# Do crises increase parochialism? Evidence from donations during COVID

Esteban Jaimovich* Sarah Smith† Derrick Xu‡

December 12, 2025

**Abstract**

We present new evidence of increased parochialism during the COVID pandemic. Donations to local charities increased at double the rate of donations to non-local charities; donor-level evidence shows that, in high-COVID-exposure areas, the share of local giving increased and the response to international disasters fell. The evidence is that increased parochialism was mostly a short-term response to heightened concern about local need, i.e. it was instrumental, rather than a deep-seated shift in preferences. Correlational evidence also suggests that parochialism aided post-COVID recovery.

***Keywords:*** parochialism, charitable donations, COVID
***JEL codes:*** D12, D64

*University of Turin and Collegio Carlo Alberto. Email: esteban.jaimovich@unito.it
†University of Bristol, IFS and CEPR. Email: sarah.smith@bristol.ac.uk
‡WZB Berlin Social Science Center. Email: derrick.mingyao.xu@gmail.com

> "There is a Christian concept that you love your family and then you love your neighbor and then you love your community and then you love your fellow citizens and then, after that, prioritize the rest of the world."
>
> US Vice President, J D Vance

# 1 Introduction

Whether people have parochial or universal values — i.e. whether they favour in-group members or give equal weight to out-group members — defines their attitudes on many fundamental social issues (Enke, 2020; Romano et al., 2021; Enke et al., 2023; Cappelen et al., 2023). Several recent choices made by Western governments — for example, cuts to foreign aid, reduced support for climate change mitigation, and the imposition of tariffs — seem to indicate a shift towards parochialism in policy-making. One possible explanation suggested by the literature is that turning inwards is a response to a series of perceived crises (the financial crisis, COVID, climate change, the war in Ukraine, and increased cost of living).[1] This paper presents evidence consistent with that view. We follow recent studies (Enke, 2020; Enke et al., 2023; Cappelen et al., 2023; Enke et al., 2024) and use local versus non-local charitable donations to measure parochial/universalist behaviours. We show that the COVID pandemic in the UK was associated with increased parochialism, i.e. an increase in donations to local charities, relative to donations to non-local (national/international) charities. In particular, donors in areas of high COVID exposure increased their share of local giving and became less responsive to international disasters.

The idea that parochialism is an evolved response to external threats is not new (Choi and Bowles, 2007; Bauer et al., 2016). Several studies, mainly from less developed countries, look at the effect of exposure to crises (war, violent conflict, natural disasters and pandemics), generally finding a positive effect on co-operation, and that this is targeted towards in-group members, defined by geography (Bauer et al., 2014, 2016; Calo-Blanco et al., 2017) and local ethnic identity (Yarkin, 2024). However, in their review of the evidence, Bauer et al. (2016) conclude that existing studies remain somewhat speculative on whether there is in-group bias because too few define out-groups consistently or at all. By contrast, by studying donor-level shifts to local donations from non-local donations, we are able to directly capture increased parochialism in response to a crisis.

Our study also contributes to an existing literature on the effect of COVID on dona-

[1]The current situation may not be the worst ever crisis from a historical perspective. But there is increased "crisis coverage" (references to crisis) in the media. Geiß et al. (2025) show that crisis coverage has increased over time; 2008 and 2020 had the highest crisis coverage in The Times Newspaper's 285 history. Bhatia et al. (2025) documents that COVID coincided with a sustained increase in the word crisis by UK media news outlets. The World Economic Forum also used the term, polycrisis, to describe the situation in 2023.

tions. Previous studies are mixed on whether there was increased parochialism. Grimalda et al. (2021) found an effect of personal exposure on the decision to donate a monetary bonus to a charity active in COVID-relief efforts. Donors gave more to a local charity, rather a national/global charity, but there was no benchmark comparison, making it unclear whether parochialism increased. Adena and Harke (2022) show that local severity and media coverage increased responsiveness to a donation prompt that mentioned COVID, but found no difference according to whether the recipient was national or international. Fridman et al. (2022) also found that local COVID threat increased generosity, but that donations went to national, social services charities.

We add to these studies in two ways. First, we focus explicitly on the target of generosity (i.e. donations to local versus non-local charities), and second, we draw on uniquely rich data. We first document changes in the donation income of local and non-local charities using data from the population of charities in England and Wales. We show that local charities saw an increase in donation income that was double the magnitude of non-local charities. We then turn to a rich source of donor data consisting of administrative records from charity accounts of 64,417 donors, recording donations to more than 44,000 charities over the period 2015 — 2022 (Charities Aid Foundation, 2014). The accounts are administered by the Charities Aid Foundation (CAF) for the purpose of facilitating tax-efficient donations (see Scharf et al. (2022)). Mirroring the charity-level findings, we document an increase in donors' share of local giving. We show that the shift to local giving was driven by donors in areas of high covid exposure (measured by COVID deaths) and that, in these areas, donors also became less sensitive to international disasters. We also show that the increase in parochialism was greatest in areas of higher social cohesion, consistent with the idea that donors are more sensitive to an increase in need that affects their local, in-group when in-group ties are strong.

What might explain increased parochialism during a crisis such as COVID? One possible explanation suggested by the literature is that parochialism plays an instrumental role, enabling communities to deal more effectively with external threats. On this view, increased parochialism is a specific, and likely time-limited, response to a crisis. However, it has also been suggested that crises may alter people's psychology and shift underlying preferences in favor of in-group members, away from out-group members (Choi and Bowles, 2007). In this latter case, increased parochialism is likely to persist beyond a temporary crisis. The evidence is that the increase in local giving was stronger in the first year of the pandemic. i.e. it was more likely a specific response to a real or perceived temporary increase in need, rather than a deep-seated preference shift to a more parochial form of altruism. Our interpretation is that high COVID exposure was associated with increased worry about local need, particularly at the start of the pandemic. We present correlational evidence in support of the instrumental value of parochialism, showing that

it can mitigate some of the damage from a crisis: Areas with the biggest increase in local donations bounced back better after the pandemic in terms of well-being.

The plan of the paper is as follows. The next section provides contextual information on the COVID pandemic in the UK. Section 3 presents a simple framework to explain our thinking on how a crisis might increase parochial giving. Section 4 describes the charity-level and donor-level data and Section 5 presents the main results. Section 6 concludes.

# 2 Covid Pandemic In the UK

The UK experienced one of the highest COVID death rates in Europe, just below that in the US.[2] Most of the deaths came in two peaks in Spring 2020 and early 2021 (Figure 1) and these coincided with two, national lockdown periods (a third took place in November 2020).[3] We follow Adena and Harke (2022) and use local authority death rates as our measure of local exposure. We categorize high/low exposure areas based on above/below-median cumulative death rates to December 2022 (3.3/1000) – see Appendix B, figure B4.

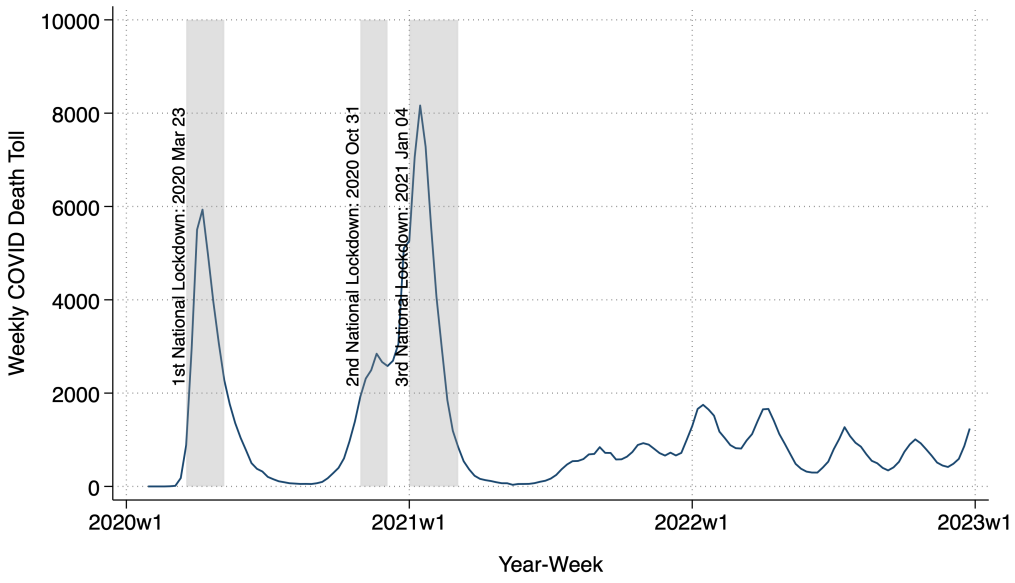


Figure 1: Covid Timeline in the UK

The COVID pandemic brought about an economic crisis as well as a health crisis. UK GDP fell by an estimated 19.4 per cent in the second quarter of 2020, largely as a result of the lockdowns and other restrictions. Local economic impact, measured by

[2]https://data.who.int/dashboards/covid19/deaths

[3]One of the advantages of studying COVID in the UK is that almost all lockdowns (outside a short period of local lockdowns in July 2020) were national allowing us to separate the effect of local high exposure from the effect of lockdowns.

above/below-median loss in GDP (see Figure B4, Appendix B) was largely uncorrelated with local health exposure (high/low death rates) and, as we show below, the evidence is that increased parochialism was a response to health impacts, not the economic effects of COVID. Analysis of UK news content shows that stories about health dominated economic stories, supporting the idea that health impacts were likely to be most salient (Figure B2, Appendix B).

A priori the effect of the COVID pandemic on parochial behaviour is not obvious. Although COVID represented an external threat, it was a global crisis not a local one.[4] However, COVID increased the instrumental benefits from acts of parochial altruism; wearing masks protected people you came into contact with locally, for example, while many people helped out neighbours when they had to self-isolate. Local communities became more important as COVID reduced opportunities for travel and widespread interaction. Although a shared experience could have strengthened a collective, national identity, this may have been weakened by the low perceived competence of the national government. More generally, in a time of uncertainty people may have valued the known and familiar in a country where regional and local identities have historically been strong.[5] Analysis of news coverage during the pandemic shows that the majority of news stories had a local, not national/international, angle, suggesting that local identities were likely to have been made more salient (Figure B3, Appendix B).

What might explain why increased parochialism was driven by areas of high covid exposure? Our interpretation is not that people responded to higher deaths per se. Instead, it is plausible that in areas with higher death rates people had greater levels of worry about the local impacts of COVID. This idea is supported by analysis of additional data showing that areas of high covid exposure were associated with increased personal exposure, i.e. knowing someone who had died, and increased worry about themselves and others they are close to catching covid as well as (albeit insignificant) increased worry about the impact on their way of life (Table B1, Appendix B). This idea is consistent with the finding of Campante et al. (2024) that pandemic anxiety in the US associated with Ebola cases led to increased anti-immigration sentiment.

# 3 Conceptual Framework

We present a simple framework to clarify our thinking on the effect of the COVID pandemic. There are $N$ groups corresponding to different geographic areas and $N$ chari-

[4]Bentzen (2021) evidences an increase in religiosity in response to COVID-19 similar to the effect of natural disasters.

[5]Stewart and Raihani (2023) show how shocks may be associated with increased stereotyping and there was documented increased hostility to certain out-group members, for example, an increase in hate crime against members of the East-Asian communities (Tessler et al., 2020).

ties, each of which is located and operates within one area.[6] Donor $i$ belongs to group $I(i) \in \mathcal{I} = \{1, 2, ..., N\}$. We use $I(i)$ to denote also donor $i$'s local charity. The remaining $N-1$ charities $j \neq I(i)$ are all non-local from donor $i$'s perspective.

Donor $i$ allocates donations and private consumption in each period $t$ according to:

$$U_{i,t} = c_{i,t} + \alpha_{i,I} \cdot \frac{\left(\eta_{t,I(i)} x_{i,t,I(i)}\right)^{1-\sigma}}{1-\sigma} + \alpha_{i,O} \cdot \frac{\sum_{j \neq I(i)}^{N-1} \left(\eta_{t,j} x_{i,t,j}\right)^{1-\sigma}}{1-\sigma}, \tag{1}$$

subject to the budget constraint

$$c_{i,t} + x_{i,t,I(i)} + \sum\nolimits_{j \neq I(i)}^{N-1} x_{i,t,j} = y_{i,t}, \tag{2}$$

where $c_{i,t}$ is $i$'s private consumption, $x_{i,t,I(i)}$ is the amount donated by $i$ to their local charity $I(i)$, $x_{i,t,j}$ is the amount donated by $i$ to non-local charity $j \neq I(i)$, and $\sigma < 1$ reflects the decreasing marginal utility of warm-glow giving. The utility function (1) includes two additional elements reflecting warm-glow motives. First, In-group vs. out-group weights: $\alpha_{i,I} > 0$ and $\alpha_{i,O} > 0$ capture donor $i$'s intrinsic attachment to their local charity and to other (non-local) charities, respectively. A higher ratio $\alpha_{i,I}/\alpha_{i,O}$ indicates a stronger form of *parochial altruism*. We impose $\alpha_{i,I} \geqslant \alpha_{i,O}$ for all $i$, allowing $\alpha_{i,I}/\alpha_{i,O}$ to vary across $i$ to reflect heterogeneities in in-group bias.[7] Second, Time-varying need: $\eta_{t,I(i)} \geq 0$ and $\eta_{t,j} \geq 0$, for $j \neq I(i)$, represent need specific to each charity's area. A greater need raises the marginal utility derived from warm-glow giving to the corresponding area.

A convenient way to present the optimal allocation of donations by donor $i$ is by characterizing two different ratios. First, the optimal ratio of donations to $i$'s local charity $I(i)$ relative to donations to non-local charity $j \neq I(i)$:

$$\frac{x^*_{i,t,I(i)}}{x^*_{i,t,j}} = \left(\frac{\alpha_{i,I}}{\alpha_{i,O}}\right)^{\frac{1}{\sigma}} \left(\frac{\eta_{t,I(i)}}{\eta_{t,j}}\right)^{\frac{1-\sigma}{\sigma}}. \tag{3}$$

Second, the optimal ratio of donations by donor $i$ across two non-local charities $j, k \neq I(i)$:

$$\frac{x^*_{i,t,k}}{x^*_{i,t,j}} = \left(\frac{\eta_{t,k}}{\eta_{t,j}}\right)^{\frac{1-\sigma}{\sigma}}. \tag{4}$$

Comparing (3) to (4) highlights an important asymmetry in how donations respond to changes in needs. Whenever $\alpha_{i,I} > \alpha_{i,O}$ –that is, whenever donor $i$ exhibits *some* degree of in-group preference– donations to the local charity react more strongly to a given

[6] To keep the model brief we consider a setup where charities operate at the local level and whose areas of operation never overlap. The model could be easily extended to encompass charities that operate beyond the local level, such as national or international level.

[7] The special case in which $\alpha_{i,I} = \alpha_{i,O}$ would reflect an individual who attaches the same weight across all existing charities irrespective of where they operate; this would be the case of a *pure universalist* donor.

increase in need than donations to non-local charities do. To illustrate this, suppose that the needs satisfy $\eta_{t,I(i)} = \eta_{t,k} > \eta_{t,j}$. Then, the expressions above imply the ranking $x^*_{i,t,I(i)} > x^*_{i,t,k} > x^*_{i,t,j}$. The *only* exception to such a pattern arises when donor $i$ is a *pure universalist*; that is, when $\alpha_{i,I} = \alpha_{i,O}$. In this case, all donation margins respond identically to changes in needs, and the same pattern of shocks would instead imply $x^*_{i,t,I(i)} = x^*_{i,t,k} > x^*_{i,t,j}$.

The model thus illustrates how the interplay of localized needs and in-group preferences can generate an increasing concentration of donations toward charities facing relatively high needs in donors' own areas. When donors display in-group preference ($\alpha_{i,I} > \alpha_{i,O}$) the marginal utility of warm-glow giving to the local charity rises more sharply in response to need than that of any other non-local charity. Moreover, the strength of this differential response is increasing in the degree of in-group preference: the larger the ratio $\alpha_{i,I}/\alpha_{i,O}$, the stronger the shift of donor $i$'s optimal allocation toward their local charity following a rise in local needs. This is something that we explore further below.

# 4 Data

## 4.1 Charity Level Data

All charities registered in England and Wales are legally required to file an annual return, detailing their income and expenditures to the Charity Commission. Annual returns vary in detail depending on the charity's gross income: All charities must report their total income and expenditure, while charities with a gross income exceeding £500,000 are additionally required to disaggregate their income into six categories (including donations) and to report fundraising expenditure. Our focus is on these large charities. These are largely representative of the overall charitable sector due to the highly skewed distribution of charity income: Around 13% of registered charities surpass the £500,000 income threshold, they account for approximately 91% of total sector income during the study period.

One peculiarity within the charitable sector in England and Wales is that charitable organisations can freely select the start and end dates for their fiscal years. We exclude approximately 5.5% of the total number of observations who do not report a full, 12-month period. We also define a charity-specific treatment variable capturing the share of post-COVID months (i.e. the share of months post March 2020) that a given fiscal year contains.

## 4.2 Donor Level Data

We supplement analysis of charity income data, with analysis of donor-level data. These are anonymized records from donor accounts administered by the Charities Aid Foundation (2014), henceforth CAF.[8] We analyse donations made via the accounts over the period March 2015 — February 2022. 64,417 individuals made at least one donation over the period and in total, there are 5 million donations to more than 44,000 charities. For each donation, we observe the amount donated, the exact date and the charity receiving the money. For our analysis, we aggregate the donation data to the donor-year level where year is defined from March — February. The mean (median) number of donations per donor per year is 17 (8), while the mean (median) value of total donations per donor per year is £2,205 (£590).[9]

The administrative data contain limited information on donor characteristics. We use donor postcodes to match additional variables, including a measure of household wealth (at the six digit postcode level) and local area characteristics (urbanisation, demographics, socio-economic characteristics). Appendix A provides full details on additional variables.

CAF account holders give more — and are wealthier — than donors in the wider population. Appendix C compares donations by CAF account holders with donations made by donors in a random sample drawn from the UK population. The benefits of setting up a CAF account — making it easier to obtain the tax benefits of donating under the UK Gift Aid system and to help people manage their giving — are more important to people who do a large amount of giving. For our purposes, an advantage of the CAF population is that many donors give to both local, national and international charities.

## 4.3 Local Versus Non-Local Giving

The Charity Commission's registry includes information about the geographic scope of charities' operations. We classify a charity as *local* if it operates exclusively within the

[8]The accounts are dedicated checking accounts for making donations to charities. Anyone can set up an account with a minimum £100 one-off payment or £10 monthly direct debit; they can make additional contributions at any time, but cannot withdraw funds. Account holders can use available funds to make donations directly out of their account. Donations can be made to any registered charity and can be made in a variety of ways, including online, by phone or check. As per our agreement with CAF, all analysis was conducted with the data remaining on a secure CAF server, and all reported results are based on aggregated data, to ensure that no individual behaviour can be identified. More detailed discussion of CAF accounts and the evidence to be discussed in this section is available in Appendix A.

[9]Donations through CAF accounts represent six per cent of total giving in the UK. Major fundraising charities are well-represented in the CAF sample. The data contain donations to 80,000 charities, compared to a total of 160,000 registered charities. However, not all registered charities receive donations. The number receiving donations is not formally reported; authors' own estimates based on a sample of register data suggest that it is around two-thirds. The largest fundraising charities are all represented in the CAF sample. Although tax relief is an important factor for setting up a CAF account, the timing of donations is not strongly linked to the tax-year end, largely because payments into (not donations out from) CAF accounts trigger tax relief.

local authority level. In contrast, charities are considered *non-local* if their activities extend beyond this level, including regional, national, or international operations.[10]

In the donor data, we focus on local versus non-local donations. We additionally specify local giving as donations to local charities whose area of operation lies within 25 km of the donor's address. These donations represent 75% of the total value of donations to local charities. Appendix Table C.4 reports the distribution of donations by distance to the charities' area of operation. Appendix Table C.5 shows the covariates associated with local giving before COVID. Local giving is positively correlated with being male, wealth, living in an urban area and in areas where there is a stronger sense of national identity and ethnic homogeneity. It is negatively correlated with religiosity and with age.

# 5 Main Findings

## 5.1 Charity Level Analysis

Table 1, column 1 reports results from estimating the following regression equation on the Charity Commission data:

$$\ln D_{jt(j)} = \gamma_1 \text{Post}_{t(j)} + \gamma_2 \text{Post}_{t(j)} \times \text{Local}_j + \delta \text{Year}_{t(j)} + \varsigma_j + \varepsilon_{jt(j)} \tag{5}$$

The dependent variable is the logarithm of total donations received by charity $j$ during the year $t(j)$. Note that time-periods $t(j)$ are charity-specific since they are allowed to choose freely the exact month for the beginning of their fiscal years. $\text{Post}_{t(j)}$ is defined as the share of months during year $t(j)$ that occur after March 2020. In that regard, the variable $\text{Post}_{t(j)}$ captures an intensity of treatment. $\text{Local}_j$ is a dummy variable that equals one if charity $j$ is local, i.e. operates exclusively at the upper-local authority level. The regression includes a time linear trend ($\text{Year}_{t(j)}$) and charity fixed effects ($\varsigma_j$).

The results in column (1) show that donations have increased above their linear trend as a result of the COVID pandemic for both local and non-local charities. However, the increase for locally-operating charities has been twice as large as that for charities that operate non-locally (14.9% increase for non-local charities versus 28.4% for locally operating charities).

The Charity Commission annual reports also include information about the total fundraising expenditure. This allows us to control for the possibility that local charities may have responded differently to the COVID pandemic in terms of their fundraising effort. In column (2) we add (log) total fundraising expenditure as an additional regressor. As expected if donations respond to fundraising efforts, this variable carries a positive and

[10]Note that some of the *non-local* charities may operate as well at the local authority level, albeit not exclusively at that level.

statistically significant coefficient. However, the estimates of $\gamma_1$ and $\gamma_2$ remain essentially unaffected both in terms of magnitude and statistical significance.

In columns (3)–(6) we look at the effects separately for years 2020 and 2021 (defined to run start of March to end of Feb of the following year). Column (3) keeps the same additional covariates as in column (2). Both the impact on donations for non-local charities and the (positive) differential impact for local charities appear stronger in the first year of the pandemic than in the second year.

The specification in (4) adds the level of (log) income per capita in the local authority where the charity's headquarters are located. In (5) we allow for heterogeneous linear time trends between local and non-local charities. Lastly, in (6) we exclude charities whose headquarters are in Central London from the sample. None of the estimates are in general massively affected, except for the fact that in (5) and (6) the impact on donations for non-local charities in year 2021 ceases to be statistically significant.

Table 1: Charity-Level Regressions: Local vs Non-Local

| | Log Total Donation | | | | | |
|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) |
| Post Covid | 0.149*** | 0.157*** | | | | |
| | (0.023) | (0.023) | | | | |
| Post Covid × Local | 0.135*** | 0.139*** | | | | |
| | (0.030) | (0.030) | | | | |
| Year = 2020 | | | 0.170*** | 0.121*** | 0.106*** | 0.122*** |
| | | | (0.027) | (0.029) | (0.029) | (0.044) |
| Year = 2020 × Local | | | 0.216*** | 0.228*** | 0.256*** | 0.241*** |
| | | | (0.036) | (0.035) | (0.038) | (0.045) |
| Year = 2021 | | | 0.111*** | 0.065** | 0.043 | 0.040 |
| | | | (0.026) | (0.026) | (0.026) | (0.039) |
| Year = 2021 × Local | | | 0.059* | 0.069** | 0.112*** | 0.108*** |
| | | | (0.034) | (0.032) | (0.039) | (0.041) |
| (log) Fundraising Spending | | 0.007*** | 0.007*** | 0.010*** | 0.010*** | 0.010*** |
| | | (0.002) | (0.002) | (0.002) | (0.002) | (0.003) |
| Observations | 67,593 | 67,579 | 67,593 | 63,599 | 63,599 | 48,144 |
| R-squared | 0.84 | 0.84 | 0.84 | 0.85 | 0.85 | 0.84 |
| Time Trend | Y | Y | Y | Y | Y | Y |
| Time Trend for Local/Nonlocal Charities | N | N | N | N | Y | N |
| Log GDP Per Capita | N | N | N | Y | Y | Y |
| London Charities Included | Y | Y | Y | Y | Y | N |

*Notes*: The dependent variable is the log of the total donations received by charity $i$ (headquartered in ULAD $l$) during year $t$. Year 202(X) is defined to match the U.K. fiscal year, running from March 202(X) until February 202(X+1). 'Local' is a dummy variable that equals 1 when charity $i$ operates exclusively at the local authority level, and 0 when it operates at a broader level. 'postcovid' is a dummy variable that equals for years 2020 and 2021, and zero for years before 2020. GDP per capita corresponds to ULAD $l$'s income per capita where charity $i$ is headquartered. Robust standard errors clustered at the ULAD level in parenthesis. $^{*}p < 0.1$ $^{**}p < 0.05$; $^{***}p < 0.01$

## 5.2 Donor Level Analysis

Table 2, column 1 reports the results from estimating the following regression equation on the CAF donor data:

$$y_{it} = \alpha + \beta \text{Post}_t + \phi_i + u_{it} \tag{6}$$

$y_{it}$ is the share of local donations out of total donations by donor $i$ in year $t$, defined to run from start of March - end Feb. Results using alternative outcome variables, such as a binary indicator for whether a donor gives to a local charity, produce similar results (see Appendix, Table D3). $\text{Post}_t$ is a binary indicator capturing the periods after the onset of the COVID pandemic i.e. March 2020 onwards. We include donor fixed effects, as well as year trends. We also control for donors' total annual giving and indicators for the charitable sectors that they give to (health, social services, religious, international, environment, other). The sector indicators account for the fact that some sectors may be more localizes than others.

The results, reported in Table 1, column 1, show that the share of local giving increased by 2.4 per cent. Further analysis (Appendix Table D1) shows that the increase in parochialism was not concentrated in a single charitable sector. There was an increase in the share of local donations going to health, which might have been expected given public support for the National Health Service which has a network of over 230 local and specialist NHS charities.[11] However, social services, environment and other also saw an increase in the share of local donations.

We then allow the post-COVID effect to vary across donors who live in high and low exposure areas, i.e.:

$$y_{it} = \alpha + \beta_1 \text{Post}_t + \beta_2 \text{Post}_t \times \text{High}_i + \phi_i + u_{it} \tag{7}$$

where $\text{High}_i$ is an indicator if the donor lives in a local authority with above-median death rate. The results, reported in column 2, show that increased parochialism is driven by donors who are more exposed to the health impacts of covid. This result is robust to the inclusion of a rich set of controls for the possibility of different trends in areas with high exposure: We interact the post-COVID indicator with donor gender, wealth, urbanisation, and local population shares of with higher education, claiming UK identity, with a religious affiliation, aged 65 or above, identifying as British White, and Conservative vote share.[12]. We also confirm that the effect is robust to the inclusion of region-time fixed effects

[11] The salience of the NHS was very high, particularly at the start of the pandemic. Members of the public "clapped for carers" in March-May 2020; a call for NHS volunteers in March 2020 attracted more 750,000 applicants in less than a week; an individual fundraiser - 100-year-old Major Tom - raised over £38 million for NHS charities together in Spring 2020 by walking laps of his garden.

[12] Crises have been shown to increase religiosity, and this was also true of the COVID pandemic. However, we find no effect of (area-level) religiosity on local-giving - eg to local churches

Table 2: Change in Local Giving after Covid

| | Share of Local Donations | | | | | |
|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) |
| Post Covid | 0.0042*** | -0.0061 | -0.0018 | -0.0031 | | |
| | (0.0013) | (0.0143) | (0.0136) | (0.0133) | | |
| Post Covid × High Covid | | 0.0065** | 0.0072*** | 0.0077*** | 0.0086*** | |
| | | (0.0025) | (0.0023) | (0.0023) | (0.0022) | |
| Post Covid × Large GDP Shock | | | -0.0069*** | -0.0073*** | -0.0039 | |
| | | | (0.0022) | (0.0021) | (0.0024) | |
| Post Covid × Strong Local Belonging | | | | 0.0070*** | 0.0065*** | |
| | | | | (0.0023) | (0.0023) | |
| Year = 2020 | | | | | | -0.0013 |
| | | | | | | (0.0141) |
| Year = 2021 | | | | | | -0.0155 |
| | | | | | | (0.0146) |
| Year = 2020 × High Covid | | | | | | 0.0093*** |
| | | | | | | (0.0028) |
| Year = 2021 × High Covid | | | | | | 0.0035 |
| | | | | | | (0.0032) |
| Obs. | 251,037 | 243,245 | 243,245 | 243,245 | 243,245 | 243,245 |
| Donor Fixed Effects | Y | Y | Y | Y | Y | Y |
| Year Trend | Y | Y | Y | Y | N | Y |
| Total Donation | Y | Y | Y | Y | Y | Y |
| Sectoral Composition | Y | Y | Y | Y | Y | Y |
| Differential Change by Other Demographic Features | N | Y | Y | Y | Y | Y |
| Region by Year Fixed Effects | N | N | N | N | Y | N |

*Notes*: The dependent variable is the share of an individual's annual donations (measured from March to February) allocated to local charities. *Post Covid* indicates donation years beginning in March 2020 and March 2021. In Column (2), *Year = 2020* and *Year = 2021* separately capture the first and second Covid years (March 2020-February 2021 and March 2021-February 2022). *High Covid* indicates upper-tier local authority districts (ULADs) with cumulative Covid death rates up to 2022 at or above the median. *Large GDP Shock* indicates ULADs with the change in mean annual GDP after Covid at or below the median. *Strong Local Belonging* indicates constituencies where the mean sense of belonging to the local community is at or above the median. All regressions include donor fixed effects, year trends, sectoral composition controls, total donations. Column (2) to (6) include interactions of *Post Covid* with gender, wealth, urbanisation, the shares of people with higher education, claiming UK identity, with a religious affiliation, aged 65 or above, identifying as British White, and Conservative vote share. Standard errors are clustered at the ULAD level. $^{*}p < 0.1$ $^{**}p < 0.05$; $^{***}p < 0.01$.

(column 5).

Column 3 shows the results when we additionally include an interaction with a measure of local economic impact, i.e. exposure to an above-median decline in local GDP. The effect of this is actually negative, i.e. the share of local giving reduces, but this is not robust to including region-time fixed effects (column 5).

Column 4 offers a further insight into the drivers of the increase in parochialism. The model in section 3 indicates that the shift to local giving should be stronger in more parochial areas. We include an additional interaction term with a measure of strong local belonging and show that this is positively correlated with the post-COVID increase in parochialism. In other words, the increase in the share of donations to local charities is greater in areas in which the sense of in-group identity is likely to be stronger. We obtain similar results using other measures of local cohesion (low hate crime, high ethnic homogeneity).

## 5.3 Reduced Sensitivity to International Disaster Appeals

As well as a shift to local giving, there is also evidence that COVID exposure reduced donors' sensitivity to international disasters. Following Scharf et al. (2022), we use CAF data to estimate donor responses to appeals by the UK Disasters Emergency Committee (DEC). This is a charitable umbrella organisation of fifteen large international charities[13] that co-ordinates relief in response to major, overseas natural and humanitarian disasters, including a combined fundraising appeal for donations.

Over the period 2015–2022, there were 10 DEC appeals, including four in the post-COVID period:

- 14th July 2020: the Coronavirus Appeal was launched to help vulnerable people living in some of the world's most fragile places: Democratic Republic of Congo (DRC), Somalia, South Sudan, Yemen, Syria and Afghanistan, and the Rohingya refugee camps in Bangladesh. This raised an estimated total of £66 million.
- 15th December 2021: Afghanistan crisis appeal (estimated £50 million).
- 3rd March 2022: Ukraine appeal (estimated £422m).
- 1st Sep 2022: Pakistan floods appeal (estimated £50m).

[13]They are Action Against Hunger, ActionAid, Age International, British Red Cross, CAFOD, CARE International, Christian Aid, Concern Worldwide, International Rescue Committee, Islamic Relief, Oxfam, Plan International, Save the Children, Tearfund, and World Vision.

We estimate the following regression on donor-month data:

$$\begin{aligned} y_{it} = \alpha &+ \beta_1 \text{Post}_t + \beta_2 \text{Post}_t \times \text{High}_i \\ &+ \gamma_1 \text{DEC}_t + \gamma_2 \text{DEC}_t \times \text{Post}_t + \gamma_3 \text{DEC}_t \times \text{High}_i + \gamma_4 \text{DEC}_t \times \text{Post}_t \times \text{High}_i \\ &+ \phi_i + u_{it} \end{aligned} \tag{8}$$

where $y_{it}$ is a binary indicator equal to one if the donor gives to DEC or any of its fifteen member charities and $\text{DEC}_t$ is an indicator for the "post-appeal" window (defined as the first three months after the launch of an appeal). $\gamma_1$ measures the increase in international aid donations in this window. $\gamma_2$ captures any differential response to DEC appeals following COVID, compared to pre-pandemic levels of response. The coefficient is positive and significant, indicating that donors were more likely to give in response to DEC appeals after the pandemic. We do not give this a causal interpretation since the nature of the appeals varied considerably pre/post the pandemic. In particular, the response to the Ukraine appeal was the largest in DEC's forty-year history. $\gamma_4$ is the main coefficient of interest, capturing the extent to which the post-pandemic response to DEC appeals varied between high/low COVID areas. The negative coefficient indicates that donors in high-exposure areas were less likely to give in response to DEC appeals, post-pandemic, compared to donors in low-exposure areas. Further analysis shows that this negative differential was not linked to a specific appeal, but was common to all four, post-pandemic appeals.

Table 3: Differential Response to Dec Appeal by Covid Exposure after Covid

| | Giving to Dec Appeal Charities (0/1) | | | | |
|---|---|---|---|---|---|
| | (1) All Appeals | (2) Covid Appeal | (3) Afghanistan Crisis | (4) Ukraine Appeal | (5) Pakistan Floods |
| Dec Appeal | 0.0161*** | 0.0167*** | 0.0163*** | 0.0177*** | 0.0167*** |
| | (0.0008) | (0.0008) | (0.0008) | (0.0008) | (0.0008) |
| Dec Appeal × Post Covid | 0.0035*** | -0.0154*** | 0.0145*** | 0.0188*** | -0.0065*** |
| | (0.0006) | (0.0009) | (0.0009) | (0.0009) | (0.0009) |
| Dec Appeal × High Covid × Post Covid | -0.0029*** | -0.0026* | -0.0030** | -0.0021 | -0.0029** |
| | (0.0010) | (0.0014) | (0.0014) | (0.0016) | (0.0013) |
| Obs. | 6,173,952 | 6,173,952 | 6,173,952 | 6,173,952 | 6,173,952 |
| Post Covid | Y | Y | Y | Y | Y |
| High Covid × Post Covid | Y | Y | Y | Y | Y |
| Dec Appeal × High Covid | Y | Y | Y | Y | Y |
| Donor Fixed Effects | Y | Y | Y | Y | Y |
| Year Trend | Y | Y | Y | Y | Y |
| Month Fixed Effects | Y | Y | Y | Y | Y |
| Total Monthly Donation | Y | Y | Y | Y | Y |

*Notes*: The outcome is a binary indicator equal to 1 if the donor gives to any Dec Appeal Partner charities in month $t$ (0 otherwise). Dec Appeal equals one for the three months following each appeal launch. Post Covid = 1 for months $\geq$ March 2020; High Covid denotes upper tier local authorities (ULAD) classified as high Covid; All specifications include donor fixed effects, calendar-month fixed effects, a linear year trend and the donor's total donation amount in the month. Standard errors are clustered by ULAD. $^{*}p < 0.1$, $^{**}p < 0.05$, $^{***}p < 0.01$.

## 5.4 Discussion: What explains increased parochialism?

Increased parochialism may reflect either an instrumental response to increased local need and/or a longer-term shift in preferences. Most of the evidence supports the former explanation. In particular, both the increase in local charities' donation incomes (Table 1) and shift to local giving (Table 2) were stronger during the first year of the pandemic (Mar 2020 - Feb 2021), suggesting a response to increased (real or perceived) need, rather than a permanent (or long-term) shift in preferences. However, significant, albeit smaller, differences in local giving between high and low covid areas, and differential responses to international differences also persisted into the second year.

The instrumental value of parochialism is that it may help communities deal better with crises and mitigate some of the negative effects. Table 4 presents suggestive evidence in support of this. It shows the post COVID bounce back in different measures of well-being. The coefficient on Post (2021-2022) captures the change in well-being relative to 2020, showing a significant improvement in "yesterday happiness" and, to a lesser extent, "life satisfaction". There is some evidence that the bounce back is lower in High covid areas, albeit insignificantly so. However, in high COVID areas that saw the biggest increases in parochialism, measured by the increase in local giving, the bounce back was more positive. This finding is robust to controlling for local solidarity. This evidence is only suggestive but points to an important direction for future research to understand better how parochialism can cushion local communities during periods of crises.

Table 4: Effect of Local Giving on Local Wellbeing Improvement

| | Yesterday Anxiety | | Yesterday Happiness | | Life Satisfaction | | Life Worthwhile | |
|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| Post (2021–2022) | -0.058 | -0.064 | 0.097*** | 0.099** | 0.069* | 0.055 | 0.045 | 0.040 |
| | (0.042) | (0.059) | (0.037) | (0.048) | (0.037) | (0.048) | (0.037) | (0.047) |
| Post (2021–2022) × High COVID | -0.053 | -0.052 | -0.041 | -0.041 | -0.031 | -0.028 | -0.015 | -0.014 |
| | (0.057) | (0.058) | (0.048) | (0.048) | (0.046) | (0.046) | (0.047) | (0.047) |
| Post (2021–2022) × High Local Giving Rise | -0.004 | 0.061 | -0.068 | -0.066 | -0.068 | -0.099 | -0.063 | -0.064 |
| | (0.061) | (0.082) | (0.050) | (0.067) | (0.047) | (0.060) | (0.048) | (0.065) |
| Post (2021–2022) × High COVID × High Local Giving Rise | 0.019 | 0.008 | 0.131** | 0.131* | 0.110* | 0.116* | 0.081 | 0.081 |
| | (0.082) | (0.083) | (0.067) | (0.067) | (0.061) | (0.061) | (0.064) | (0.065) |
| Obs. | 12,155 | 12,155 | 12,272 | 12,272 | 12,163 | 12,163 | 11,965 | 11,965 |
| Individual Fixed Effects | Y | Y | Y | Y | Y | Y | Y | Y |
| Post (2021–2022) × Strong Local Belonging | N | Y | N | Y | N | Y | N | Y |
| Post (2021–2022) × High COVID × Strong Local Belonging | N | Y | N | Y | N | Y | N | Y |

*Notes*: The wellbeing measures are from British Election Studies, and they are asked only in the year 2020, 2021 and 2022. We make within-individual comparisons of wellbeing in 2021–2022 relative to 2020 (baseline). *High Local Giving Rise* equals 1 if the post-COVID change in the local share of donations in a specific constituency is above the median across constituencies. Outcomes are standardised. Models include individual and post-period fixed effects. In even columns, we additionally control for differential post-2021 changes by *Strong Local Belonging* (median-or-above). Standard errors are clustered at the level of constituency.

# 6 Conclusion

This paper has presented the first evidence of the effect of a major crisis on parochialism, measured by charitable donations. The COVID pandemic was associated with increased donations to local charities; the increase in local giving was driven by areas that were more exposed to the health impacts of COVID. In these areas, donors also became less sensitive to international disasters. We have argued that the increased parochialism during the COVID pandemic likely reflected (temporary) greater local need rather than a shift in preferences that might persist into the longer-term.

We motivated this study by referring to the shift away from universalism to parochialism that is taking place in several Western societies, evidenced by policies on foreign aid, climate change and trade. The evidence in this paper is not conclusive that this wider shift can be linked to the crises that have affected the same societies in recent decades. Nevertheless it points to this as an avenue for further research.

# References


Adena, M. and Harke, J. (2022). Covid-19 and pro-sociality: How do donors respond to local pandemic severity, increased salience, and media coverage? *Experimental Economics*, 25(3):824–844.

Bauer, M., Blattman, C., Chytilová, J., Henrich, J., Miguel, E., and Mitts, T. (2016). Can war foster cooperation? *Journal of Economic Perspectives*, 30(3):249–274.

Bauer, M., Cassar, A., Chytilová, J., and Henrich, J. (2014). War's enduring effects on the development of egalitarian motivations and in-group biases. *Psychological Science*, 25(1):47–57.

Bentzen, J. S. (2021). In crisis, we pray: Religiosity and the COVID-19 pandemic. *Journal of Economic Behavior & Organization*, 192:541–583.

Bhatia, A., Laungani, D., Hyland, L., and Shrivastava Kashi, A. (2025). Crisis or contentment? a mixed-method exploration of psychosocial factors influencing meaning in life during midlife. *SAGE Open*, 15(1):21582440251323552.

Calo-Blanco, A., Kovářík, J., Mengel, F., and Romero, J. G. (2017). Natural disasters and indicators of social cohesion. *PLOS ONE*, 12(6):e0176885.

Campante, F., Depetris-Chauvin, E., and Durante, R. (2024). The virus of fear: The political impact of Ebola in the United States. *American Economic Journal: Applied Economics*, 16(1):480–509.

Cappelen, A. W., Enke, B., and Tungodden, B. (2023). Moral universalism: Global evidence. *American Economic Review*, Forthcoming. Check publication status; often cited as NBER Working Paper 30157.

Choi, J.-K. and Bowles, S. (2007). The coevolution of parochial altruism and war. *science*, 318(5850):636–640.

Enke, B. (2020). Moral values and voting. *Journal of Political Economy*, 128(10):3679–3729.

Enke, B., Fisman, R., Freitas, L. M., and Sun, S. (2024). Universalism and political representation: evidence from the field. *American Economic Review: Insights*, 6(2):214–229.

Enke, B., Rodríguez-Padilla, R., and Zimmermann, F. (2023). Moral universalism and the structure of ideology. *Review of Economic Studies*, 90(4):1934–1962.

Fridman, A., Gershon, R., and Gneezy, A. (2022). Increased generosity under COVID-19 threat. *Scientific Reports*, 12(1):4886.

Geiß, S., Viehmann, C., and Kelly, C. A. (2025). Inflation of crisis coverage? Tracking and explaining the changes in crisis labeling and crisis news wave salience 1785-2020. *Journal of Communication*, 75(1):27–41.

Grimalda, G., Buchan, N. R., Pinate, A., Urso, G., and Brewer, M. B. (2021). Exposure to COVID-19 is associated with increased altruism, particularly at the local level. *Scientific Reports*, 11(1):18950.

Romano, A., Sutter, M., Liu, J. H., Yamagishi, T., and Balliet, D. (2021). National parochialism is ubiquitous across 42 nations around the world. *Nature communications*, 12(1):4456.

Scharf, K., Smith, S., and Wilhelm, M. (2022). Lift and shift: The effect of fundraising interventions in charity space and time. *American Economic Journal: Economic Policy*, 14(4):407–443.

Stewart, A. J. and Raihani, N. (2023). Group reciprocity and the evolution of stereotyping. *Proceedings of the Royal Society B*, 290(1994):20221834.

Tessler, H., Choi, M., and Kao, G. (2020). The anxiety of being Asian American: Hate crimes and negative biases during the COVID-19 pandemic. *American Journal of Criminal Justice*, 45:636–646.

Yarkin, A. (2024). Epidemics, diversity, and group identities: Evidence from west african ebola outbreak. *Working Paper*.

# Appendices

# A Variables and Data Sources in this Study

Table A.1: Variables Matched to CAF Donations by Level

| **Observation Level** | **Variable** | **Definition** | **Source** |
|---|---|---|---|
| Donor Level | Gender | Categories: Male, Female, or Uncategorised. | CAF |
| Postcode Level (15 households) | Wealth Index | Percentile rank of postcodes by property price. | HM Land Registry |
| Output Area (125 Households) | Urban | Mark if the area has high residential-address density or overlaps an Amalgamated Built-Up Area with $\geq$10,000 residents. | Census 2021 |
| | Higher Education | Share of people with a Level 4 qualification or higher (degree-level or above). | Census 2021 |
| | Age 65 or Above | Share of residents aged 65 and over. | Census 2021 |
| | British White | Share of residents who are White British. | Census 2021 |
| | UK Identity | Share of people identifying with a UK identity. | Census 2021 |
| | Religious | Share of people identifying with a religion. | Census 2021 |
| Constituency (36,000 Households) | Conservative Share | Average Conservative vote share across the 2015, 2017, and 2019 general elections. | UK Parliament |
| | Labour Share | Average Labour vote share across the 2015, 2017, and 2019 general elections. | UK Parliament |
| | Liberal Dem Share | Average Liberal Democrat vote share across the 2015, 2017, and 2019 general elections. | UK Parliament |
| | Local Belonging | Binary indicator for constituencies whose average sense of local belonging is at or above the median. | British Election Study |
| | Yesterday Anxiety | How anxious did you feel yesterday? (0-10). | British Election Study |
| | Yesterday Happiness | How happy did you feel yesterday? (0-10). | British Election Study |
| | Life Satisfaction | Overall, how satisfied are you with your life nowadays? (0-10). | British Election Study |
| | Life Worthwhile | Overall, to what extent do you feel that the things you do in your life are worthwhile? (0-10). | British Election Study |

Continued on next page

| Observation Level | Variable | Definition | Source |
|---|---|---|---|
| | Knows Covid Death | Has someone you personally know died of COVID-19? (rescaled to 0-1). | British Election Study |
| | Income Decreased | Has your household's income decreased since the COVID-19 outbreak? (rescaled to 0-1). | British Election Study |
| | Worried: Infection | Worry about you or someone close to you catching COVID-19 (rescaled to 0-1). | British Election Study |
| | Worried: Economy | Worry about the impact of COVID-19 on the economy (rescaled to 0-1). | British Election Study |
| | Worried: Life | Worry about the impact of COVID-19 on your way of life (rescaled to 0-1). | British Election Study |
| Upper Tier Local Authorities | High Covid | Cumulative COVID-19 death rate up to 2022 (at or above median). | ONS |
| | Big GDP Shock | Post-COVID change in GDP per capita is at or below the median. | ONS |
| | Low Hate Crime | ULAD's average annual hate-crime rate (2015-2021) is at or above the median. | Belgioioso et al. (2023) |
| | Ethnic Homogeneity | Ethnic concentration, constructed with the Gini index over ULAD ethnic shares; higher values indicate less diversity. | Census 2021 |

# B Context: Covid in the UK and Geographic Variation

## B.1 Covid in the UK

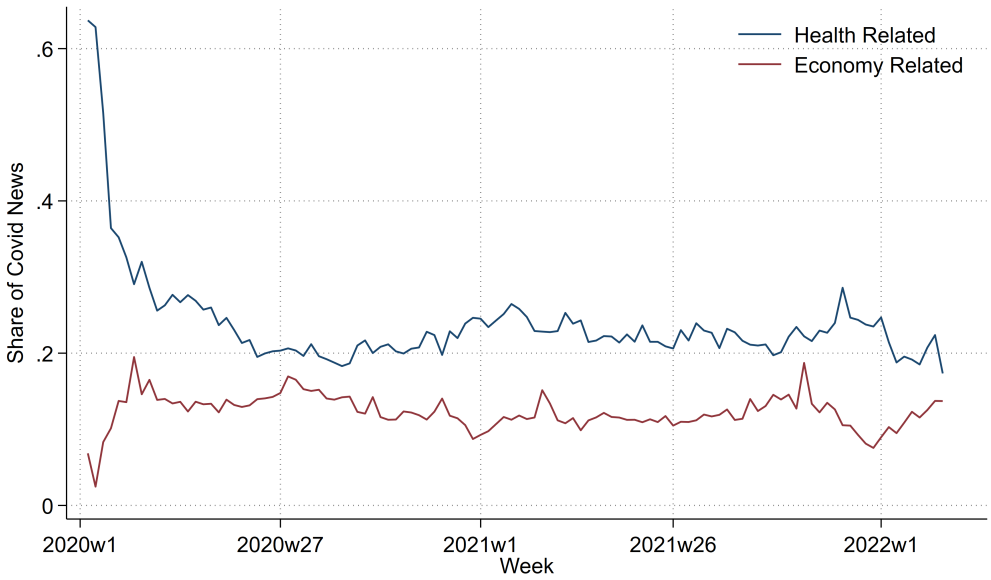


Figure B.1: Share of Covid News by Topic

*Notes*: We use a sample of 524,514 news articles that mention COVID-19 ("covid", "coronavirus", or "corona") from UK national newspapers collected via LexisNexis. We apply Latent Dirichlet Allocation topic modelling to extract 30 granular topics and then group them into three broad categories: health-related, economy-related, and others. The health category includes topics on testing and tracing, health care and communities, COVID cases and deaths, the health system, and vaccination. The economy category includes employment, business and companies, inflation, and the economy and market. The others category covers politics (domestic and foreign), sports, arts, and education-related restrictions, as well as general discussion.

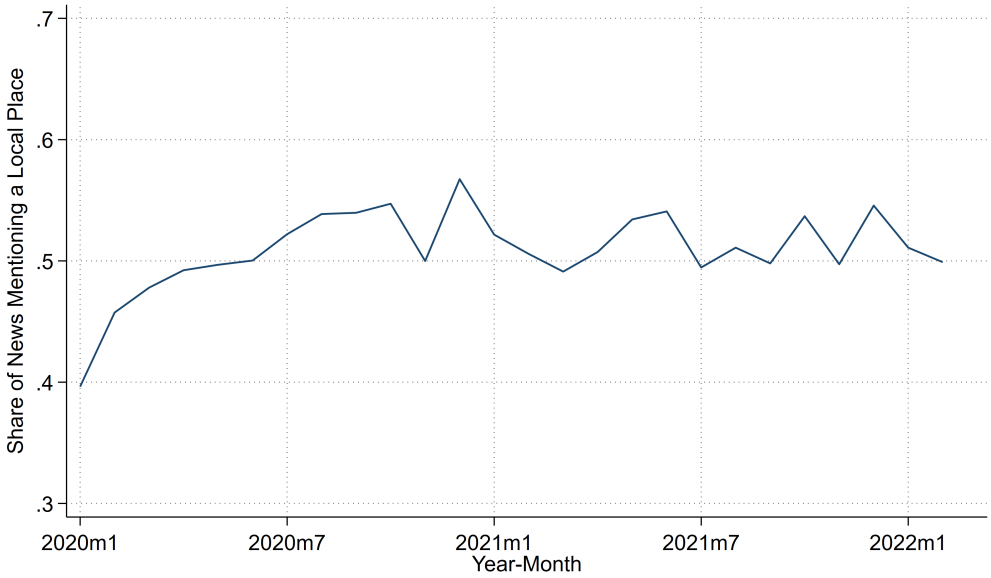


Figure B.2: Share of Covid News Mentioning Local Places in the UK

*Notes*: We geocode individual news articles by extracting location and place names using named entity recognition (NER). We then match the extracted locations to country names or, when applicable, to Upper Tier Local Authorities (UTLAs) in the UK using the Gazetteer of British Place Names. This figure plots the share of geocoded news articles that mention local places in the UK.

## B.2 Geographic Variation in Covid Exposure

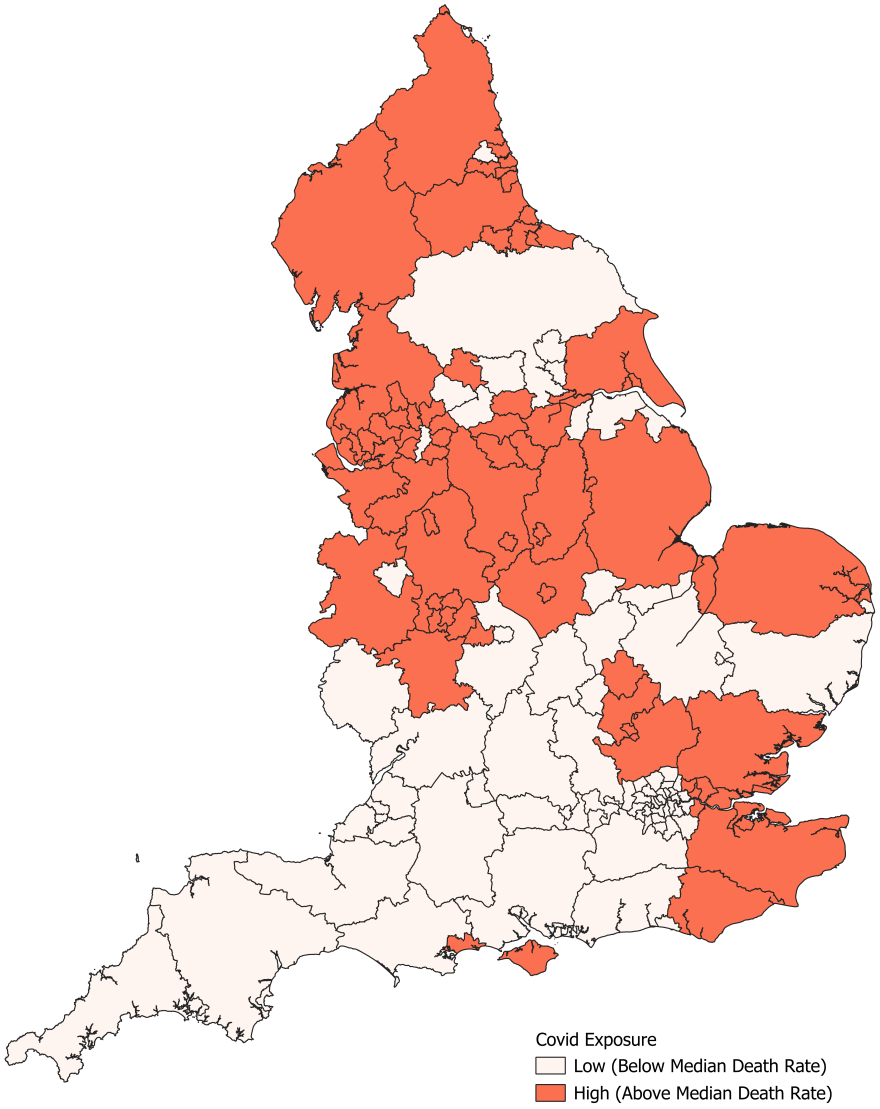


Figure B.3: Geographic Variation in Covid Exposure

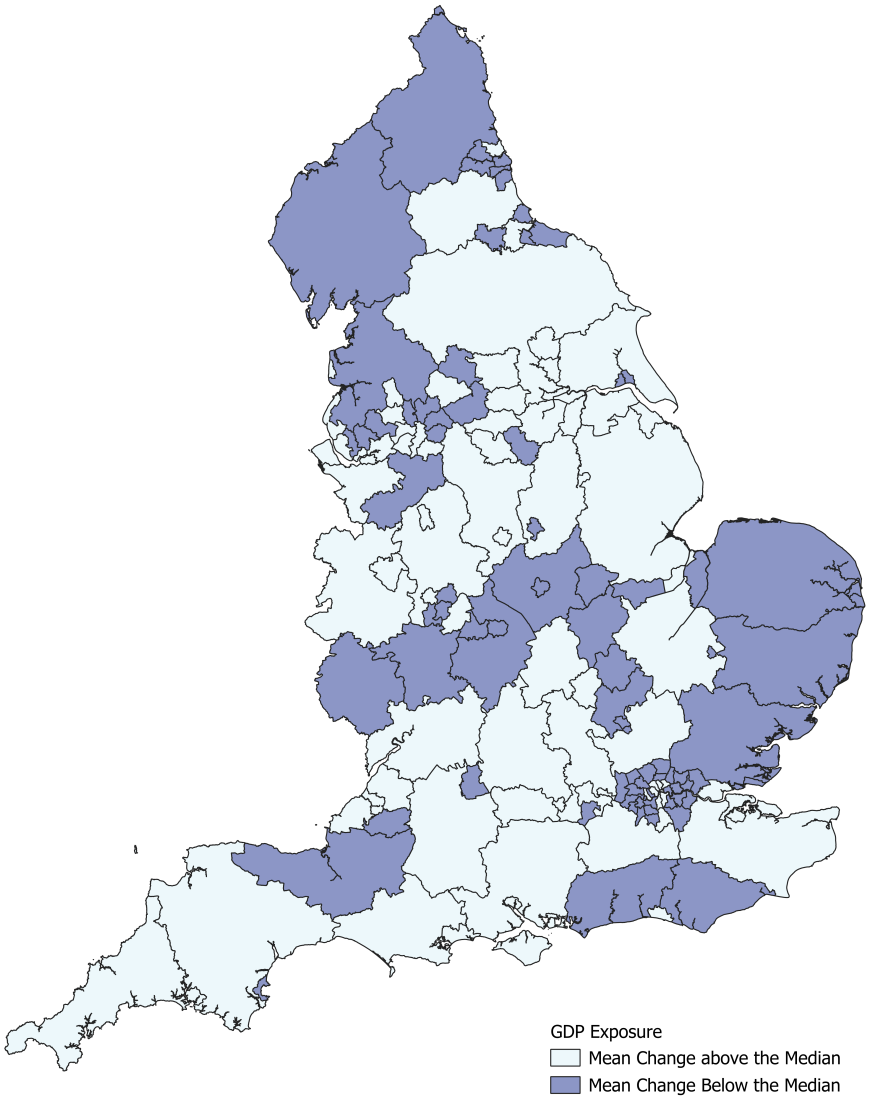


Figure B.4: Geographic Variation in GDP Shock

## B.3 Covid Exposure and Associated Consequences

Table B.1: Correlation between Covid Exposure and Associated Consequences

| | High Covid Exposure |
|---|---|
| Big GDP Shock | 0.0474 |
| | (0.0924) |
| High Media Coverage | 0.1392 |
| | (0.0868) |
| Has someone you personally know died of coronavirus? | 1.2792*** |
| | (0.3470) |
| Worry about you, or someone you are close to, catching coronavirus | 2.1456*** |
| | (0.5377) |
| Has your household monthly income decreased since the coronavirus outbreak? | -0.9513*** |
| | (0.3137) |
| Worry about the impact of coronavirus on the economy | -2.9517*** |
| | (0.7028) |
| Worry about the impact of coronavirus on your way of life | 0.8193 |
| | (0.6483) |
| Constant | 0.8071 |
| | (0.5631) |
| Obs | 516 |
| RSquare | 0.140 |

*Notes*: The regression is run at the constituency level.

# C CAF Donations and Local Giving

## C.1 Summary Statistics

Table C.1: Summary Statistics of CAF Donations

| | Mean | sd | p1 | p25 | p50 | p75 | p99 | N |
|---|---|---|---|---|---|---|---|---|
| **Donor Level** | | | | | | | | |
| Number of years donated | 4.72 | 2.76 | 1.00 | 2.00 | 5.00 | 8.00 | 8.00 | 64,417 |
| **Donor Year Level** | | | | | | | | |
| Number of charities supported | 7.01 | 8.08 | 0.00 | 2.00 | 5.00 | 9.00 | 38.00 | 304,059 |
| Number of donations | 17.06 | 27.61 | 1.00 | 3.00 | 8.00 | 19.00 | 134.00 | 304,059 |
| Total donation amount | 2204.86 | 30112.79 | 20.00 | 225.00 | 590.00 | 1580.00 | 22982.00 | 304,059 |
| Any local donation | 0.46 | 0.50 | 0.00 | 0.00 | 0.00 | 1.00 | 1.00 | 304,059 |
| Total local donation amount | 426.78 | 5050.43 | 0.00 | 0.00 | 0.00 | 150.00 | 6215.00 | 304,059 |
| Share of local donation | 0.17 | 0.28 | 0.00 | 0.00 | 0.00 | 0.21 | 1.00 | 304,059 |

*Notes*: The data covers 2015-2022 and comes from donor accounts managed by the Charities Aid Foundation. Our analysis focuses on CAF Charity Account holders (Gift Aid and GAYE) and includes 44,436 charities that received donations during this period.

## C.2 Representativeness of CAF Donors

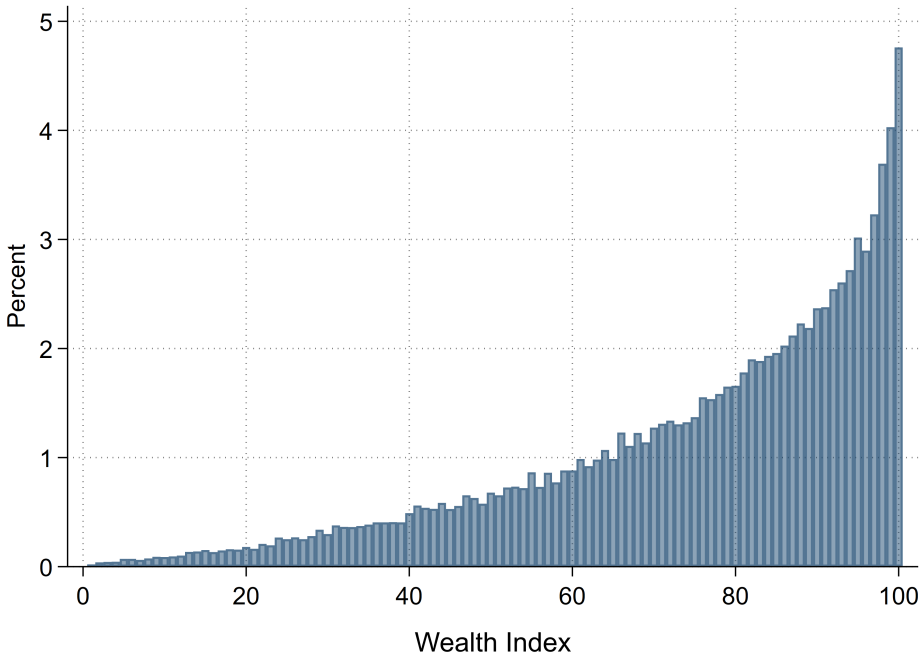


Figure C.1: Wealth Distribution of CAF Donors' Postcodes

*Notes:* The wealth index is defined as the percentile rank of the average property price in each postcode, calculated from transactions between 2000 and 2022 using data from the UK Land Registry. The figure shows the distribution of postcodes in which CAF donors reside across this wealth index. While CAF donors are represented across the entire distribution, postcodes in higher wealth percentiles are overrepresented: each percentile above the 60th accounts for more than 1% of donor postcodes.

Table C.2: Comparison of donation distribution between UKHLS and CAF

| | **Yearly Donation Size** | |
|---|---|---|
| | UKHLS Donors | CAF Donors |
| Mean | 226 | 1,838 |
| P1 | 4 | 20 |
| P5 | 10 | 50 |
| P10 | 12 | 90 |
| P25 | 30 | 210 |
| P50 | 96 | 544 |
| P75 | 200 | 1,450 |
| P90 | 500 | 3,500 |
| P95 | 900 | 6,000 |
| P99 | 2,510 | 19,804 |
| N | 25,000 | 42,316 |

*Notes*: This table compares the distribution of annual donation amounts between two groups: (1) individuals who reported positive charitable giving in the UK Household Longitudinal Study (UKHLS) in the wave that begins in 2014, and (2) donors in the Charities Aid Foundation (CAF) transaction data. In the UKHLS, respondents report total donations made to charities in the past 12 months. For comparability, annual donation amounts for CAF donors are constructed based on their donations in 2015. The table reports selected percentiles of the donation distribution and sample sizes for each group.

Table C.3: CAF Donors against the distribution of donors surveyed by UKHLS

| Donors Surveyed by UKHLS | | | | Share of CAF Donors (%) |
|---|---|---|---|---|
| Decile of Giving | Share of Donors (%) | Minimum Donation (£) | Share of Total Giving (%) | |
| 1 | 10 | 1 | 0.30 | 0.65 |
| 2 | 10 | 12 | 0.80 | 1.05 |
| 3 | 10 | 24 | 1.40 | 1.77 |
| 4 | 10 | 40 | 2.20 | 0.92 |
| 5 | 10 | 50 | 2.80 | 5.87 |
| 6 | 10 | 96 | 4.40 | 0.12 |
| 7 | 10 | 100 | 5.70 | 6.90 |
| 8 | 10 | 150 | 8.80 | 11.15 |
| 9 | 10 | 250 | 14.70 | 18.65 |
| 10 | 10 | 500 | 58.90 | 52.92 |

*Notes*: This table divides UKHLS respondents who reported positive donations into ten equal-sized groups (deciles) based on their annual donation amounts, using data from the 2014 wave. For each decile, the table reports the minimum annual donation amount in that group and the share of total donations accounted for by donors in that decile. The final column shows the distribution of CAF donors across these same decile thresholds, based on their annual donation amounts. This comparison illustrates how CAF donors are positioned within the broader population of donors as captured in the UKHLS survey.

## C.3 Definition of Local Giving

Table C.4: Donation Shares by Donor Distance to Local Charity's Area of Operation

| | Share by Donation Count (%) | Cumulative Share by Count (%) | Share by Donation Value (%) | Cumulative Share by Value (%) |
|---|---|---|---|---|
| Donor within charity area | 58.95 | 58.95 | 56.55 | 56.55 |
| $0 < d \leq 10$ km | 10.98 | 69.93 | 14.31 | 70.86 |
| $10 < d \leq 25$ km | 4.84 | 74.77 | 4.76 | 75.62 |
| $25 < d \leq 50$ km | 5.19 | 79.96 | 6.06 | 81.68 |
| $50 < d \leq 100$ km | 7.52 | 87.48 | 7.21 | 88.89 |
| $100 < d \leq 150$ km | 4.03 | 91.51 | 3.38 | 92.27 |
| $150 < d \leq 200$ km | 3.02 | 94.53 | 2.97 | 95.25 |
| $d > 200$ km | 5.47 | 100.00 | 4.75 | 100.00 |

*Notes*: We define local donations as those made to local charities whose area of benefit is within 25 km of the donor's location.

## C.4 Who Gives Locally?

Table C.5: Covariants of Local Giving Before Covid

| | Share of Local Donations | | |
|---|---|---|---|
| | LPM (All Donors) | LPM (DonCount $\geq 5$) | Tobit |
| main | | | |
| Male | 0.0062** | 0.0046 | 0.0062** |
| | (0.0027) | (0.0032) | (0.0027) |
| Wealth Index | 0.0003*** | 0.0004*** | 0.0003*** |
| | (0.0001) | (0.0001) | (0.0001) |
| Urban | 0.0133*** | 0.0143*** | 0.0133*** |
| | (0.0036) | (0.0040) | (0.0036) |
| Higher Education | 1.5751 | 3.5423** | 1.5751 |
| | (1.5880) | (1.7274) | (1.5879) |
| Age 65+ | -4.2409** | -3.4838** | -4.2409** |
| | (1.8894) | (1.6860) | (1.8893) |
| British White | -0.5269 | -1.2259 | -0.5269 |
| | (2.0530) | (2.2375) | (2.0529) |
| Religious | -3.0375 | -4.1960** | -3.0375 |
| | (1.9362) | (1.9925) | (1.9361) |
| Self-claim UK Identity | 9.3376*** | 9.7302*** | 9.3376*** |
| | (2.7879) | (3.2076) | (2.7877) |
| Conservative Vote Share | -0.0207 | 0.0095 | -0.0207 |
| | (0.0430) | (0.0486) | (0.0430) |
| Labour Vote Share | 0.0558 | 0.0783* | 0.0558 |
| | (0.0431) | (0.0470) | (0.0431) |
| LibDem Vote Share | 0.0728* | 0.0914** | 0.0728* |
| | (0.0385) | (0.0415) | (0.0385) |
| High Hate-Crime Area | -0.0043 | -0.0056 | -0.0043 |
| | (0.0051) | (0.0055) | (0.0051) |
| Ethnic Homogeneity | 0.1568*** | 0.1602*** | 0.1568*** |
| | (0.0468) | (0.0464) | (0.0468) |
| Sense of Local Belonging | -0.0097 | -0.0190 | -0.0097 |
| | (0.0171) | (0.0196) | (0.0171) |
| Obs. | 175,091 | 112,180 | 175,091 |
| Sectoral Composition | Y | Y | Y |
| Year Fixed Effects | Y | Y | Y |

*Notes*: This table presents the characteristics of individuals who donated to local charities before the Covid pandemic. Standard errors clustered at the upper tier local authority level.

# D Other Results and Robustness Checks

## D.1 Giving by Sector

Table D.1: Change in Local Giving after Covid by Charity Cause

| | Donation Share by Sector | | | | | |
|---|---|---|---|---|---|---|
| | (1) Social Services | (2) Religious | (3) Health | (4) Edu/Res/Cul | (5) Environment | (6) Others |
| Post Covid | 0.0116*** | -0.0039*** | -0.0114*** | 0.0019 | 0.0004 | 0.0013 |
| | (0.0017) | (0.0011) | (0.0018) | (0.0012) | (0.0007) | (0.0012) |
| Obs. | 251,037 | 251,037 | 251,037 | 251,037 | 251,037 | 251,037 |
| Mean Outcome | 0.427 | 0.157 | 0.189 | 0.062 | 0.060 | 0.105 |
| Share of Zero | 0.212 | 0.642 | 0.432 | 0.753 | 0.752 | 0.563 |
| Donor Fixed Effects | Y | Y | Y | Y | Y | Y |
| Year Trend | Y | Y | Y | Y | Y | Y |
| Total Donation | Y | Y | Y | Y | Y | Y |

Table D.2: Change in Local Giving after Covid by Charity Cause

| | Share of Local Donations | | | | | |
|---|---|---|---|---|---|---|
| | (1) Social Services | (2) Religious | (3) Health | (4) Edu/Res/Cul | (5) Environment | (6) Others |
| Post Covid | 0.0034** | -0.0073** | 0.0176*** | -0.0085* | 0.0063** | 0.0045* |
| | (0.0015) | (0.0030) | (0.0028) | (0.0044) | (0.0028) | (0.0026) |
| Obs. | 196,476 | 86,292 | 138,458 | 55,458 | 56,560 | 103,776 |
| Mean Outcome | 0.074 | 0.344 | 0.179 | 0.251 | 0.141 | 0.110 |
| Share of Zero | 0.809 | 0.552 | 0.674 | 0.678 | 0.778 | 0.840 |
| Donor Fixed Effects | Y | Y | Y | Y | Y | Y |
| Year Trend | Y | Y | Y | Y | Y | Y |
| Total Donation | Y | Y | Y | Y | Y | Y |

## D.2 Separate Changes on Local Giving by Different Dimensions

Table D.3: Change in Local Giving after Covid by Covid Exposure

**Panel A: Pooled Change After Covid**

| | Any Local Donation | Local Share (Value) | Local Share (Count) |
|---|---|---|---|
| | (1) | (2) | (3) |
| High Covid × Post | 0.0167*** | 0.0096*** | 0.0080*** |
| | (0.0044) | (0.0022) | (0.0020) |
| Low Covid × Post | 0.0022 | 0.0013 | 0.0017 |
| | (0.0035) | (0.0015) | (0.0015) |
| Obs. | 251,037 | 251,037 | 251,037 |
| Mean Outcome | 0.470 | 0.173 | 0.160 |
| P(diff) | 0.022 | 0.002 | 0.009 |
| Donor FE | Y | Y | Y |
| Year Trend | Y | Y | Y |
| Total Donation | Y | Y | Y |
| Sectoral Composition | Y | Y | Y |

**Panel B: Year by Year Change After Covid**

| | Any Local Donation | Local Share (Value) | Local Share (Count) |
|---|---|---|---|
| | (1) | (2) | (3) |
| High Covid × 2020 | 0.0280*** | 0.0167*** | 0.0144*** |
| | (0.0050) | (0.0024) | (0.0021) |
| High Covid × 2021 | -0.0042 | -0.0034 | -0.0033 |
| | (0.0046) | (0.0028) | (0.0026) |
| Low Covid × 2020 | 0.0090** | 0.0055*** | 0.0047*** |
| | (0.0036) | (0.0017) | (0.0016) |
| Low Covid × 2021 | -0.0139*** | -0.0086*** | -0.0058*** |
| | (0.0042) | (0.0017) | (0.0019) |
| Obs. | 251,037 | 251,037 | 251,037 |
| Mean Outcome | 0.470 | 0.173 | 0.160 |
| Donor FE | Y | Y | Y |
| Year Trend | Y | Y | Y |
| Total Donation | Y | Y | Y |
| Sectoral Composition | Y | Y | Y |

Table D.4: Change in Local Giving after Covid by Community Cohesion

| **Panel A:** | Any Local Donation | Local Share (Value) | Local Share (Count) |
|---|---|---|---|
| | (1) | (2) | (3) |
| Low Local Belonging × Post | -0.0036 | -0.0022 | -0.0011 |
| | (0.0053) | (0.0022) | (0.0022) |
| High Local Belonging × Post | 0.0127*** | 0.0074*** | 0.0064*** |
| | (0.0026) | (0.0015) | (0.0015) |
| **Panel B:** | | | |
| | (1) | (2) | (3) |
| Low Hate-crime × Post | 0.0208*** | 0.0096*** | 0.0081*** |
| | (0.0032) | (0.0017) | (0.0017) |
| High Hate-crime × Post | -0.0106** | -0.0029 | -0.0018 |
| | (0.0047) | (0.0019) | (0.0018) |
| **Panel C:** | | | |
| | (1) | (2) | (3) |
| Low Ethnic Homogeneity × Post | -0.0051 | -0.0013 | -0.0006 |
| | (0.0049) | (0.0023) | (0.0022) |
| High Ethnic Homogeneity × Post | 0.0191*** | 0.0094*** | 0.0082*** |
| | (0.0038) | (0.0018) | (0.0017) |
| Obs. | 251,037 | 251,037 | 251,037 |
| Mean outcome | 0.470 | 0.173 | 0.160 |
| Donor FE | Y | Y | Y |
| Year trend | Y | Y | Y |
| Total donation control | Y | Y | Y |
| Sectoral composition controls | Y | Y | Y |

Table D.5: Change in Local Giving after Covid by GDP Shock

| | Any Local Donation | Local Share (Value) | Local Share (Count) |
|---|---|---|---|
| | (1) | (2) | (3) |
| Large GDP Shock × Post | -0.0044 | -0.0015 | -0.0006 |
| | (0.0044) | (0.0018) | (0.0018) |
| Small GDP Shock × Post | 0.0151*** | 0.0080*** | 0.0069*** |
| | (0.0033) | (0.0018) | (0.0017) |
| Obs. | 251,037 | 251,037 | 251,037 |
| Mean outcome | 0.470 | 0.173 | 0.160 |
| P(Diff) | 0.002 | 0.000 | 0.002 |
| Donor FE | Y | Y | Y |
| Year Trend | Y | Y | Y |
| Total Donation | Y | Y | Y |
| Sectoral Composition | Y | Y | Y |
| Death Rate | N | N | N |

## D.3 Total Donation Response

Table D.6: Change in Total Giving after Covid

| | Log (Total Donations) | | | | | | |
|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| Post Covid | 0.1797*** | | 1.5533*** | 1.5489*** | 1.5482*** | 0.0000 | 0.0000 |
| | (0.0171) | | (0.2269) | (0.2250) | (0.2251) | (.) | (.) |
| Post Covid × High Covid | | | -0.0724** | -0.0732** | -0.0729** | -0.1215** | -0.0321*** |
| | | | (0.0337) | (0.0331) | (0.0329) | (0.0493) | (0.0082) |
| Post Covid × Large GDP Shock | | | | 0.0077 | 0.0075 | -0.0228 | 0.0055 |
| | | | | (0.0354) | (0.0357) | (0.0393) | (0.0096) |
| Post Covid × Strong Local Belonging | | | | | 0.0042 | 0.0106 | 0.0067 |
| | | | | | (0.0359) | (0.0363) | (0.0109) |
| Year = 2020 | | 0.1490*** | | | | | |
| | | (0.0167) | | | | | |
| Year = 2021 | | 0.2409*** | | | | | |
| | | (0.0206) | | | | | |
| Obs. | 423,409 | 423,409 | 410,599 | 410,599 | 410,599 | 410,599 | 243,245 |
| Donor Fixed Effects | Y | Y | Y | Y | Y | Y | Y |
| Year Trend | Y | Y | Y | Y | Y | Y | Y |
| Differential Change by Other Demographic Features | N | N | Y | Y | Y | Y | Y |
| Region by Year Fixed Effects | N | N | N | N | N | Y | Y |
| Include Only Non-zero Observations | N | N | N | N | N | N | Y |

*Notes*: The dependent variable is log transformed total donation size. *Post Covid* indicates donation years beginning in March 2020 and March 2021. In Column (2), *Year = 2020* and *Year = 2021* separately capture the first and second Covid years (March 2020-February 2021 and March 2021-February 2022). *High Covid* indicates upper-tier local authority districts (ULADs) with cumulative Covid death rates up to 2022 at or above the median. *Large GDP Shock* indicates ULADs with the change in mean annual GDP after Covid at or below the median. *Strong Local Belonging* indicates constituencies where the mean sense of belonging to the local community is at or above the median. All regressions include donor fixed effects and year trends. Column (3) to (7) include interactions of *Post Covid* with gender, wealth, urbanisation, the shares of people with higher education, claiming UK identity, with a religious affiliation, aged 65 or above, identifying as British White, and Conservative vote share. Standard errors are clustered at the ULAD level. Significance levels are denoted by $p < 0.10$ (*), $p < 0.05$ (**), and $p < 0.01$ (***).

## D.4 Response to Real-time Death Rate

Table D.7: Monthly Donation Response to Deaths Rate

| | Local Share (by Value) | | Local Share (by Number) | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Post Covid × Death Rate (in percentage) | 0.2767** | 0.1049 | 0.2021*** | 0.0888 |
| | (0.1080) | (0.1351) | (0.0625) | (0.0701) |
| Post Covid × March-April-May × Death Rate (in percentage) | | 0.5932*** | | 0.3964*** |
| | | (0.2153) | | (0.1012) |
| Obs. | 12,600 | 12,600 | 12,600 | 12,600 |
| Mean Outcome | 0.203 | 0.203 | 0.125 | 0.125 |
| Post Covid | Y | Y | Y | Y |
| Post Covid × March-April-May | Y | Y | Y | Y |
| ULAD Fixed Effects | Y | Y | Y | Y |
| Time Trend | Y | Y | Y | Y |
| Month Fixed Effects | Y | Y | Y | Y |
| Total Donation | Y | Y | Y | Y |
| Differential Effects by Socio-demographic Feature | Y | Y | Y | Y |

*Notes:* The dependent variable is the share of donations allocated to local charities, aggregated at the ULAD-month level. Columns (1) and (2) measure the share by value, and columns (3) and (4) measure the share by number. *Post Covid* indicates months starting from March 2020. *Death Rate* denotes the Covid-19 death rate in percentage at the ULAD level, specific to the month. *March-April-May* is an indicator for those specific months. All regressions include ULAD fixed effects, month fixed effects, time trends, total donations, and differential effects by socio-demographic features (gender, age, education, wealth, British White, UK identity, and Conservative vote share). Standard errors are clustered at the ULAD level. Significance levels are denoted by $p < 0.10$ (*), $p < 0.05$ (**), and $p < 0.01$ (***).

## D.5 Change in Local Giving Following Lockdowns

The following figure suggests that there is a change in local giving in response to local need. But, people become less sensitive to local need after the initial shock.

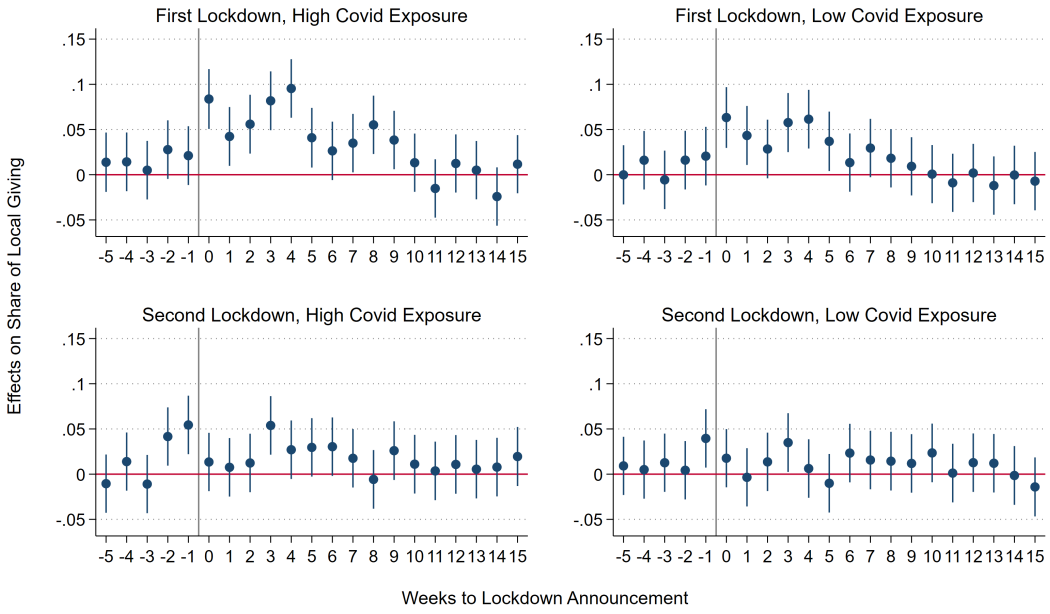


Figure D.1: Change in Local Giving Following National Lockdowns

*Notes*: The vertical dashed line indicates the date of announcing the first/second national lockdown in March 23 2020. The data is aggregated at weekly level across places in high covid area and in low covid area.

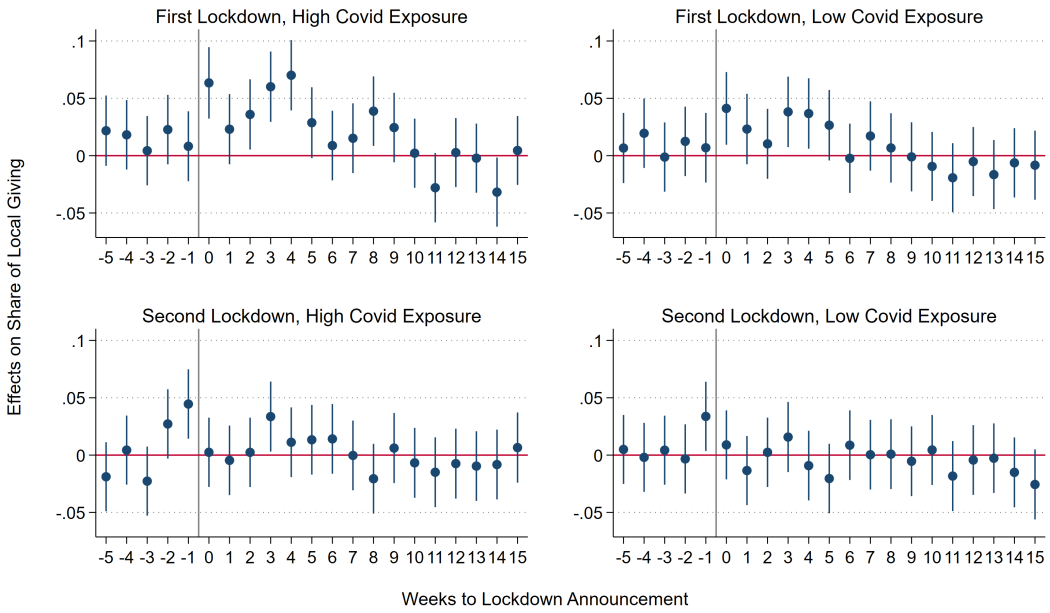


Figure D.2: Change in Local Giving Following National Lockdowns (controlling for deaths)

*Notes*: Donations are aggregated at the weekly level across donors in high and low Covid areas separately.

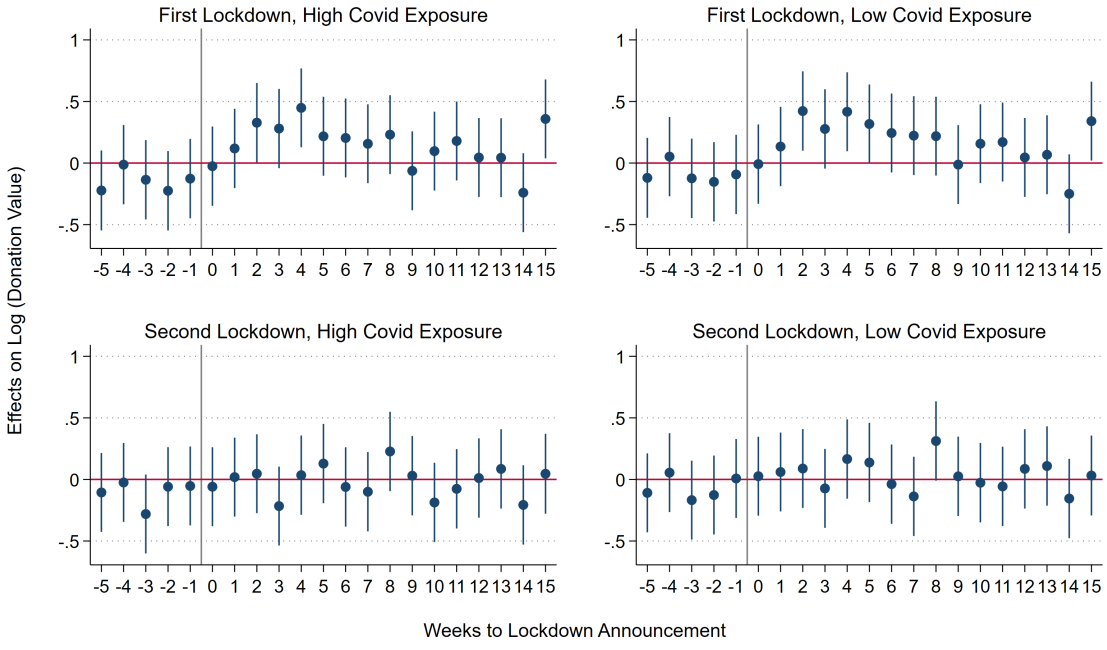


Figure D.3: Change in Donation Values Following National Lockdowns

*Notes*: Donations are aggregated at the weekly level across donors in high and low Covid areas separately.

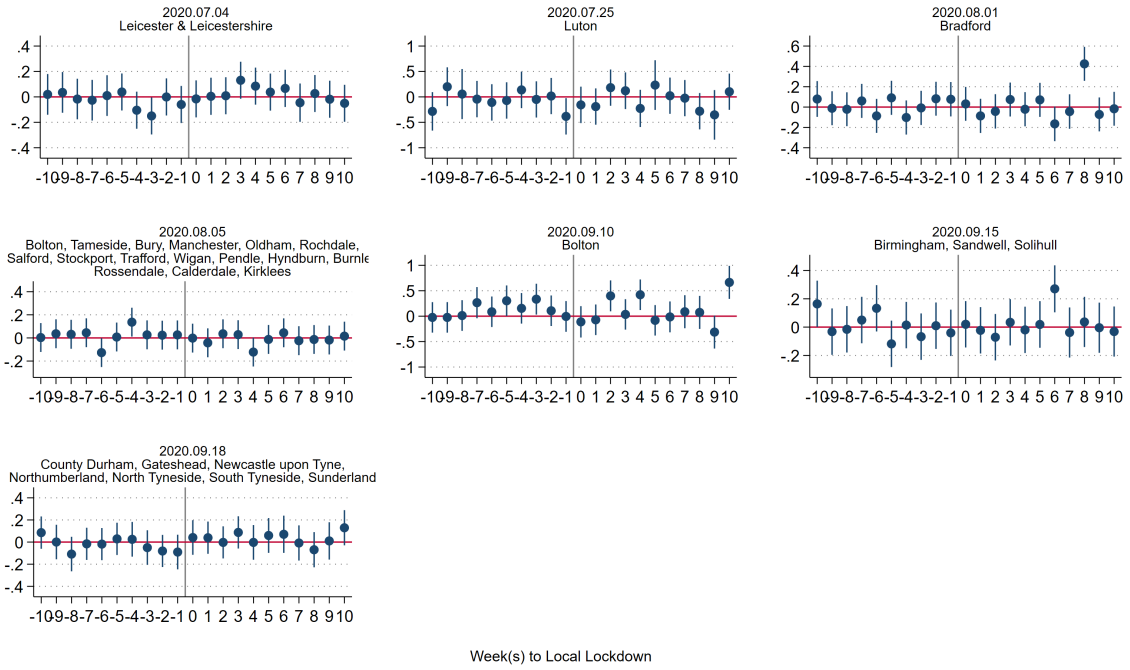


Figure D.4: Change in Local Giving Following Local Lockdowns

*Notes*: Donations are aggregated weekly at the upper-tier local authority level. For each local lockdown, we examine changes in local giving only within the corresponding affected areas.