community-based research, which can provide important insights into third sector practice (Masterton et al, 2020). Realist review is used in situations where we need to make sense of particularly complex social interventions and service delivery models (Pawson et al, 2005). A local third sector crisis response to a crisis or disaster can be regarded as a form of complex intervention because: it consists of a range of components (contacting, identification of needs, matching volunteers, organising food deliveries); includes a range of stakeholders (people who are isolated or vulnerable, local volunteers, organisations, third sector staff and employees, local officials, funders, civil servants, local politicians); operates in an open, not a closed system; and has variable outcomes (such as social connectedness, resilience, feelings of belonging, social solidarity).

With its insistence that context is critical, and that agents interact with and adapt to policies and interventions, realist review is sensitive to the idea that 'success' (or otherwise) regularly depends on the individuals, interpersonal relationships, institutions, and local cultures, histories, and understandings through which, and in which, interventions are delivered (Pawson and Tilley, 1997). There are, however, some important contextual features to note (Jagosh et al, 2015; Wong et al, 2017). Third sector settings tend to be in an uncontrolled environment, where activities are often informal, with short and long-term timeframes and outcomes. Such 'interventions' often have multiple components that interact in non-linear ways, with various feedback loops, and outcomes (some intended, some not) and often long pathways to the desired outcome(s).

Realist reviews are underpinned by the realist principle of generative causation. That is, underlying causal processes (called 'mechanisms') operate (or not) in certain contexts to generate outcomes (Pawson et al, 2005). The aim is to understand how different mechanisms generate different outcomes in different contexts (Wong et al, 2017: 31). In this review CMO configurations are hypotheses about how the activity works in specific contexts. 'Contexts' relates to such aspects as the background, setting, pre-existing organisational structures, cultural practices and norms, history of community action, nature and scope of pre-existing networks. 'Mechanisms' often refers to cognitive, emotional or behavioural responses and/or changes triggered because of the new approach from the third sector group or organisations. 'Outcomes' relates to both the intended or unintended outcomes, such as collaboration between services, new partnerships, increased participation, improved mental health. The explanatory framework is thus Context + Mechanism = Outcome (Pawson and Tilley, 1997; Pawson et al, 2005) and our models are presented (as typical in realist review) as combinations of Context–Mechanism–Outcome configurations (CMOs).

Stage 1

In Stage 1, data were extracted from 12 academic peer-reviewed articles (those that had sufficient detail to be able to identify contexts, mechanisms, and outcomes). A quality assessment template was completed for each article based on the Critical Appraisal Skills Programme template (www.casp-uk.net). This quality assessment enabled the reviewers to judge the strength of the findings, although no articles were omitted on the basis of quality. We identified three areas – community solidarity, adaptive capacity, collaboration – for grouping our initial findings, to take forward for further testing

on a new search of recent academic and grey literature. Results from Stage 1 were published as a policy report (see Roy et al, 2023).

Stage 2

The searching process in Stage 2 initially identified 2,186 studies. After duplicates were removed, 366 were included in a database for screening. These included grey literature reports and working papers. We drew on book chapters, third sector reports, government surveys, and reports from independent research and policy think tanks. Academic peer-reviewed studies were identified from two platforms – Web of Science and ProQuest – and nine databases: Social Sciences Citation Index (SSCI); Conference Proceedings Citation Index – Social Science & Humanities (CPCI-SSH); Book Citation Index – Social Sciences & Humanities (BKCI-SSH); Arts & Humanities Citation Index (A&HCI); Coronavirus Research Database; Central information; Periodicals Archive Online; Periodicals Index Online information; Social Science Premium Collection. The full realist review protocol and search strategy are provided in Supplementary File 1.

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

Data were extracted from 55 publications using a bespoke data extraction template developed specifically for our purposes. Figure 1 shows the PRISMA flowchart for our study. All studies were published between 2020 and 2024 from across the United Kingdom. Most documents used to develop our models and CMOs were peer-reviewed journal articles (49 per cent), followed by policy documents, and research reports that could be described as 'grey literature' (38 per cent), and book chapters (13 per cent). The final corpus of studies included a mix of research designs: qualitative (57 per cent); quantitative (20 per cent), mixed methods (10 per cent), evaluation (10 per cent), other, including policy reviews (3 per cent).

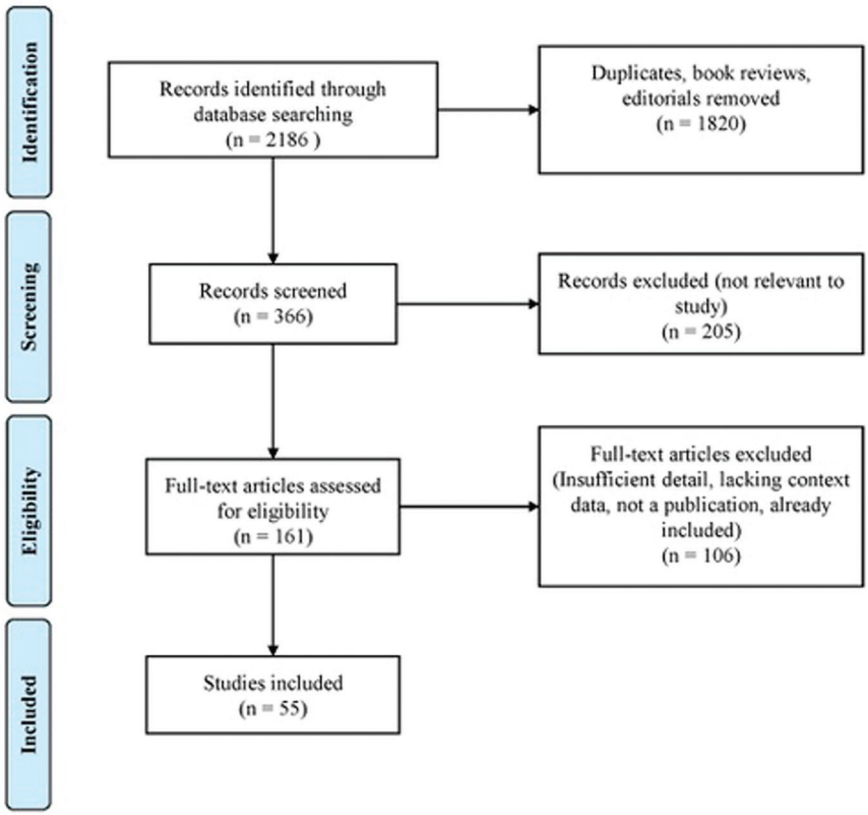
Analysis and synthesis

Our analysis involved the following steps: (1) Organisation of extracted data into evidence tables; (2) Coding to the three areas identified in Stage 1; (3) Narrative synthesis; (4) Formulation of CMO configurations (Wong, 2018; Tierney et al, 2020). We used the extracted data to develop a narrative explanatory synthesis for each of our three CMOs, which we judged to be plausible in explaining the data, and coherent (logical and consistent) with our narrative synthesis.

Results

In the following section we provide a narrative description of the synthesised data to explain the contexts (background, setting, pre-existing organisational structures and so on), mechanisms (cognitive, emotional or behavioural responses) and outcomes (intended or unintended outcomes) as CMO configurations.

Figure 1: PRISMA flow chart

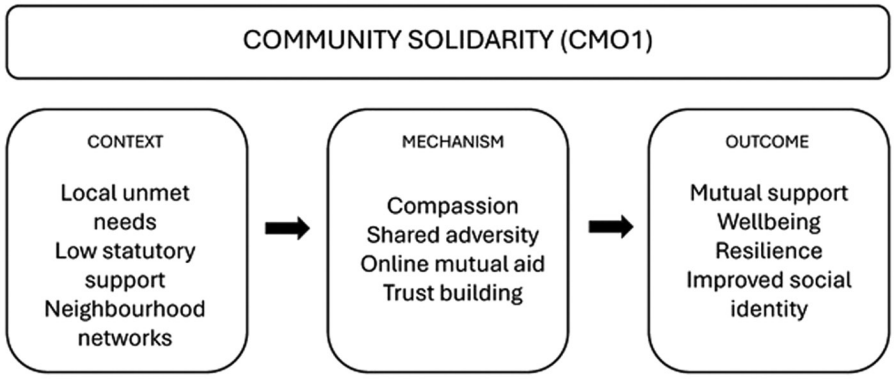


CMO 1: Community solidarity

As shown in Figure 2, local unmet needs, low statutory support, and pre-existing neighbourhood networks (contexts), the compassion of individuals, and a shared recognition and commitment to addressing adversity, coupled with online tools to facilitate mutual aid and trust building (mechanisms), can lead to feelings of mutual support, enhanced well-being, improved resilience and social identity (outcomes).

The motivation to act in a crisis situation relies, first and foremost, on awareness of *local unmet needs* and the urgent need to provide help while there is *low statutory support* as services are absent, reduced or suspended. In a crisis people are more motivated to act in new ways and may decide to volunteer for the first time through *neighbourhood networks* – for example, volunteering to provide information, practical support such as food and medical supplies, or emotional and social support to others (Benton and Power, 2021; Fernandes-Jesus et al, 2021; Fransen et al, 2022; Rendall et al, 2022). New volunteers are often motivated by *compassion* and willingness to offer help (Fernandes-Jesus et al, 2021; Kaye and Morgan, 2021; Ward et al, 2022; Burke et al, 2023; Glass et al, 2023). A secondary motivation can be to keep busy as a way of coping and to manage their own anxiety (Benton and Power, 2021). Help-giving is influenced by the perceived level of unmet need at any given time, which may change as the crisis unfolds (Dayson and Damm, 2020; Fernandes-Jesus et al, 2021; Fransen et al, 2022; Rendall et al, 2022). Volunteering in a crisis is strengthened if

Figure 2: CMO 1: Community solidarity



volunteering opportunities are local and involve minimal time and effort (Jones et al, 2020; Benton and Power, 2021; Fernandes-Jesus et al, 2021; den Broeder et al, 2022; Fransen et al, 2022; Paine et al, 2022; Ward et al, 2022).

Recognition of, and commitment to addressing, *shared adversity* can lead to the creation of informal community support or 'mutual aid' groups. These may emerge when concerned citizens self-organise and may form through, or alongside, existing third sector organisations. The presence of pre-existing groups, including those organised on an anarchist basis, may act as a catalyst for mutual aid (Bradley et al, 2021; Chevée, 2022). The physical presence of community centres and hubs in the local area can provide a focal point for community action such as distribution of food and practical essentials (Coutts et al, 2020; Cheetham et al, 2022; Brennan-Tovey et al, 2023). *Online mutual aid* provides the potential to organise at speed through extended networks, which bring large numbers of people into contact, allowing problems, people and solutions to be connected and coordinated (Jones et al, 2020; Harris, 2021; Kaye and Morgan, 2021; den Broeder et al, 2022; Cullingworth et al, 2024).

A first step in acting collectively is for leaders, coordinators or organisers of community action to establish a basic structure and coordination system and to share and allocate tasks (Benton and Power, 2021; Fernandes-Jesus et al, 2021; Burke et al, 2023). The structures and level of organising may vary hugely, from street-level groups of neighbours to larger networks with professional staff and greater organisational capacity. Coordination is often most effective when the mobilisation of people and resources is organised at the level of local geographies and neighbourhoods (Burke et al, 2023; Cocking et al, 2023). A key advantage of using digital spaces to coordinate activity is their speed and reach in terms of the numbers of people that can be engaged.

Key mechanisms that increase community resilience are *trust-building* relationships and narratives that reduce the stigma of receiving help. The third sector can build trusting relationships through regular social contact (Benton and Power, 2021; Mao et al, 2021; Brennan-Tovey et al, 2023) offering a range of support services (Bynner et al, 2022; Brennan-Tovey et al, 2023; Glass et al, 2023), providing reliable information (Fernandes-Jesus et al, 2021; Together Coalition, 2021; Bynner et al, 2022; McBride et al, 2022), and communicating narratives of shared adversity and solidarity to counter disempowering narratives of charity and relief (Benton and Power, 2021; Fernandes-Jesus et al, 2021; Chevée, 2022; Rendall et al, 2022).

The outcomes of third sector crisis response also includes a sense of *mutual support* and *social identification* with a place-based or online crisis response community (Bowe et al, 2020; Fernandes-Jesus et al, 2021; Mao et al, 2021; Cullingworth et al, 2024). Coordinators of the third sector crisis response can increase social identification within groups or networks through encouraging volunteers to express their emotions, reactions, and pride in collective achievements and by promoting mutual support, care, and avoidance of overload and burnout (Mao et al, 2020; 2021; Thiery et al, 2021; O'Dwyer et al, 2022; Smith et al, 2022). The evidence reviewed shows that, in a crisis, third sector volunteers and employees co-construct community out of their activities, interactions, and narratives (Mao et al, 2021). This mutual support is underpinned by explicit recognition of the meaning of community solidarity in the face of a crisis (Mao et al, 2020; Benton and Power, 2021; Together Coalition, 2021).

Help-giving during a crisis increases the exposure of volunteers to the suffering, trauma of isolated, vulnerable and marginalised people. Bearing witness to social injustice can have a politicising effect and, if this grievance is shared with others in the group or community, it may form the basis for constructing a new *social identity* (Mao et al, 2021: 1100). If this is a social *and* political identity, then there is potential for this new identity to lead to collective empowerment, where community members feel more confident and able to take action to address their needs and to challenge wider economic and social conditions.

Those people who identify more strongly with the emergent crisis response community have increased *resilience*. They are better able to cope with the stress and uncertainty and have improved *well-being* (Mao et al, 2021; O'Dwyer et al, 2022: 425, see also Lazarus and Folkman, 1987). Longer-term community benefits include the potential for this sense of community solidarity to lead to increased social capital, improved social cohesion, and enhanced community development. As such, community resilience is a dynamic and reciprocal process, rather than an inherent propensity that already exists in individuals and communities (Chevée, 2022; Burke et al, 2023; Cocking et al, 2023).

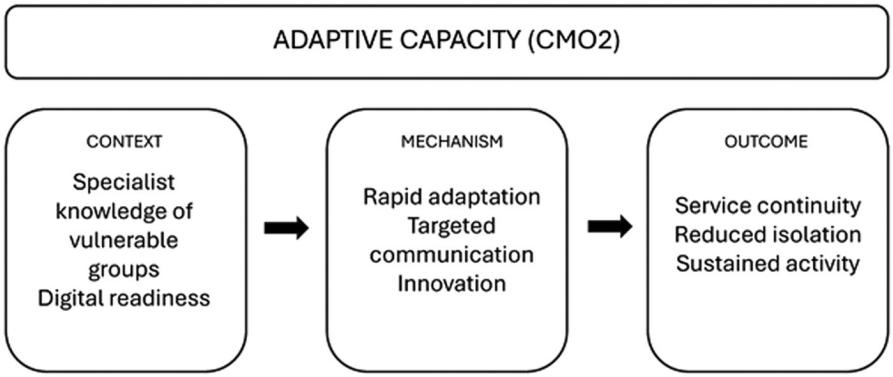
CMO 2: Adaptive capacity

As Figure 3 demonstrates, specialist knowledge of the needs of vulnerable groups in a particular area, coupled with inherent digital capability (contexts) supports the rapid implementation of support, allowing for targeted communication mechanisms, and innovation in provision (mechanisms), leading to continuity of service outcomes, reduction in social isolation and sustained support activities (outcomes).

Adaptive capacity refers to the ability to moderate or avoid harm, and to seize opportunities (Cafer et al, 2022; South et al, 2024). In the context of the third sector, adaptive capacity is understood here as the ability to respond to crisis at speed, to use creative and innovative approaches, and to applying local and practical knowledge of vulnerable population groups.

Embeddedness and reach within a community facilitates a deep understanding of need. As a result of their unique and *specialist knowledge* of specific target group(s) and/or areas, third sector organisations are able to respond quickly and effectively to the needs of vulnerable communities in a crisis. This local and practical knowledge gives

Figure 3: CMO 2: Adaptive capacity



them a 'head start' in identifying needs and reaching people, offering practical and financial support (den Broeder et al, 2022; Fransen et al, 2022). In the immediate onset of a crisis, there is a need to reorganise or cease existing activities and to develop new activities and services in response to emerging needs (Fernandes-Jesus et al, 2021). This might include organising food and medical deliveries, practical and emotional support, and maintaining social contact through telephone calls and visits (Dayson and Damm, 2020: 285). *Digital readiness* enables organisations to reach a wider pool of volunteers, and supports communication, social contact and online activities (den Broeder et al, 2022; Nichols et al, 2022; Burke et al, 2023).

Rapid adaptation is facilitated by having a clear organisational strategy and leadership, which enables third sector organisations to respond effectively by setting out a structured plan and consulting with recipients to find out what is most needed (Dayson et al, 2021), being prepared to check, train and integrate large numbers of volunteers (Harris, 2021), taking a lead coordination role to ensure support is directed to where it is needed (McKee, 2021).

Targeted communication is needed to reduce the misinformation and anxiety created by an unusual or unprecedented situation. BME[1] third sector organisations have a specific and critical role in the communication of public health and safety messages to reach non-English-speaking people and groups. Messages conveyed by BME organisations are more likely to reach their intended audience. BME third sector organisations also have a key role in political advocacy and challenging policies that are perceived to be discriminatory (McBride et al, 2022; Woodward et al, 2022).

A range of *innovative approaches* – remote befriending, well-being check-in calls, peer support helplines and support groups and social activities – can *reduce loneliness and isolation* and *sustain activity* (Trevena et al, 2022; Cullingworth et al, 2024). However, the adaptive capacity of the third sector can be undermined by the emotional labour of working through a crisis while supporting traumatised and marginalised groups (McBride et al, 2022; Smith et al, 2022; Scott et al, 2024). Organisations with internal resilience systems that support the emotional needs of staff and volunteers, as well as the resources to invest in digital working, are likely to adapt more quickly, enabling *service continuity.*

CMO 3: Collaboration

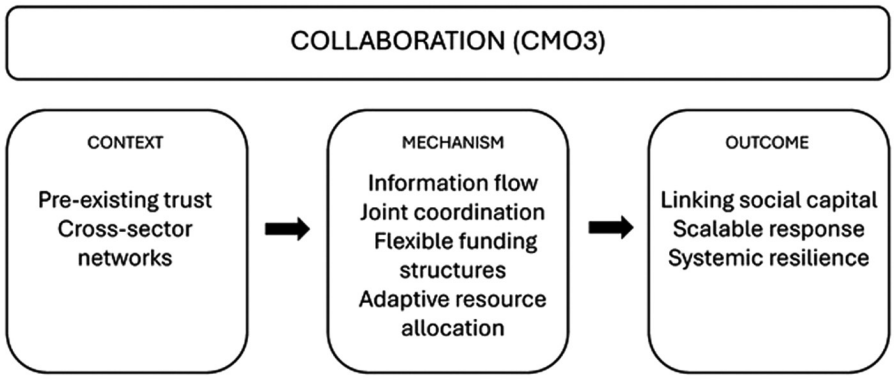
Figure 4 shows that pre-existing cross-sector networks and levels of trust (contexts) with good information flows between partners, joint co-ordination of support efforts, adaptive and flexible resource allocation, coupled with flexible funding structures (mechanisms), can lead to the enhancement of linking social capital, a scalable response and enhancement of the resilience of the wider system (outcomes).

Collaboration can broadly be defined as 'a joint multiorganizational arrangement or a set of formal and informal interactions' (Amirkhanyan, 2009: 525–6). The strength of *pre-existing trust* between the leaders of third sector groups and organisations, and local government officials is a key driver of a successful local crisis response. Having well-developed relationships and *cross-sector networks* between key stakeholders at the neighbourhood and city level facilitates the flow of information about local needs and possible responses (Dayson et al, 2021).

Governments rely on the *information flow* from frontline workers and local groups and organisations to monitor and evaluate conditions on the ground, to inform the direction of resources and for analysis of the nature of the crisis and its impact. This relationship is facilitated, in a crisis, by fast and responsive local government, demonstrated through the provision of funding, and showing a genuine willingness on the part of government officials to nurture positive relationships with all parts of the sector, including mutual aid groups (Allan, 2020; Scottish Government, 2020; Tiratelli and Kaye, 2020; Social Research, 2022).

Relationships between government, funding organisations and local partners are central to distributing funding quickly to the third sector without the restrictions and limitations of normal grant management processes (Dayson and Damm, 2020: 285). *Flexible funding structures* and grant management processes enable groups and organisations to adapt services. Organisations' ability to respond quickly and comprehensively is facilitated, in part, by allowing budgets to be repurposed to meet emerging needs, and by providing funds at the appropriate geographical level, so that capacity matches the size of the target population (Allan, 2020; Scottish Government, 2020; Social Research, 2022).

Figure 4: CMO 3: Collaboration



At a local level, third sector intermediaries and embedded, established, community organisations have a key role in *joint coordination* – mobilising and connecting volunteers and resources (Cooper, 2020; den Broeder et al, 2022; Fransen et al, 2022). A key role of infrastructure organisations can be to provide support for mutual aid groups by offering advice and guidance on issues such as volunteering safety and good practice. The third sector operates through many different types of social networks, including: (1) geographical communities (people from the same area); (2) communities of interest (such as sports clubs); (3) communities of identity (such as religion, gender, BME, LGBT+ status and so on); and (4) communities of circumstance (people brought together by the same incident). Coordination between the diverse networks, organisations and groups in the sector is enabled by coordination structures that are set up early and that engage extensively with all forms of community action to improve communication and avoid duplication of effort. Successful coordination efforts connect with and include the informal and less visible groups, ensuring that they are recognised as part of the local emergency response 'picture' (Cooper, 2020; Scottish Government, 2020; McKee, 2021; Sharp, 2021; Paine et al, 2022; Burke et al, 2023). However, reliance on pre-existing networks can mean that more marginalised groups are less likely to be engaged. Where there are pre-existing tensions between groups and organisations, these can be exacerbated in a crisis (McCabe et al, 2020; Rendall et al, 2022).

Third sector collaboration through *cross-sector networks* improves the ability of all organisations and groups to cope with the uncertainty and organisational complexity of crisis response (Fransen et al, 2022; den Broeder et al, 2022). *Linking social capital* enables the quick release of resources to the front-line (den Broeder et al, 2022). A *scalable response* is achieved through trust-based networks that allow organisations to upscale and to strategically target their activities. *Systemic resilience* is built through third sector networks that link individuals and groups at different levels of the organisational hierarchy, connect new knowledge and external information and resources to communities, enabling initiatives of a larger scale and complexity.

An integrative summary table, bringing together findings from all three CMOs is shown in Table 1.

Table 1: Summary table

CMO configuration	Key contexts	Core mechanisms	Principal outcomes
Community solidarity	Local unmet needs, reduced statutory support, neighbourhood networks	Compassion, shared adversity, online mutual aid, trust building	Mutual support, well-being, resilience, new social identity
Adaptive capacity	Specialist knowledge of vulnerable groups, digital readiness	Rapid adaptation, targeted communication, innovation	Service continuity, reduced isolation, sustained activity
Collaboration	Pre-existing trust, cross-sector networks	Information flow, joint coordination, flexible funding structures, adaptive resource allocation	Linking social capital, scalable response, systemic resilience

Discussion and conclusions

We sought to explore how, and in what ways, third sector organisations responded and adapted to sustain delivery and support vulnerable and disadvantaged people during the COVID-19 pandemic, and what the implications are for understanding how the third sector responds to crisis. The nature of the realist review method, the availability of data on contexts, mechanisms and outcomes, and the level of abstraction at which data were generally presented, mean that we can present only general explanations. We know that context is critical, and that both the COVID-19 experience and responses by the third sector were experienced often in 'hyperlocal' contexts (Manns et al, 2024). We know too that there were ideological and institutional differences between the four nations of the UK, which shaped how the voluntary sector responded to the pandemic in various places (Hardill et al, 2022). However, this variance was also present across local authority areas within the UK nations too (Bennett et al, 2025). Localised cultures, relationships and networks may, to a larger extent than previously identified, account for diversity in responses and outcomes. The papers reviewed contributed limited evidence on how specificities of context tended to shape causal mechanisms and outcomes.

Moreover, some evidence on contexts and outcomes was contradictory. For example, some suggested that deprived areas have lower levels of social capital and therefore lower levels of pandemic mobilisation, whereas many of the articles on mobilisation of the third sector came from deprived neighbourhoods. Further research should give greater attention to how context varies, and the extent to which this variation matters to mechanisms and outcomes.

As Kaniasty et al's (2020: 340) review demonstrates, following a disaster it is common for communities to 'rally together and demonstrate strong social cohesion'. However, this social support typically declines over time, suggesting that mutual aid responses are temporary and insufficient on their own to address the needs of disaster-affected communities. We demonstrate that helpful insights can be gained from understanding social support across different types of third sector groups, organisations and networks, and how these led to more resilient long-term societal outcomes. Some of the key mechanisms of change identified in this review, such as trust and reach to vulnerable groups and inter-organisational networking, also apply to third sector activity in so-called 'normal times'. However, in crisis conditions these mechanisms and processes combine in new ways to trigger a scaled-up response beyond the normal capacity of individuals, groups and organisations. The relational, organisational and digital capacities of the third sector become especially important in crisis conditions, because these mechanisms enable fast and flexible responses to urgent needs, when timing is critical.

Engagement with wider literature can help us to contextualise our findings further. For example, many studies focused on COVID-19 responses initially turned to social capital theory to explain the responses of the third sector (Fernandes et al, 2021). From a social capital perspective, the strength and extent of the third sector crisis response can be explained in terms of the number of contacts and strength of the social network (Pitas and Ehmer, 2020). The findings from this review suggest that, in addition to social capital, social identity theory (Wakefield et al, 2022) also provides a plausible explanation of the changes in behaviour that occur under the specific conditions of crisis. From this perspective, the extent of the social support triggered

by a crisis is associated with the ability of volunteers and professionals to identify with others in need. Crisis response is triggered by heightened awareness of the urgent needs and vulnerability of other people and feeling a new sense of social connection to a group, organisation, network or collaboration. It is a coping mechanism that leads to measurable improvements in the well-being of both survivors and helpers, as well as collective resilience (Kaniasty et al, 2020; Mao et al, 2020). The advantage of considering social identity is that it offers a way to understand variations in local volunteering in a crisis.

A key mechanism of community solidarity, is the experience of shared adversity or having a common fate (being affected by the same event), which can trigger a sense of having a shared social identity, which might last beyond the crisis event. People sharing this experience begin to perceive each other as members of the same social group. This new social identity operates as the psychosocial basis for the provision of social support and community solidarity in a crisis, and the ability to cope with increased stress (Fernandes-Jesus et al, 2021).[2] The sense of crisis strengthens social bonds, which may increase the connections between people from very different backgrounds. But it may also strengthen the bonds of in-groups that are exclusive or racist (Paine et al, 2022; Trevena et al, 2022).

We also found that organisations and groups in the third sector were able to identify those in urgent need quickly and adapt their activities rapidly to meet new and emerging demands, demonstrating a strong capacity for adaptation. This adaptive capacity operated within a wider system, as local third sector actors mobilised networks and coordinated activity, often in collaboration with local and national government. Actions and resources at an organisational level can be quickly scaled up or down at the network level in response to the changing context. However, key to the success of a local third sector response is not the amount of support, but the quality of social support received. Kaniasty and van der Meulen (2024) found that receiving large amounts of low-quality support during COVID-19 was detrimental to psychological health. High quality support, in contrast, entails a complex set of practical and psychological skills and understanding of the feelings associated with receiving help and the potential for stigma. They identify four dimensions of high quality support: (1) 'functional fit' – the type of help aligns with what is needed; (2) 'skilfulness and sensitivity' support is delivered in ways that minimise the recipient's feelings of being a burden; (3) 'ease of access' means that support should not be difficult to receive or deliver; and (4) 'impact on self-concept' means that the support received does not reflect poorly on one's self-esteem, avoiding blame, feelings of incompetence, or a sense of indebtedness.

Our findings also highlight three key dimensions of how community resilience is enabled by third sector responses. At the individual level, the third sector has a role in raising public awareness of the urgent need to act, and providing the infrastructure and logistics to support volunteering in the local community. Giving help and social support to others in a crisis builds social identification, which contributes to individual well-being and community resilience. At the organisational level, third sector groups and organisations apply their practical knowledge and reach into vulnerable communities in ways that are generally not possible for public sector organisations, disseminating information and resources. At the network level, trusting cross-sector relationships between leaders and networks support the fast release of financial resources. These mechanisms operating at different levels interact with, and reinforce, each other. Trust-based networks may have existed prior to the crisis and/or may be

generated by the crisis. Both could trigger greater resilience through the ability to flex and adapt quickly to the changing nature of the crisis.

At the local level, relationships between the third sector and the state tend to be highly complex and fluid. In the United Kingdom, the evidence shows that during the COVID-19 pandemic, organisations from the local third sector gained a 'seat at the table' and were 'one of the team', but their position as equal partners in the crisis response was temporary. Key to collaboration between the third sector and the state during a crisis appears to be flexibility and adaptability to the changing context, and the ability to activate and de-activate in response to the evolving dynamic and changing needs of communities. It might be that community resilience to crisis entails having the ability to mobilise community and state action quickly, adapting and responding to the changing context, working through horizontal networks and digital platforms to coordinate high-quality, effective support. The challenge of this type of organisational response is that there is little time or opportunity for strategic planning and for setting up organisational infrastructures. Without a longer-term governance structure and supporting systems, the cross-sector collaboration is temporary and fragile. Without formal recognition of the role of the third sector in the crisis response, the local emergency response is likely to be more fragmented, which could lead to poor quality support and may even be psychologically damaging to recipients of help (Kaniasty and van der Meulen, 2024).

Strengths and limitations

Our review fills a key gap in understanding the third sector's role in enhancing community resilience and responding to crisis. There have been few attempts to synthesise findings from studies conducted during the COVID-19 pandemic on how the third sector delivered support and sustained services for the most vulnerable people in society. Moreover, how they interfaced with the state during the crisis, and the implications of those relationships for future crises, are still not especially well understood. The findings of this review have been limited by the availability and quality of published research in this field during the review period (January 2020 to March 2024). The diversity of terms used to describe the third sector is a challenge for undertaking any type of systematic review on this topic. The available academic evidence often overlooks important organisational differences between informal community action and the activities of established community-based organisations. And the evidence on geographical differences such as urban–rural and social deprivation is generally lacking. A further challenge is the unstable and dynamic nature of a crisis, especially given the variation in contexts and organisational entities involved. Crisis response evolves through different stages, along with the changing context, which points to the complexity of capturing, explaining, and theorising causal pathways. The diversity of contexts and processes covered in studies of third sector crisis response hampers generalisation. The review evidence from 55 publications supports the strength of the explanatory insights that emerged. Following Wong (2018), substantive academic theories (social identification and social capital) helped to shape and align the models and increased their explanatory power. Future research could test the models presented here and examine the temporal dimensions and different stages of crisis response, which would develop these further.

Notes

[1] In the United Kingdom, 'BME' (Black and minority ethnic) is a term that is most often used in policy and research to refer to global majority people who are Black, Asian, Brown, dual-heritage, or indigenous to the global south, and/or people who have been racialised as 'ethnic minorities'.

[2] This process is encapsulated within the Social Identity Model of Psychosocial Collective Resilience (SIMPCR) (Drury et al, 2019) and can also occur in non-crisis situations where people perceive themselves as being victims of the same systemic inequalities.

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CB wrote the first and subsequent drafts of the manuscript, with comments from MR and ST. MR and CB conceptualised the study. CB, MR, and ST designed the study. CB conducted data analysis and interpretation, with contributions from ST and MR.

Data availability statement

Data sharing is not applicable to this article as no new data were created or analysed in this study.

Research ethics statement

The authors of this article have declared that research ethics approval was not required since this study is a realist review that synthesises findings from existing research and grey literature and does not present or draw directly on data/findings from primary empirical research.

Conflict of interest

The authors declare that there is no conflict of interest

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