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**Volunteering and social
exclusion in the second half of
life: do volunteers feel less
socially excluded?**

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Key messages

- **In 2023, one in five people in the second half of life were involved in voluntary work in an organisation.** At 11.5 per cent, significantly fewer people in the 76 and older age group were involved in voluntary work than in the 43 to 75 age groups (19.7% to 23.4%).
- **In the second half of life, women are significantly less likely to volunteer than men.** In 2023, 16.0 per cent of women aged 43 and over were involved in voluntary work, compared to 23.7 per cent of men.
- **People at risk of poverty volunteer particularly rarely.** Only 8.7 per cent of people aged 43 and over with an income below the at-risk-of-poverty threshold were involved in volunteering in 2023, which is significantly less than people with a medium (20.6%) or high income (26.6%).
- **People with health restrictions are less likely to volunteer than people without health restrictions.** In 2023, 15.7 per cent of people who stated that they had health restrictions carried out voluntary work, while 22.5 per cent of people without health restrictions did so.
- **People who volunteer feel less socially excluded than those who do not volunteer.** With a mean value of 1.54 (on a scale of 1 to 4), the feeling of exclusion was less pronounced overall among people in the second half of life who volunteer than among people who do not volunteer (a mean value of 1.68).
- **Differences in the perception of exclusion according to volunteer participation are particularly evident among older people.** The average perception of exclusion was lower among volunteers of retirement age than among non-volunteers. In the age groups up to retirement age, the extent of perceived exclusion did not differ significantly between volunteers and non-volunteers.
- **Women in particular feel less socially excluded when they volunteer.** The average feeling of exclusion was less pronounced among women who volunteered than among women who did not volunteer. Among men, the mean exclusion values did not differ significantly between those who volunteered and those who did not.

Introduction

Volunteering can help strengthen social cohesion and solve specific local problems (Simonson & Vogel 2018). Volunteering is also an important form of social participation. It enables people to carry out meaningful activities and maintain social contacts. Volunteering can also help structure everyday life and be a source of social recognition, especially in the post-employment phase, when the opportunity to participate through gainful employment fades into the background (Simonson & Vogel 2018; Vogel & Simonson 2024).

The volunteering rates of older people have risen sharply in the last 20 years (Simonson et al. 2022). This increase is also evident in the population as a whole and should be understood against the backdrop of social trends. Firstly, the topic of volunteering has gained significantly more attention in recent years and volunteering is increasingly seen, recognised and promoted as a social resource, especially among older people. For example, there has been a significant increase in the number of organisations that promote volunteering, such as volunteer agencies and senior citizens' offices, which also support the involvement of older people in particular. Secondly, people of retirement age now have on average more individual resources that favour volunteering than in the past – for example, better health (Wolff et al. 2017). Thirdly, our ideas about the old age phase of life have changed. Both societal and individual images of old age have changed in recent decades and have become more positive. Ageing is increasingly no longer associated only with losses (e.g. increase in physical impairments), but also with gains (e.g. personal development) (Beyer et al. 2017; Wurm et al. 2013). The image of 'active ageing' can also be reflected in higher participation rates in volunteering. This

DZA Aktuell issue analyses how the voluntary participation of people in the second half of life looked in 2023.

Numerous studies show that participation in volunteering is socially unevenly distributed – not all population groups are equally involved (e.g. Kleiner & Kühn 2023; Meyer & Rameder 2021; Simonson et al. 2022). There are differences in participation by age group, gender, income and health situation, for example. People of early retirement age were just as likely to volunteer as people of later working age. Only from around the mid-seventies onwards did lower volunteering rates become apparent (Simonson & Kelle 2021). This may be due to the increasing decline in health and lower mobility with increasing age; however, it may also be related to a lack of points of contact for volunteering at this age.

While there were no longer any gender differences in terms of volunteering participation among people in early and middle adulthood in recent times (Simonson et al. 2022), these remained for people of an older age, with lower volunteering rates for older women than for older men (Simonson & Kelle 2021). This may be due to gender-specific differences in access opportunities and barriers but may also be linked to more traditional role models in older cohorts and the different extent to which women and men take on caring responsibilities (Ehrlich 2019).

The fact that volunteering is a prerequisite is also reflected in indifferent participation rates by income group. In the past, people with low incomes volunteered at significantly lower rates than people with medium and higher incomes (Simonson et al. 2022). It can be assumed that for people on low incomes, even minor expenses necessary for volunteering – such as travelling costs or a membership fee – often represent a hurdle. In addition,

they generally lack the financial means to mobilise time resources by outsourcing other tasks (e.g. cleaning and household chores). Furthermore, people in good health are more likely to get involved than those in poorer health (Müller & Tesch-Römer 2017).

Studies show that inequalities in volunteering are persistent, even if there has already been a convergence in the past regarding different participation of women and men. In this DZA Aktuell, we used data from the DEAS 2023 to show how inequalities in volunteer participation currently present themselves.

Inequalities in access to volunteering are not least relevant given that volunteering – similarly to gainful employment – can fulfil integrative functions for the volunteering individual. Volunteering can go hand in hand with social recognition, enable social contact, create meaning and provide a temporal structure to everyday life (Kameräde & Bennett 2017). It is also possible that volunteering can counteract feelings of being excluded (subjective social exclusion; Bude & Lantermann 2006; Böhnke 2015). This can vary depending on the life situation. Although the positive relationship between volunteering and individual well-being has been proven in numerous studies (e.g. Binder 2015; Meier & Stutzer 2008; Hong & Morrow-Howell 2010), it has also been argued that the benefits of volunteering for individual well-being are not universal (Morrow-Howell 2010), but are specific to certain groups of volunteers, such as people with a lower socio-economic status or health restrictions (De Wit et al. 2022; Tabassum et al., 2016).

Given this background, we expected a stronger connection between voluntary participation and feelings of exclusion among those groups of people who tend to have fewer opportunities to participate as volunteers – that is, older people, women

and people with low incomes. We also assumed that volunteering as a means of mitigating social exclusion was more important for people with health restrictions than for those without, who might already be more socially integrated. If these assumptions were confirmed, this would mean that precisely those groups of people who are less frequently represented in volunteering could possibly benefit particularly strongly from volunteering.

Research questions

This edition of DZA Aktuell will first analyse which population groups are involved in volunteering and in what proportions, and what significance various dimensions of social inequality have for voluntary participation. In addition, we will explore the question of whether volunteering is associated with a lower level of perceived social exclusion – in other words, whether people who volunteer feel less socially excluded than people who do not volunteer, and what differences are found between population groups.

(a) Who is involved?

1. What proportion of people in the second half of life are involved in voluntary work?
2. How do the proportions of volunteers differ according to sociodemographic factors (age groups, gender, income groups) and functional health restrictions?

(b) Do volunteers feel less socially excluded than non-volunteers?

3. What differences are there in perceived social exclusion between people who volunteer and those who do not?

4. What are the differences in perceived social exclusion between volunteers and non-volunteers, differentiated according to sociodemographic factors (age groups, gender, income groups) and functional health restrictions?

Data and methods

The German Ageing Survey (DEAS)

The German Ageing Survey (DEAS) is a nationally representative, cross-sectional and longitudinal survey of people in the second half of life. For more than two decades, the study has regularly surveyed women and men as they move into old age (1996, 2002, 2008, 2011, 2014, 2017, 2020/21 and 2023). This long observation period allows a comprehensive insight into ageing and the living situations of people in the second half of life. In addition, the cohort-sequential design of the study makes it possible to analyse social change in ageing. The DEAS is therefore the central study on age and ageing in Germany. More than 20,000 people have taken part in the study to date. People aged 40 and over at the time of their first participation are surveyed. Participants are selected based on a sample from the residents' registration offices, stratified by age, gender and region. The DEAS data is therefore representative of the German population living in private households in the second half of life.

The most recent wave of data collection took place between December 2022 and June 2023. It focused on questions about the respondents' current living situation, such as social relationships, well-being and employment. In total, 4,992 people aged 43 and over took part in the survey, which was conducted either as a face-to-face or a telephone interview. Following the personal interview, the respondents received an additional self-administered questionnaire, which was answered by 4,211 people in writing or online.

The analyses present weighted proportions and mean values using methods that take into account the complex survey design of the sample. In DEAS 2023, the weights were also post-stratified by education for the first time. Group differences are tested for statistical significance. A significance level of $p < 0.05$ is used. If a finding is statistically significant, it can be assumed with at least a 95 per cent probability that a difference found exists not only in the sample in question, but also in the population as a whole. If a finding is not statistically significant, it is possible that the differences observed in the sample were only due to chance.

DEAS is funded by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ).

Further information on DEAS can be found at www.deutscher-alterssurvey.de

To answer the research questions, we used data from the German Ageing Survey (DEAS; Klaus et al. 2017; Vogel et al. 2021) from the year 2023. The analysis sample includes the 4,986 individuals

aged 43 and over who took part in the interview and provided information on volunteering. For the analyses on the connection between volunteering and social exclusion, the sample is reduced to

4,167 people who also completed the written questionnaire and answered questions on perceived social exclusion.

Variables

The following indicators are used:

Volunteering: The DEAS records volunteering that is carried out in organisations (organisation-related volunteering). Anyone who stated in the survey that they were a member of at least one group or organisation and subsequently stated that they held a function or voluntary position there is included in the analyses as a volunteer. Voluntary activities for up to five groups or organisations could be specified.

Subjective social exclusion: Subjective social exclusion (Bude & Lantermann 2006) is recorded in the DEAS in the written questionnaire with four statements on the assessment of social belonging on a scale from one ('applies exactly') to four ('does not apply at all') (e.g. 'I have the feeling that I do not really belong to society at all', 'I have the feeling that I am basically socially superfluous'). An indicator based on this question is used for the analyses (Böger, Wetzel & Huxhold 2017). All responses are recoded so that higher values reflect higher perceived social exclusion; a mean value is calculated from all responses which indicates the extent of perceived social exclusion.

Socio-economic characteristics: Four age groups are distinguished: 43-55 years (31.1%), 56-65 years (29.6%), 66-75 years (19.7%) and 76-90 years (19.6%). In terms of gender, we differentiate between men (47.8%) and women (52.3%). Three groups are formed for the financial

situation: people in households at risk of poverty (14.6%); people in middle-income households (69.1%); and higher-income households (16.3%). People are considered to be at risk of poverty if their needs-weighted net household income is less than 60 per cent of the median income for the population as a whole (median). Middle incomes are defined as incomes of 60-150 per cent of the median income. Higher incomes are above 150 per cent of the needs-weighted median income. The reference value for the median income of the total population is based on the EU-SILC and was €2,083 per month (€25,000 per year) in 2022. The at-risk-of-poverty threshold used is therefore €1,250 per month and the 150 per cent threshold is €3,125 per month.

Health limitations: The widely used and established indicator for functional health (Global Activity Limitation Indicator (GALI)) is used as an indicator for health limitations (Robine et al. 2003). GALI is part of the Minimum European Health Module (MEHM) and is also collected in the EU survey on income and living conditions (European Statistics on Income and Living Conditions – EU-SILC). The indicator is based on the question on health restrictions in the DEAS: 'During the last 6 months or longer, have you been restricted in doing things that you usually do for health reasons?' with the possible answers 'yes, very restricted', 'yes, restricted' and 'no, not restricted'. For the analysis, the first two options are summarised so that a distinction is made between people with (severe) functional limitations (39.8%) and people without functional limitations (60.2%).

Findings

In 2023, one in five people in the second half of life was involved in voluntary work in an organisation.

In 2023, one fifth (19.7%) of people in the second half of life were involved in voluntary work in organisations (Figure 1).¹ In a comparison of age groups, participation tends to be lower in older age groups, although only the difference between the 76-90 group and the younger age groups is statistically significant. In the 76-90 group, 11.5 per cent were involved in voluntary work; in the 66-75 group the proportion of volunteers was 19.7 per cent; in the 56-65 group it was 21.2 per cent; and in the 43-55 group, 23.4 per cent. The finding that there is lower volunteering participation in older age groups (76-90) is consistent with existing findings based on earlier DEAS survey waves (Simonson & Kelle 2021) as well as other studies such as the German Survey on Volunteering (Simonson et al. 2022).

In the second half of life, women are significantly less likely to volunteer than men.

In 2023, 16.0 per cent of women aged 43 and over were volunteers, compared to 23.7 per cent of men. The difference is statistically significant. This finding is consistent with the results based on previous DEAS surveys (Simonson & Kelle 2021; Wetzel & Simonson 2017). This difference may be due to gender-specific work-sharing patterns, with women taking

on caring and nursing tasks more frequently than men.

People at risk of poverty are particularly rarely involved in voluntary work.

Only 8.7 per cent of people aged 43 and over with an income below the at-risk-of-poverty threshold (60% of the median income) volunteered in 2023, a significantly lower proportion than people in the other income groups. The proportion of people with a medium income who volunteered was 20.6 per cent, compared to 26.6 per cent of people with a high income. The DEAS also shows the same pronounced differences in participation in volunteering according to financial situation that are already known from other studies such as the German Survey on Volunteering (Simonson et al. 2022).

People with health impairments are less likely to carry out voluntary work than people without health impairments.

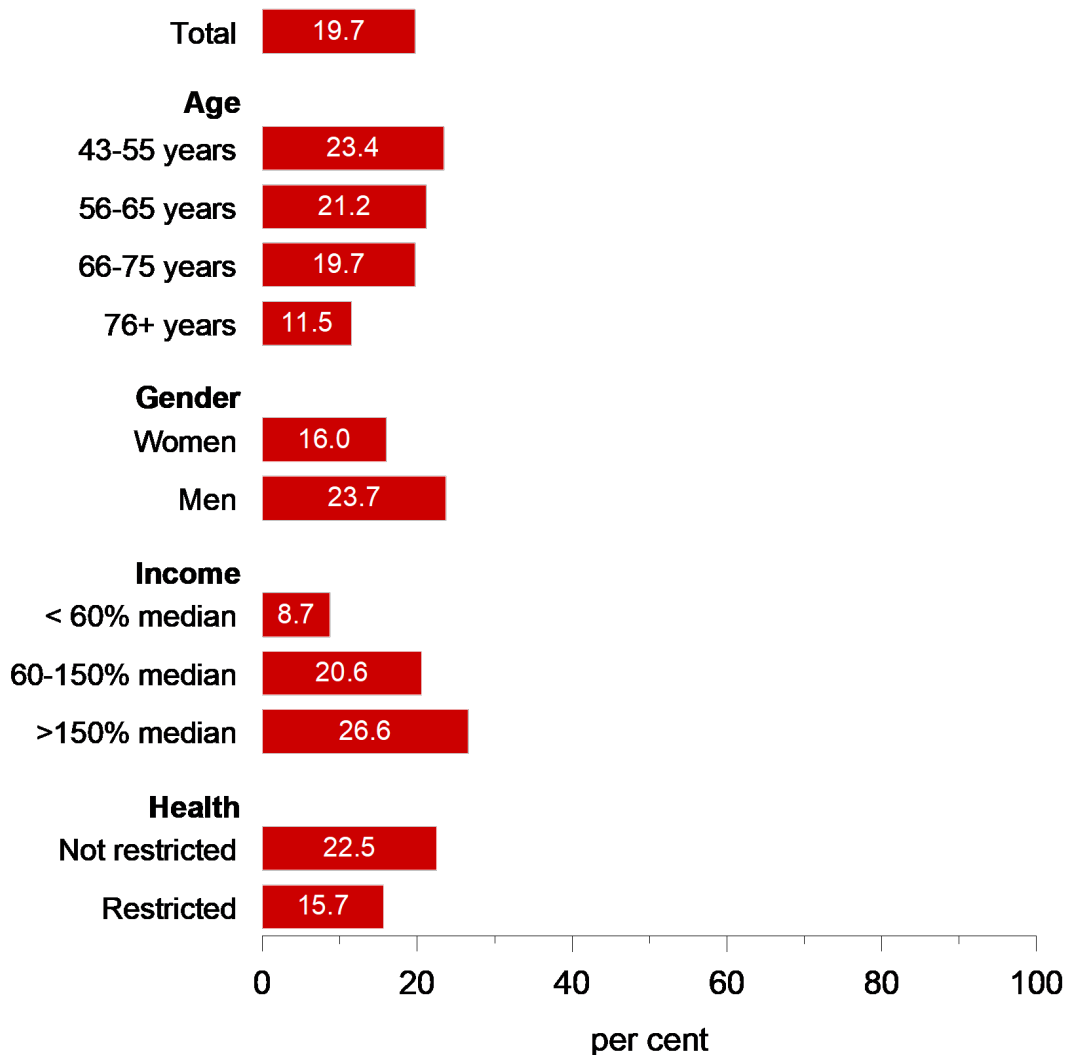
Of the people who stated that their functional health was impaired, 15.7 per cent carried out voluntary work in an organisation, while the figure for people without functional health impairments was much higher and statistically significant at 22.5 per cent.

Overall, the results thus confirm the findings already known from other surveys of sometimes significant differences in volunteer participation by population group.

¹ The reported volunteering rates are slightly lower than in the report on the last DEAS survey (Simonson & Kelle 2021), for example. This is partly due to the fact that the weights were also post-stratified by education for the first time in the DEAS 2023. In contrast, education had not yet been taken into account as a weighting factor in the publications based on the previous waves. As volunteer

participation also varies according to education (Simonson & Kelle 2021), a corresponding weighting is also reflected in the results on volunteer participation. The share values presented here are therefore not directly comparable with the published results based on previous waves. This also applies to the findings differentiated by population group.

Figure 1: Percentage of people involved in volunteering, total and by age group, gender, income group and functional health restrictions, in per cent



Source: DEAS 2023, unpublished version, $n_{\text{Total, age, gender}} = 4,986$, $n_{\text{Income}} = 4,807$, $n_{\text{Health}} = 4,942$, rounded estimates. Statistically significant ($p < 0.05$): difference between the 76+ age group and all other age groups, difference between women and men, difference between the <60% income group and all other income groups, difference between people with functional health restrictions and people without functional health restrictions.

Volunteering can fulfil integrative functions for the people who volunteer. We now examine the differences in perceived social exclusion between those who volunteer and those who do not.

People who carry out voluntary work feel less socially excluded than those who do not.

The extent of the feeling of exclusion is at a rather low level overall – that is, people in the second half of life only feel socially

excluded to a small extent on average. The general mean value of subjective social exclusion in 2023 was 1.65 on a scale of 1 to 4.

People in the second half of life who stated that they were involved in voluntary work in 2023 felt less excluded overall than people who did not volunteer (mean values 1.54 and 1.68 respectively; Figure 2). The difference is statistically significant. This confirms the assumption that people

who volunteer feel more socially integrated than those who do not volunteer.

Differences in the perception of exclusion after voluntary participation are particularly evident among older people and women.

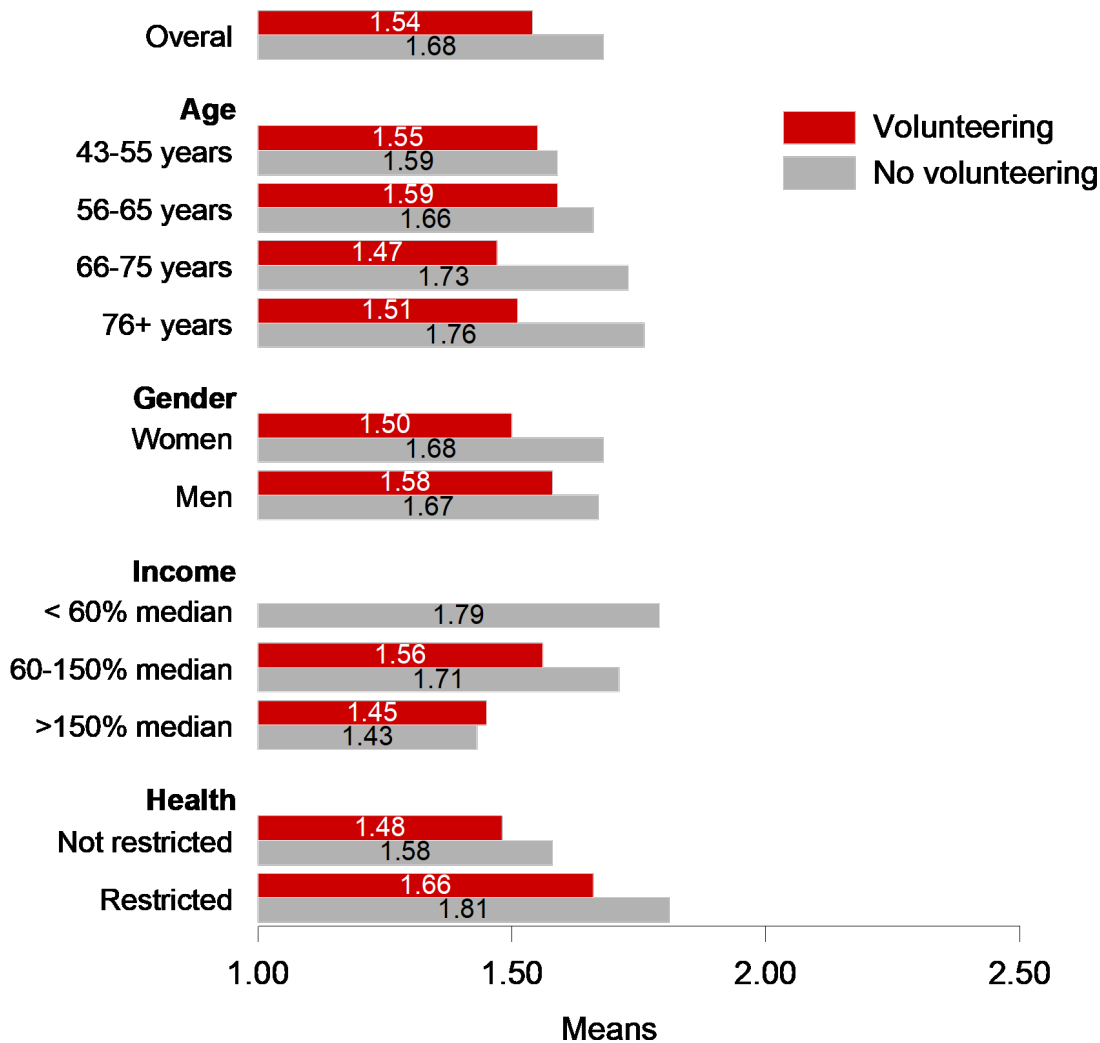
Broken down by age group, there is a statistically significant difference between those who volunteer and those who do not in the two upper age groups, but not in the two younger age groups. The apparent difference in the perception of exclusion between volunteers and non-volunteers is also particularly pronounced among older people. In 2023, the average perception of exclusion in the 66-75 age group was 1.47 for volunteers and 1.73 for non-volunteers. In the 75-90 group, the average subjective exclusion values were 1.51 (volunteers) and 1.76 (non-volunteers) on a scale of 1 to 4.

Broken down by gender, there is a statistically significant difference in the perception of exclusion after volunteering among women, but not among men. In 2023, the mean perception of exclusion among women who volunteered was 1.50, while that of women who did not volunteer was 1.68. For men, the mean exclusion values were 1.58 (with volunteering) and 1.67 (without volunteering). The results suggest that volunteering is less relevant for men than for women in terms of the feeling of (not) being socially excluded.

A breakdown by income shows that people in the middle-income group who volunteer felt less socially excluded in 2023 (mean value 1.56) than people in this income group who do not volunteer (mean value 1.71). Among people with higher incomes, there was no statistically significant difference between those who volunteered and those who did not volunteer in terms of the feeling of exclusion. In the group of people at risk of poverty, no reliable statements can be made about differences between volunteers and non-volunteers due to the small number of cases. In the group of people at risk of poverty, only 54 people (out of 428) stated that they were involved in voluntary work.

In the group of people with health restrictions, people who volunteer do not show any statistically significant differences in terms of perceived social exclusion compared to people who do not volunteer. Among people without health restrictions, the extent of perceived social exclusion is lower among people who volunteer than among people who do not volunteer. The difference is statistically significant. The average social exclusion score on the scale of 1 to 4 was 1.48 for people with no health restrictions who volunteered in 2023 and 1.58 for those who did not volunteer.

Figure 2: Extent of perceived social exclusion by voluntary work, total and by age group, gender, income group and functional health restrictions, mean values



Source: DEAS 2023, unpublished version, $n_{\text{Total, age, gender}} = 4,167$, $n_{\text{Income}} = 4,048$, $n_{\text{Health}} = 4,137$, rounded estimates. Statistically significant ($p < 0.05$): Difference between volunteers and non-volunteers: Total, in the 66-75 age group and the 76+ age group, among women, in the middle-income group and among people without functional health limitations. The results for people with incomes < 60% of the median who carry out voluntary work are not reported due to the small number of cases in this group ($n=54$).

If the results on the group-specific associations between volunteering and perceived social exclusion are put in relation to the group-specific volunteering rates, the assumption can be partially confirmed that those groups of people who are only underrepresented in volunteering benefit particularly strongly from volunteering. This applies to age groups and gender. In terms of income groups,

we see a significant difference in the expected direction in the middle group. However, this difference is not evident for (very) high incomes. In the case of people at risk of poverty, we are unable to make a reliable statement due to the low number of volunteer cases.

We see a clear difference in the perception of exclusion between volunteers and non-volunteers among

people of retirement age (66 and older), but not among the 43-65 age group. It is therefore possible that voluntary work in retirement can take over some of the social functions of gainful employment. The fact that the expected difference in the perception of exclusion is only found in women, but not in men, could indicate that other protective factors are effective in men, such as communal leisure activities outside of volunteering. The difference in the perception of exclusion among people with medium incomes (but not among those with high incomes) may be an indication of the importance of volunteering in this middle-income group. For other income groups, the financial situation may be more decisive: those with a high income feel little or no social

exclusion (regardless of whether they volunteer or not).

Regarding functional health, we see a reduced sense of exclusion among people without functional limitations; however, there is also a corresponding trend among people with health limitations, although this does not reach the statistical significance level of $p < 0.05$. This is possibly also due to the relatively small number of cases of volunteers with health limitations.²

The results thus confirm, at least in part, the assumption that it is precisely those groups of people who are underrepresented in volunteering who would benefit particularly strongly from volunteering.

Discussion and conclusion

Around a fifth of people aged 43 and over were involved in voluntary work in 2023. There were clear differences in participation according to age, gender and income as well as functional health restrictions. Social inequalities in volunteer participation therefore continue to prove stable. The reasons for the weaker participation of individual population groups in volunteering are varied and can be found at different levels: they can be due to a lack of opportunity structures, e.g. if contacts through (former) employment are no longer available in old age. They can be due to a lack of financial resources if people cannot afford the expenses associated with carrying out voluntary work (e.g. travelling costs, membership fees). They may be related to the varying degrees to which women and men take on competing time commitments in the household (Engstler & Klaus 2017) and in caring for relatives (Ehrlich 2019), or they

may be due to health restrictions that mean that a voluntary activity cannot (or can no longer) be carried out. In addition to these factors, which are more likely to be located at the individual level of the people who (do not) volunteer, factors at the level of the organisation in which volunteering takes place and at the societal level also play a role or are interrelated with individual factors. Organisations in which volunteering takes place may not be equally open to all population groups and therefore restrict the participation opportunities of these groups – for example, if there are reservations on the part of the organisation about recruiting people from lower social classes with low incomes to volunteer. And social perceptions such as gender-specific role models or age stereotypes not only shape the framework conditions for volunteering (e.g., age limits), but also individual behaviour.

² A total of 363 people with functional limitations stated in the DEAS 2023 that they carried out voluntary work. Of

these, 313 people provided information on subjective social exclusion.

People in the second half of life who volunteer feel less socially excluded on average than those who do not volunteer. This correlation is particularly evident among women, older people, people with no health restrictions and people with a medium income. Based on these findings, it is reasonable to assume that volunteering can protect against social exclusion. However, this conclusion should be somewhat qualified. Based on our findings, we see a correlation between volunteering and perceived social exclusion, but we cannot say that volunteering *is causal* for a reduced perception of exclusion. Furthermore, the general level of perceived social exclusion in our study group is rather low overall and the differences between those who volunteer and those who do not are statistically significant but not overly large (overall mean values of 1.54 and 1.68 on a scale of 1 to 4), meaning that the perception of exclusion is not particularly pronounced on average, even among those who do not volunteer.

Despite these limitations, the results show that volunteering is associated with a lower feeling of exclusion. This is also highly plausible due to the diverse opportunities for participation and involvement that volunteering offers and the associated opportunities to help shape society on both a large and small scale. It would be worth investigating whether inequalities in access to volunteering can also contribute to feelings of powerlessness and disenchantment with politics among citizens. This seems particularly relevant in times of emerging crisis trends in democracy, even if volunteering itself does not always have to support democracy.

Against this background, the inequalities that are evident in volunteer participation should also be viewed critically. The low level of volunteer participation among

people at risk of poverty in the second half of life harbours the risk of permanent exclusion, as the chances of overcoming income poverty decrease with increasing age, and poverty in old age is often permanent (Vogel & Künemund 2022). The question therefore arises as to how access routes to volunteering can be designed in such a way that the participatory function of volunteering potentially benefits all people in the second half of life. As varied as the reasons for social inequalities in volunteering are, the measures to eliminate them must presumably be just as varied. Formal age limits in volunteering regulate the participation of older people, usually only at an advanced age (Künemund & Vogel 2018). To improve participation opportunities for older and elderly people, it would be necessary to examine the extent to which age limits for voluntary positions that are based on calendar age, such as the limit of 70 years for access to the office of lay assessor, still make sense, or where they could be reconsidered and adapted if necessary. In addition, we must ask how the framework conditions for volunteering can be designed in such a way that older people with functional health restrictions can also participate. The creation of barrier-free access can be a building block here, as can the improvement of digital participation opportunities. To prevent the social structures of social inequality from being reproduced in volunteering (Munsch 2011), marginalised groups should also be included in volunteering to a greater extent than before. For example, the promotion of volunteering should also focus on people at risk of poverty and other disadvantaged groups in the second half of life. At the same time, organisations are also called upon to offer socially disadvantaged groups an opportunity to participate and, if necessary, to support them in their voluntary work. This would help organisations tap into the potential for

involvement across all population groups. In fact, however, socially disadvantaged people often appear to be marginalised in volunteering, just as they are in gainful employment – for example, if they do not implicitly conform to middle-class norms, as the results of a qualitative study by Munsch (2005) show. The fact that the creation of equal opportunities for participation is always a task for society as a whole and is not limited to the field of

volunteering policy can be shown using the example of gender equality. Gender-equitable participation in volunteering and volunteering per se can only succeed if there is also a fair division of labour between women and men in other areas of society – for example, in care and nursing activities (Kausmann et al. 2022).

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