“Volunteering, Health and Wellbeing”

What does the evidence tell us?

Full Report

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Executive Summary

Rationale for literature review

There is a widely held perception that volunteering is a ‘good thing’ and that this confers benefits to both the beneficiaries and to the volunteers themselves. This includes a considerable amount of emerging evidence on the potential health and wellbeing benefits from volunteering.

However, Volunteer Scotland is aware that this evidence can be contradictory, and this has resulted in considerable uncertainty around what we mean by wellbeing, the nature of the benefits, who benefits, the possibility of losers as well as gainers and the invidious causality problem - whether those with high levels of wellbeing are attracted to volunteering rather than volunteering contributing to higher levels of wellbeing.

This report seeks to shed light on these issues through this literature review. Its focus is on the health and wellbeing of volunteers and, to a more limited extent, community wellbeing; it does not address the wellbeing of beneficiaries. It also focuses exclusively on formal volunteering.

Volunteer Scotland acknowledges that this is a complex area of research and, given that we have taken a holistic approach encompassing a broad interpretation of ‘health and wellbeing’, we are conscious that each section of our report could form the basis of an in-depth follow-up study in its own right.

Notwithstanding this caveat, we have found the exercise extremely valuable in allowing Volunteer Scotland to firm up its position on the contribution of volunteering to the health and wellbeing of volunteers. Further work is required to build the evidence base to understand impacts at the wider community level.

We hope that our readers will find the report of interest and will help us to ‘stress-test’ and further develop the findings.

Mental health benefits

The most frequently cited and consistent finding relates to the contribution of volunteering to the enhancement of mental health. The evidence highlights the following benefits:

- A reduction or alleviation in depression
- Reduced anxiety and stress
- Reduced loneliness and social isolation
- Alleviation of Post-Traumatic Stress Disorder suffered by armed forces veterans
- Supporting the management of more serious mental health conditions such as schizophrenia, and psychiatric or learning disabilities
These wellbeing benefits are generated through:

- *Increased social connectedness* – this relates to improving an individual's social capital. Examples include expanding social networks; meeting new people and making friends; feeling connected to wider society and developing a sense of belonging; and building networks, bonds, trust and common values with other people.
- *Sense of purpose* – through the volunteering role people benefit from task satisfaction; a sense of achievement and fulfilment; having control over one's life; and giving direction and meaning to one's life.
- *Enhanced skills and personal resources* – learning new skills; improved confidence; more personal resources such as the ability to handle stress and cope with life; resilience and self-efficacy.
- *Increased self-worth* – this includes self-esteem and self-respect
- *Having fun and being happy* – laughing, enjoying oneself; feeling good about oneself; leading to improved life satisfaction. This is termed the ‘helper's high’

**Physical health benefits**

Three main categories of physical health benefits were identified:

- *Healthy behaviours* – this includes the adoption of healthy lifestyles and practices because of volunteering; also, an increase in the level of physical activity (for example, the number and intensity of physical activities which an individual engages in each week).
- *Improved daily living* – for older people volunteering can help them maintain their functional independence; or reduce their level of function dependency for longer than would otherwise be the case.
- *Ability to cope with one's own illnesses* – volunteering helping individuals to manage and/or alleviate their symptoms.

Understandably, the evidence on health benefits is strongly linked to those in older age, particularly those in their sixties and above. Several studies also highlight the positive impact that volunteering can have on improved life expectancy. Three of these studies presented quantitative evidence on reduced mortality for those in older age.

**The advantaged vs. the disadvantaged**

A key finding from the research is that this is not a 'one size fits all' outcome. For the quantitative studies focusing on whole populations, the evidence of enhanced wellbeing for volunteers vs. non-volunteers is often weak or inconclusive. However, other more focused research gives strong evidence that the nature and extent of wellbeing benefits are dependent on the characteristics of the volunteer. In particular, the mental health, physical health and wellbeing benefits from volunteering tend to be stronger the greater the level of disadvantage the individual suffers.
Older people - the strongest evidence relates to those in older age (c. 60+), who are often subject to one or more of the following conditions:

- **Loneliness and social isolation** – this was cited in connection with the problems that can afflict older people: “In serving their communities volunteers found that it is a ‘choice’ that helps to ward off the ‘void’ that retirement can bring. It provides stimulation, company and companionship, thus buffering isolation and loneliness.” Volunteer Now & University of Ulster

- **Role-identity absences** – such as the loss of employment, loss of a partner and the departure of children from the family home.

- **Ill-health** – volunteering can help to alleviate the symptoms of those suffering mental and physical health problems and/or help them to cope with their life more effectively.

The contribution of volunteering has been referred to as the ‘inoculation effect’ for those in older age.

Younger people – at the other end of the demographic spectrum the evidence we identified on volunteering wellbeing benefits for the younger generation is more limited. However, from the evidence on loneliness (13% of people aged 18 – 34 described themselves as ‘often lonely’¹), and from the increasing attention given to the problems of mental health in school pupils and young adults, Volunteer Scotland believes that volunteering has a particularly important role to play for this group². This is an area which would merit further research.

Excluded characteristics – the literature review has also highlighted the disproportionately important contribution of volunteering to those susceptible to exclusion in society due to:

- Mental health conditions – including clinical depression, learning disabilities and Post Traumatic Stress Disorder
- Long term unemployed
- Asylum seekers and refugees
- Living in deprived communities

Community wellbeing

Although community wellbeing was not the main focus of this study (due to the limited coverage in the research papers examined), our research has highlighted the following characteristics of volunteering and how it supports community wellbeing, not just the wellbeing of volunteers:

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¹ Griffon (2010)
² The Scottish Government’s draft strategy "A Connected Scotland: tackling social isolation and loneliness and building stronger local connections" (Jan 2018) also highlights the problem of loneliness in children and young people.
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- **Local delivery** – notwithstanding online volunteering, most volunteering is a local affair. It is embedded within a community for the benefit of that community. The local nature of volunteering is a key factor. For example, in some of the most deprived areas of Glasgow the route to successful engagement with disengaged youths was through youth clubs and sports clubs often operating not just in the local community but at the street level where the young people ‘hang out’.

- **Social capital** – volunteering builds social relationships between volunteers, beneficiaries, staff and other voluntary bodies located in the community. This leads to enhanced social networking, improved understanding and more cohesive communities.

- **Reciprocity** – in social psychology ‘reciprocity’ is the social norm of responding to a positive action with another positive action. Hence, if a volunteer helps someone in the community the beneficiary is more likely to respond with another positive action. This leads to a virtuous circle of community members helping each other – this mutuality and sharing are important.

- **‘Spillover’ effects** – “First, giving and volunteering are associated with strong spillover effects. Unlike the negative externalities associated with income (when our neighbours get a fancy new car we feel less happy with our old car) volunteering and reciprocity are associated with positive externalities, or spillovers. In other words, if you live in a community with high levels of volunteering, even if you do not volunteer, your subjective wellbeing will still tend to be increased by all that goodwill and social capital building around you.” O’Donnell, G. et al (2014)

- **Co-production** – “....Boyle et al (2010) argue that the involvement of the public and local people in shaping and delivering public services not only creates a person-centred service which is more responsive to the needs of local people, but also fosters a sense of responsibility and community activism where people take control of their own lives and local services, create and develop social networks and galvanise resources for the local community. For Boyle et al this, in turn, strengthens community resilience, promotes wellbeing and undermines the culture of dependency on statutory services.” Paylor, J. (2011)

‘Facilitators’ of wellbeing

Some of the most important findings from this research relate to the conditions under which volunteers are likely to maximise their wellbeing benefits. In our analytical Framework (see Figure 3.1) we refer to these as the ‘Facilitators’.

- **Frequency and intensity of volunteering** – it is clear that volunteers need to commit a minimum amount of time to volunteering for them to generate wellbeing benefits. This is referred to as the **dose-response effect** whereby increasing the level and intensity of volunteering increases volunteers’ wellbeing. However, some papers identified a curvilinear relationship whereby there is a threshold level of volunteering hours beyond which the wellbeing benefits either remain static or, more typically, decline.
• **Altruism vs. self-interest** – the research evidence reveals that the wellbeing, health and life expectancy benefits were more significant for volunteers motivated by helping others compared to the pursuit of personal goals. This evidence was drawn from a variety of volunteering environments.

• **Recognition of volunteers’ contribution** – people like to be recognised, thanked and appreciated for what they do, irrespective of whether this is in paid employment, volunteering or just helping a friend, neighbour or member of the family. It was therefore surprising to find that only four studies examined the issue of recognition and its impact on volunteers’ wellbeing. However, they all confirmed the importance of recognition, albeit that only one of the studies undertook a proper research study to test for the importance of ‘appreciation’.

### Adverse impacts of volunteering on wellbeing

What this research makes clear is that volunteering is no panacea for the problems in society. In addition to the fact that wellbeing impacts are dependent on volunteering roles, the characteristics of the volunteer, volunteering hours and the way volunteers are managed, it is important to highlight that there are possible adverse impacts on volunteers’ wellbeing. Examples include:

• **Role strain** – where the individual is undertaking too many roles in their life (their job, volunteer role(s) and family and community commitments). For example, one study identified the ‘motherhood penalty’ of having to juggle volunteering and parental responsibilities.

• **Burnout** – where the number of volunteering hours exceeds a certain threshold, beyond which the volunteer’s wellbeing declines.

• **Challenging roles** – these include volunteer roles which are emotionally challenging, involve risk and significant responsibility.

• **Physical health** – particularly for older people, the demands of a volunteer role can adversely affect their physical health.

• **Unemployment support** – where social security support is inadequate this can adversely impact on the unemployed who lack the resources to both fulfil their volunteering commitments, find a job and survive financially.

In such circumstances it is quite possible that volunteers’ wellbeing would increase if they stopped volunteering.
The causality issue

Finally, there is the thorny methodological issue of causality. The quantitative studies examined recognise this issue. Are people with high levels of wellbeing attracted to volunteering rather than volunteering contributing to higher levels of wellbeing?

Given the complexity of this issue it is difficult to reach a definitive conclusion. The longitudinal research, which represents the most robust quantitative evidence base, concludes that:

- There are positive wellbeing benefits derived from volunteering, even after modelling for explanatory factors
- However, the scale of these impacts is often modest and less than the average difference in wellbeing between volunteers and non-volunteers
- That the issue or reverse causation should not necessarily be considered a problem. Volunteering increases happiness (even for those who are already happy), which in turn increases the likelihood of volunteering. A virtuous circle.

One aspect of the causality debate which we believe would merit further quantitative longitudinal research is an investigation of the wellbeing benefits for those in society who are subject to significant disadvantage, in areas such as mental health, disability, deprivation and crime. The above longitudinal studies are focused on the population as a whole.

From the qualitative research evidence considered in this report and from the numerous case studies and anecdotal evidence which Volunteer Scotland is in receipt of daily, one reaches a much stronger conclusion on the wellbeing benefits from volunteering for those who are most disadvantaged in society.

The personal experiences of those who have been ‘rescued’ by volunteering are very powerful and convincing – evidence of which is presented in this report. However, the limitation of such research is that generally one cannot impute these findings to the wider population, since such findings are unlikely to be representative nor statistically significant.
1. Introduction

1.1 Rationale and scope of the research

The objective of this report is to review the evidence on the relationships between volunteering, health and wellbeing. In 2015 Volunteer Scotland published a short paper on volunteering and wellbeing in support of the case for a new volunteering indicator for the National Performance Framework. Since this piece of work was completed, several new studies have been published which explore the association between volunteering, health and wellbeing, and this was the trigger for a more in-depth review of the available evidence.

The focus of this research is on the possible wellbeing impacts on volunteers; not service beneficiaries. Does volunteering impact on volunteers’ wellbeing? This includes consideration of the physical and mental health benefits, which are an integral element of ‘wellbeing’. The report starts by defining what we mean by ‘volunteering’ and ‘wellbeing’, and the contribution of volunteering to social connectedness. It then reviews a range of volunteering and wellbeing literature to try and answer five core questions:

- What health and wellbeing benefits arise from volunteering and how strong are they?
- Do health and wellbeing benefits vary by age?
- Do health and wellbeing benefits vary for excluded groups?
- Are there other volunteering factors which affect the attainment and/or strength of health and wellbeing benefits?
- Is there a causality problem? Are people with high levels of health and wellbeing attracted into volunteering, rather than volunteering improving individuals’ health and wellbeing?

1.2 Definition of volunteering

The definition of volunteering currently used by the Scottish Government is:

“The giving of time and energy through a third party, which can bring measurable benefits to the volunteer, individual beneficiaries, groups and organisations, communities, environment and society at large. It is a choice undertaken of one’s own free will and is not motivated primarily for financial gain or for a wage or salary”. [Scottish Executive (2004) Volunteering Strategy]

This definition broadly encompasses ‘formal volunteering’ – where unpaid work is undertaken through an organisation, group or club to help other people or to help a cause (such as improving the environment). In contrast, ‘informal volunteering’ refers to unpaid help given as an individual directly to people who are not relatives.

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3 Volunteering and Wellbeing Scotland Performs: the case for a new volunteering indicator: 2015, Volunteer Scotland
As explained in Section 2 (methodology), the focus of this literature review is the impact of formal volunteering on health and wellbeing. This reflects the fact that informal volunteering was rarely addressed in the literature we examined – the focus of researchers has been on the impacts of formal volunteering. This is not to say that informal volunteering is any less important in terms of its impact on health and wellbeing – it is just that we did not have the evidence to explore this aspect.

1.3 Definition of wellbeing

Attempting to reach a single overarching definition of wellbeing with widespread endorsement is a challenge. ‘Wellbeing’ is a complex subject and is open to much debate and interpretation. However, there are several common elements which contribute to wellbeing which we have identified.

Firstly, drawing upon the findings of the Measuring National Wellbeing Programme conducted by the Office for National Statistics, the What Works Centre for Wellbeing gives the following holistic definition:

“Wellbeing, put simply, is about ‘how we are doing’ as individuals, communities and as a nation and how sustainable this is for the future.”

It goes on to identify “…10 broad dimensions which have been shown to matter most to people in the UK as identified through a national debate. The dimensions are: the natural environment, personal well-being, our relationships, health, what we do, where we live, personal finance, the economy, education and skills and governance.”

Of particular relevance to this research paper is what we mean by ‘personal wellbeing’, which they define as:

“Personal wellbeing is a particularly important dimension which we define as how satisfied we are with our lives, our sense that what we do in life is worthwhile, our day-to-day emotional experiences (happiness and anxiety) and our wider mental wellbeing.”

Drawing upon the 2006 DEFRA Whitehall Wellbeing Working Group definition of wellbeing, Skilton, L. (2009) disaggregates the following dimensions:

• involvement in empowered communities
• supportive personal relationships
• good health
• financial security
• rewarding employment
• healthy and attractive environment.

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4 “What is wellbeing?” What Works Centre for Wellbeing
We can all endorse these dimensions as being important in achieving a state of wellbeing. Interestingly, the literature reviewed in this report addresses four out of these six components: community engagement, personal relationships, health and employment.

Helpful as these definitions of wellbeing are, it is equally important to understand how wellbeing is achieved. The explanatory model put forward by Dodge et al (2012) describes wellbeing “...as the balance point between an individual’s resource pool and the challenges faced.”

“\textit{In essence, stable wellbeing is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge. When individuals have more challenges than resources, the see-saw dips, along with their wellbeing and vice-versa.}” (ibid)

This explanatory model is particularly helpful in understanding the contribution of volunteering to an individual’s wellbeing. As explained in this report, volunteering can provide an important contribution by increasing an individual’s ‘resources’, particularly their social connectedness. Furthermore, we are keen to explore the extent to which this positive impact varies by the significance of the challenges facing the individual.

1.4 Importance of connectedness

A common component that features in most wellbeing definitions is the social dimension; an individual’s wellbeing being based on their ability to connect and participate. Leigh et al. (2011) recognise the idea of “...... wellbeing as a sense of belonging to our communities, a positive attitude towards others, a feeling that we are contributing to society and engaging in pro-social behaviour, and a belief that society is capable of developing positively”. They argue “relationship is at the heart of wellbeing” (ibid).

Volunteering has a key role to play in this regard as it is inherently social. It operates through social networks: people are most likely to enter volunteering because they are asked to do so. Scottish charities are most likely to use ‘word of mouth’ to find volunteers (Harper, H. et al., 2012) and the positive relationships that are so often formed through volunteering help to sustain continued social participation (Brodie, et al., 2011).

Studies focussing on volunteering motivations and satisfaction highlight the importance of the social experience in sparking and maintaining participation (Low, et al., 2007, Volunteer Development Agency, 2007 and Hurley, et al., 2008 all cited in Rochester, C. et al., 2010).
Unsurprisingly therefore, it is the relationship aspect of volunteering – which is one of the most important factors in helping to enhance the subjective wellbeing of volunteers.

1.5 Policy context

There is strong policy support for both volunteering as a ‘social good’ and the wellbeing of individuals and communities.

Volunteering – the Scottish Government’s National Programme for 2017/18, “A Nation with Ambition” (Scottish Government, 2017, website link p. 110), includes a commitment to ‘re-invigorating volunteering’. It recognises that volunteering is ‘transformational’ for the volunteer and is particularly important for those facing barriers to engagement in their communities, such as people with a disability, older people and those out of work. The Scottish Government’s Equalities, Human Rights and Third Sector Division is also leading a new ‘Outcomes Approach’ to support a more integrated and high impact contribution from volunteering across key partners in Scotland.

Wellbeing – there has been a sea-change in the last 10 years in government thinking across the UK and internationally relating to the measurement of national performance. Economic measures such as Gross National Product are now seen to have significant limitations in measuring national performance (O’Donnell, G. et al, 2014; Signorini, D. - undated), so there has been a growing focus on looking at alternative measures such as wellbeing. Individuals' wellbeing is dependent on much more than income and employment measures, including factors such as engagement with society, personal health, security and personal freedom. Indeed, the goal for some is to derive a measure of ‘Gross National Happiness’ (O’Donnell, G. et al, 2014).

To that end the Scottish Government pioneered its ‘Scotland Performs’ National Performance Framework (SG website link ) based on a series of indicators, which “......provide a broad measure of national and societal wellbeing, incorporating a range of economic, social and environmental indicators and targets....”. Published in 2007, it sets out an outcomes based approach to government focused on actual results achieved, rather than inputs and outputs (SG website link). One of the 55 National Indicators is “Improve mental wellbeing” (SG website link).

In addition, a range of Scottish policy guidance focuses on individuals' wellbeing, with a specific focus on children and young people, older people and mental health):

- *The Children and Young People Scotland Act 2014* – contains a section (No. 96) relating to the ‘Assessment of Wellbeing’ (Scottish Government, 2014)
- *Mental Health Strategy 2017 – 2027: a ten year vision* – includes a section on the physical wellbeing of people with mental health problems (Scottish Government, 2017)
- *Health and Wellbeing: responsibility of all* (Education Scotland, 2014)
• *A Connected Scotland: tackling social isolation and loneliness and building stronger social connections* – a consultation paper which contains repeated references to the importance of wellbeing for the older age demographic (Scottish Government, 2018)

Having ascertained the importance of both volunteering and wellbeing in policy terms, the focus of this report is to determine the extent to which volunteering can impact positively on individuals’ wellbeing to generate a ‘win-win’.

### 1.6 Report structure

We have structured the report into 11 sections. The core sections 4 – 10 are based on the ‘Analytical Framework’ which we developed to aid our understanding of the research and the analysis and presentation of our findings – see Figure 3.1 in Section 3:

- **Section 2 – Methodology** which describes our literature review process and discusses the causality issue.

- **Section 3 – Analytical framework** - we have developed an ‘analytical framework’ to help structure the wide range of evidence and draw out the linkages between volunteering, health and wellbeing.

- **Section 4 – Mental health and wellbeing** focuses on an assessment of the evidence that volunteering impacts positively on mental health and wellbeing.

- **Section 5 – Physical health and wellbeing** focuses on an assessment of the evidence that volunteering impacts positively on physical health and wellbeing.

- **Section 6 – Volunteering and mortality** which explores the extent to which volunteers’ life expectancy improves through volunteering.

- **Section 7 – Social isolation & loneliness** explores the evidence on how volunteering can reduce social isolation and loneliness and so improve wellbeing.

- **Section 8 – Employment and career outcomes** explains how volunteering can contribute to wellbeing through achieving positive employment and career outcomes.

- **Section 9 – Community wellbeing** explores how volunteering can contribute to community as well as individuals’ wellbeing.

- **Section 10 – Facilitators of wellbeing** including factors such as the intensity and frequency of volunteering.

- **Section 11 – Conclusion and next steps**
2. **Methodology**

2.1 **Literature review process**

**Data collection** - the starting point for this review was to re-examine the 42 documents identified in Volunteer Scotland’s 2015 paper on Volunteering and Wellbeing⁵ to ensure they were still relevant. We then examined the more recent volunteering and wellbeing papers that had been identified through our “horizon scanning” activities (to help us stay informed of current developments in volunteer research, policy and practice) and through our knowledge exchange networks.

Further evidence was identified through a snowball search of citations in key documents and a Google search for significant grey literature using the key works ‘volunteering’, ‘health’ and ‘wellbeing’.⁶ The Google search was carried out in October 2017 and only included English language publications. No country or date restrictions were applied to the search criteria. The search produced a range of results, including literature reviews, research reports, academic papers and evaluation reports. Over 100 papers were identified as potentially relevant.

**Data screening** – the results of the search were screened by one researcher. This involved reading the identified papers’ titles and abstracts to decide their relevance for the review. Papers were deemed relevant if they discussed ‘volunteering’ and the relationship to ‘health’ and ‘wellbeing’; irrelevant papers were then excluded. This generated a shortlist of 32 papers. This core evidence was supplemented by a further 40+ research papers, data sources and policy documents – see the full bibliography in Annex A.

**Data analysis** – an ‘open research’ methodology was adopted, whereby we did not start the study with pre-judged analytical fields. Instead, we used the literature to inform the priorities for analysis. This is how we derived the main section headings for this report: mental health, physical health, mortality, social isolation and loneliness, employment and career outcomes and community wellbeing. [See also Figure 3.1 – Analytical Framework in Section 3.] In addition, within each of these major fields we analysed other variables as appropriate, including age and indicators of disadvantage.

All this information was recorded and analysed on an Excel spreadsheet. During this analysis we further refined our literature selection and reduced the number of papers from 32 to a set of 24 ‘core papers’, which form the evidence base for this report. This further shortlisting was based on a detailed understanding of each paper as a consequence of which 8 papers were assessed to lack the quality of data required and were excluded.

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⁵ Volunteering and Wellbeing Scotland Performs: the case for a new volunteering indicator: 2015, Volunteer Scotland

⁶ Volunteer Scotland does not have access to university and specialist research portals, which could have enriched the evidence base for this study.
The core papers are referenced frequently throughout the report and a numeric system has therefore been used to identify the papers in Sections 4 to 10 – see the bibliography in Annex A. Other papers and data sources are identified by the source and/or author.

**Synthesis & reporting** – extracted data were then synthesised. This involved grouping together similar findings in relation to the main section headings and relevant demographic and volunteer management parameters. One researcher was involved in this process. Synthesised findings were written into a draft report, which was shared internally within Volunteer Scotland and externally with contacts in the Scottish Government, the University of Strathclyde and key partners – see the acknowledgements at the beginning of the report. Based on their detailed feedback several revisions and additions were made prior to publication of the final report.

### 2.2 Critique of the literature review process

**Limitations of methodology** – Volunteer Scotland would like to make clear that this is not a totally comprehensive literature review. Due to resource and time limitations, and barriers in accessing academic portals and grey literature, we decided not to carry out a large-scale, systematic literature review. This report therefore presents the findings of a rapid review of some of the existing evidence on volunteering, health and wellbeing. We have sought to reflect some of the best available evidence, recognising that there are limitations in the breadth of the evidence base used for this study.

**Breadth vs. depth** – by the very nature of our ‘open research’ methodology this study has benefited from a broad perspective on the issues influencing volunteering, health and wellbeing. This is one of its key strengths – it provides an overarching framework for the analysis of a complex subject. In particular, the Analytical Framework (see Figure 3.1 in Section 3) developed for this study we believe is unique and we have not identified a similar holistic approach in the literature reviewed.

The downside is that the amount of evidence we have accessed for specific topics has sometimes been quite limited. Each section of this report could be a major research project in its own right. Also, with hindsight we could have focused our data collection with more specific search criteria, but we were not privy to these criteria at the outset. The main areas where there are significant evidence gaps in our research include:

- **Informal volunteering** – with a couple of exceptions all our papers focused on formal nor informal volunteering
- **Community wellbeing** – the vast majority of our papers focused on individual rather than wider community wellbeing
- **Youth and mid-life volunteering** – we managed to access an extensive evidence base relating to volunteering and health and wellbeing impacts on older people, but much less on those who are younger
- **Volunteering roles** – the extent to which wellbeing impacts vary by the type of volunteering role being fulfilled
- **Volunteer management** – the impact of volunteer management on the health and wellbeing of volunteers was completely ignored in the papers we reviewed
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- **Causal mechanisms** – it is not clear in a lot of the research we reviewed how the positive impacts of volunteering on final outcomes – mental health, physical health, life expectancy, social isolation and loneliness, and employment and career outcomes – impacted on volunteers’ wellbeing (ref Figure 3.1)

- **Social isolation & loneliness** – a lot of the research on volunteering and wellbeing referenced important social capital and social connectedness, but it failed to make overt linkages to potential beneficial impacts on social isolation and loneliness.

### 2.3 The causality issue

**Understanding the causality problem** – a key issue facing research on volunteering, health and wellbeing is the causality issue. The problem is described by Nazroo, J. & Matthews, K. 2012 (16):

“Although wellbeing may be correlated with engaging in volunteering, it may be that those with greater wellbeing are more likely to engage, or that some other factor, such as physical health, is driving the correlation. Consequently, the association we observe might well be a selection effect; those with greater wellbeing being more likely to be the group who volunteer, rather than volunteering leading to improvements in wellbeing.”

As pointed out by De Wit, A. et al. 2015 (12): “…in our critical review of evidence, most studies fail to adequately rule out reverse causality and suffer from omitted variable bias.”

Ten out of the 24 papers Volunteer Scotland reviewed discussed the causality issue (1, 2, 3, 4, 10, 12, 16, 18, 22 & 27). We can confirm that the issue of causality relating to the health and wellbeing impacts of volunteering is still a largely unresolved problem for the seven studies using cross-sectional data sets (1, 2, 4, 10, 18, 22 & 27).

However, there are two other research methods which can be used to address the causality issue:

- **Randomised Control Trials** (RCTs) – this is based on conducting experimental research which randomly allocates individuals into volunteering and non-volunteering roles and observes the relative impact on their wellbeing. However, as Nazroo, J & Matthews, K. 2012 (16) point out this research method is often impractical and the experiences of those involved are often not reflective of the ‘real life’ experience of volunteers and non-volunteers. None of the 24 papers used the RCT methodology.

- **Longitudinal research** - in the absence of RCTs “….in which the likelihood of volunteering is manipulated, the analysis of longitudinal data is the best available strategy. This research design is a way to compare a self-reported state at two points in time. Analysing changes within people from both groups is a form of quasi-experimental design that enables us to sort out the chronology of events. While this analysis does not yield definitive proof for causation, it can show to what extent the differences between volunteers and non-volunteers arise from selection processes (Bekkers, R. & Verkaik, D. 2015)
From our literature review the three papers which undertook the most rigorous analysis of the causality problem were based on longitudinal datasets (3, 12, & 16). The evidence from these papers is presented below.

“Is volunteering rewarding in itself?” Meier, S. & Stutzer, A. 2004 (3)

They used the reunification of Germany as a natural experiment to investigate the causality of the relationship between volunteering and happiness. Due to the changes in civil and firm infrastructure many volunteers randomly lost their opportunity to volunteer. Drawing upon large-scale panel survey data from the German Socio-Economic Panel (22,000 individuals interviewed between 1885 – 1999), their conclusion was positive regarding the contribution of volunteering to wellbeing:

“As a result, we observe that their (volunteers who lost the opportunity to volunteer) wellbeing decreases compared to a control group for which the volunteer status remains unchanged. The result is robust to the introduction of various control variables and to the control of time-invariant individual heterogeneity.”

However, they qualify their findings in two respects:

i. Those people who place more importance on extrinsic life goals (helping yourself) relative to intrinsic life goals (helping others) benefit less from volunteering. This finding is corroborated by seven other studies in our review – see Section 10.3; and

ii. That not only does volunteering influence happiness, but also that happy people are more likely to volunteer – reverse causation. However, they go on to state: “The causal directions are not mutually contradictory and can be interpreted as an indicator of a self-enforcing process. Volunteering increases happiness, which in turn increases the likelihood of volunteering.” A virtuous circle.

“Welfare impacts of participation” De Wit, A. et al, 2015 (12)

This was the most comprehensive quantitative study included in our literature review. Their research was based on longitudinal panel surveys for the period 1984 - 2011 to estimate the beneficial effects of volunteering to the welfare of participants. They used six large datasets covering 15 European countries, analysing 846,000 responses from 155,000 respondents. They conclude:

“We find quite robustly positive associations between changes in volunteering and changes in subjective health, subjective wellbeing and social relations. The impact on career outcomes is less clear.”

However, the scale of these positive associations is modest – at around 1% for increases in subjective health and subjective wellbeing.
“These estimates are much smaller than the average difference in wellbeing between volunteers and non-volunteers because wellbeing influences decisions to become engaged in volunteering and to remain active. Thus, the selection processes are responsible for at least 70% of the difference in wellbeing between volunteers and non-volunteers.”

“In sum, voluntary engagement does enhance people’s welfare, but we should not expect miracles from participation in third sector activities.”


A more detailed case study is presented for the third longitudinal study which is based on the English Longitudinal Study of Ageing.

“Research objectives – the aim of this study was to examine whether volunteering improves wellbeing in later life. It used four wellbeing measures: depression, quality of life, life satisfaction and social isolation. It draws upon data from the English Longitudinal Study of Ageing for women over 60 and men over 65. One of its specific objectives was to identify causal relationships in observational data.

Research method – the study examined the impact of volunteering on changes in the four wellbeing measures over a two-year period. Linear regression modelling was used, adjusting for the respondents’ baseline score on the wellbeing measure to show the relative change in wellbeing score over the period leading up to the following wave, compared with those who don’t volunteer. The results for each of the wellbeing indicators show a statistically significant wellbeing impact for the baseline data: see the 1st column in the table below.

Modelling for explanatory factors – four factors which could account for positive wellbeing impacts in the baseline data are then modelled:
- Demographics – age, gender and marital status
- Wealth and social status – wealth quintiles and perceived social status
- Health – self-reported health, activities of daily living, instrumental activities of daily living and mobility
- Paid work or caring – whether the individual is involved in paid work or caring, to explore the possibility that role strain might detract from the wellbeing benefits.
Volunteering and change in wellbeing over two years

<table>
<thead>
<tr>
<th>Wellbeing indicators</th>
<th>Baseline score</th>
<th>Demographics</th>
<th>Wealth &amp; social status</th>
<th>Health</th>
<th>Paid work &amp; caring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>-0.40*</td>
<td>-0.40*</td>
<td>-0.30*</td>
<td>-0.20*</td>
<td>-0.21*</td>
</tr>
<tr>
<td>Quality of life</td>
<td>1.27*</td>
<td>1.20*</td>
<td>1.03*</td>
<td>0.64*</td>
<td>0.66*</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>0.92*</td>
<td>0.93*</td>
<td>0.86*</td>
<td>0.68*</td>
<td>0.69*</td>
</tr>
<tr>
<td>Social isolation</td>
<td>-0.16*</td>
<td>-0.17*</td>
<td>-0.13**</td>
<td>-0.09</td>
<td>-0.09</td>
</tr>
</tbody>
</table>

*p < 0.01; **p < 0.05

An asterisk indicates whether the coefficient represents a statistically significant difference between volunteers and non-volunteers.

**Conclusion on causality** - the results show that even allowing for all of the explanatory factors the association between volunteering and improvement in wellbeing remains significant for three of the four measures (depression, quality of life and life satisfaction, but not social isolation). For example, comparing the coefficients in the table between the first and fourth columns suggests that differences in the characteristics of volunteers and non-volunteers explains around half of the association between volunteering and the depression, quality of life and social isolation measures, and a quarter of the effect on life satisfaction. Paid and caring work (column 5) makes little difference to the modelling.

**Conclusion on the causality issue** – given the complexity of this issue it is difficult to reach a definitive conclusion. The longitudinal research, which represents the most robust quantitative evidence base, concludes that:

- There are positive wellbeing benefits derived from volunteering, even after modelling for explanatory factors
- However, the scale of these impacts is often modest and less than the average difference in wellbeing between volunteers and non-volunteers
- That the issue of reverse causation should not necessarily be considered a problem. Volunteering increases happiness (even for those who are already happy), which in turn increases the likelihood of volunteering. A virtuous circle.

One aspect of the causality debate which we believe would merit further quantitative longitudinal research is an investigation of the wellbeing benefits for those in society who are subject to significant disadvantage, in areas such as mental health, disability, deprivation and crime. The above longitudinal studies are focused on the population as a whole.

From the qualitative research evidence considered in this report and from the numerous case studies and anecdotal evidence which Volunteer Scotland is in receipt of daily, one reaches a much stronger conclusion on the wellbeing benefits from volunteering for those who are most disadvantaged in society. The personal experiences of those who have been ‘rescued’ by volunteering are very powerful and convincing – evidence of which is presented in this report. However, the limitation of such research is that generally one cannot impute these findings to the wider population, since such findings are unlikely to be representative nor statistically significant.
3. Analytical framework

Trying to understand how, in principle, volunteering can impact on the health and wellbeing of individuals is a complex process. From our literature review we were struck by how many different wellbeing parameters and causal chains have been explored. Examples include a focus on specific demographic characteristics such as older age, specific mental and physical health conditions and mortality; the wide range of wellbeing benefits cited by volunteers; and factors which volunteer managers can control which could influence volunteers’ health and wellbeing.

Although all our shortlisted papers explored the relationship between volunteering, health and wellbeing, the focus of this relationship varied from paper to paper. Therefore, given that we adopted a holistic research methodology for this study, we have developed an ‘analytical framework’ to help structure the wide range of evidence and draw out the linkages between volunteering, health and wellbeing: see Figure 3.1. It has been structured as a logic model to understand how impact can be generated from the inputs of volunteers and their activities at one end to the impacts on volunteers and wellbeing outcomes at the other end. The main elements of the framework are explained below.

- **Volunteer characteristics** – there are three main volunteer characteristics highlighted by the literature which can impact on individuals’ health and wellbeing:
  - Age – classified into younger, mid and older age demographics;
  - Responsibilities – the extent to which individuals have responsibilities such as spouse, parent/guardian and worker; and
  - Excluded characteristics – which relate to factors impacting on the volunteer such as living in deprived communities, having a disability or health condition, refugees and asylum seekers, ex-offenders and retired forces personnel.

- **Role characteristics** – the literature has highlighted four really important aspects in a volunteer role which help facilitate the attainment of wellbeing: first, that the volunteer is engaged in a task(s) which they perceive to be meaningful and important to society; second, that there is an element of ‘reciprocity’ whereby there are mutual benefits derived by both the volunteer and beneficiary; third, that volunteers have the opportunity to engage with others, operate in teams, expand their social networks and make friends; and finally, that the role provides the opportunity for the volunteer to be ‘active’. This does not need to be sport or formal exercise – for many excluded groups just getting out of the house is a positive result.

- **Intermediate outcomes** - fulfilling volunteer roles with the above characteristics is much more likely to lead to positive ‘intermediate outcomes’ such as enhanced self-esteem, improved confidence, developing new skills, making friends, feeling good about helping others, etc. These in turn help to deliver the ‘final outcomes’ which impact on individuals’ and communities’ wellbeing.

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7 Based on its experience of volunteer management, Volunteer Scotland would supplement this role characteristic with the concept of ‘agency’, i.e. where a volunteer has the ability to have ownership of their role and the autonomy and responsibility to effect change.
Figure 3.1: Analytical Framework – How Volunteering Affects Wellbeing

**Volunteer characteristics**
- **Age**: Youth - Mid-life - Older
- **Responsibility**: Parent - Partner - Worker
- **Exclusion**: Deprivation – disability – etc

**Role characteristics**
- Meaningful tasks
- Reciprocity
- Social connectedness
- Physical activity

**Intermediate outcomes**
- Self-esteem
- Having fun
- Sense of purpose
- More active
- Larger social networks
- More friends
- Feeling fit
- New skills
- Social standing
- Altruism – helping others
- More personal resources
- Self-respect
- Prestige
- Having fun
- Sense of purpose
- More active
- Larger social networks
- More friends
- Feeling fit
- New skills
- Social standing
- Altruism – helping others
- More personal resources
- Self-respect
- Prestige

**Final outcomes**
- Improved mental health
- Improved physical health
- Reduced mortality
- Reduced social isolation & loneliness
- Positive employment & career outcomes

**Wellbeing impact**
- Enhanced Wellbeing: Individuals & Communities (Section 9)

**Facilitators** (Section 10)
- Frequency & intensity of volunteering
- Motivations for volunteering: altruism vs. self-interest
- Appreciation & recognition
- Type of volunteering

*Source: Volunteer Scotland*
• **Final outcomes** – the most frequently cited final outcomes from volunteering which lead to enhanced wellbeing are improved health, reduced social isolation and loneliness (or improved community engagement) and positive employment/career impacts. It should also be recognised that final outcomes can be mutually reinforcing: for example, improved mental health may help individuals in their careers; and employment benefits may help reduce social isolation, etc.

• **Enhanced wellbeing** – the literature spans a significant amount of research evidence testing the extent to which such final outcomes actually help to achieve enhanced wellbeing. However, there will clearly be many other factors impacting on individuals’ wellbeing which are not directly related to volunteering. The focus of this paper is exclusively on the former – those factors which can be directly attributed to volunteering. Also, the literature we reviewed is strongly focused on assessing the wellbeing impacts on individuals rather than wider communities. However, we do assess the more limited evidence for the latter as well.

• **Facilitators** – the research evidence has highlighted several conditions which may impact of the achievability or strength of wellbeing benefits. We have called these conditions ‘facilitators’, and they include the frequency and intensity of volunteering; the individual’s motivations for volunteering; the type of volunteering role; and the appreciation and recognition of the volunteer’s contribution.

Volunteer Scotland recognises that the analytical framework described in Section 3 is a broad approximation to reality and that it will not accurately describe all possible routes to wellbeing that can be achieved by volunteering. Nor will the framework cover all the interactions between volunteering, health and wellbeing – there will be gaps and the sequencing and chronology can be challenged. However, for the purposes of our research it has been helpful to develop this framework to structure our analysis and presentation of the results. We would welcome further thinking and contributions as to how such a model could be developed further.
4. Mental health and wellbeing

4.1 Overview

The next three sections are all focused on aspects of health: mental health, physical health and mortality. The following definition is helpful in giving a holistic description of what we mean by health: “Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.” (World Health Organisation, 1946)

Mental health was the most researched aspect of wellbeing in the evidence we reviewed. Out of the 24 core papers examined, 20 discussed mental health impacts and of these 11 had it as their major research focus.

The overwhelming body of evidence that we reviewed concludes that volunteering has the potential to enhance individuals’ mental health and wellbeing. Eighteen of the 20 papers cited evidence which supports this conclusion. However, there are some caveats:

- In some studies the evidence of impact on wellbeing is modest
- In some studies the impact is limited to specific demographic and excluded characteristics – often due to the fact that this was the specific focus of the research
- A few studies remain inconclusive due to concerns over the causality issue (see further discussion in Section 2 - Methodology).

Section 4 focuses on the impact of volunteering on mental health and wellbeing. However, it should be noted that, except for a couple of papers, it does not examine the impact on those with serious mental health conditions such as schizophrenia.

4.2 Mental health benefits

Most of the studies tend to focus on an assessment of psychological wellbeing (or proxies) as an indicator of mental health, which includes the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (24). The General Health Questionnaire (GHQ has also been used as a measure of individuals’ current mental health (5). However, in addition to evidence of changes to psychological wellbeing, the research cites specific examples of how mental health has been improved, including:

- A reduction or alleviation in depression (see papers 4, 7, 10, 13, 16, 18, 19, 21, 23, 28 & 32)
- Reduced anxiety and stress (9 & 21)
- Reduced loneliness and social isolation (7 & 19) – see detailed discussion in Section 7
- Alleviation of Post-Traumatic Stress Disorder suffered by immigrants and asylum seekers (28) and armed forces veterans (15)
- Alleviation of more serious mental health conditions such as schizophrenia, and psychiatric or learning disabilities (1 & 19)
4.3 Contributory factors to improved mental health

The benefits from volunteering which the authors cited as contributors to improved mental health have been analysed. These are referred to as ‘intermediate outcomes’ in Figure 3.1. The most important are listed below:

- **Increased social connectedness** – this relates to improving an individual’s social capital. Examples include expanding social networks; meeting new people and making friends; feeling connected to wider society and developing a sense of belonging; and building networks, bonds, trust and common values with other people.
- **Sense of purpose** – through the volunteering role an individual benefits from task satisfaction; a sense of achievement and fulfilment; having control over one’s life; and giving direction and meaning to one’s life.
- **Enhanced skills and personal resources** – learning new skills; improved confidence; more personal resources such as the ability to handle stress and cope with life; resilience and self-efficacy.
- **Increased self-worth** – this includes self-esteem and self-respect
- **Having fun/ being happy** – laughing, enjoying oneself; feeling good about oneself; leading to improved life satisfaction. This is termed the ‘helper’s high’ by Luks (1991).

If we can facilitate these intermediate outcomes through volunteering, then there is significant evidence that this will help to improve individuals’ mental health and wellbeing. Of these factors, ‘social connectedness’ and ‘having a purpose’ were the most frequently cited. Examples include:

<table>
<thead>
<tr>
<th>“There is good evidence that older people who make voluntary contributions report:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• An increase in the quantity and quality of their social connections</td>
</tr>
<tr>
<td>• An enhanced sense of purpose and self-esteem</td>
</tr>
<tr>
<td>• Improved life satisfaction, happiness and wellbeing” (4)</td>
</tr>
</tbody>
</table>

“Getting out and being with other people made a big difference to life, as sitting in the house 24/7 would lead to ‘going up the wall’. (Volunteer) (7)

“This course and this place (Imperial War Museum North) have saved my life. I love working and connecting with the kids too and giving them a real-life experience as a real soldier, and overall this is helping me to move onwards and forwards.” (Paul, volunteer, who suffers from Post-Traumatic Stress Disorder) (15)

‘Helping others’ and ‘being active/fit’ were also identified as factors which contribute to improved mental health, but they were cited less frequently. However, this does not necessarily mean that these factors are less important; it could just be that they have not been recognised overtly by either the volunteers and/or the researchers.
4.4 Differential impacts on mental health and wellbeing

A key finding from the research evidence is the differential impact which volunteering appears to have on volunteers’ mental health depending on their demographic profile and the level of disadvantage they may be suffering. Examples include:

- **Older age demographic** – ten papers had a specific focus on the psychological wellbeing of ‘older age volunteers’ (4, 5, 7, 11, 16, 18, 19, 23, 27 & 29). Typically, the cut-off point for ‘older age’ was around retirement age of 60 – 65, but one study focused on the over 50s and one had a split point at age 40. Key findings:
  1. Volunteering generates strong mental health benefits for older people (7, 11, 16, 18, 27 & 29). Indeed, some research compared differential impacts across the age range showing that the mental health benefits for mid-age adults/younger age groups were absent or much more limited compared to older age volunteers (5, 27)
  2. One of the reasons why older volunteers benefit disproportionately relates to their changed personal and social circumstances in later life. In particular, the research highlights the adverse impacts of ‘role identity absences’ such as not being in paid employment, losing a partner and lack of parenting responsibilities. “...results suggest that volunteering serves as a protective factor against the psychological wellbeing disadvantage of a reduced sense of purpose in life that accompanies a greater number of role-identity absences.” (11)

This contribution of volunteering to the wellbeing of older people has been referred to as the ‘inoculation effect’.

- **Disadvantage** – the mental health and wellbeing benefits from volunteering tend to be stronger the greater the level of disadvantage the individual suffers. Examples include:
  1. Loneliness and isolation – this was cited in connection with the problems that can afflict older people: “In serving their communities volunteers found that it is a ‘choice’ that helps to ward off the ‘void’ that retirement can bring. It provides stimulation, company and companionship, thus buffering isolation and loneliness.” (7)
  2. Role-identity absences – as discussed above (11)
  3. Ill-health – volunteering can help to alleviate the symptoms of those suffering mental and physical health problems and /or help them to cope with their life more effectively. Examples include:

> "Overall, this review has found qualified evidence that volunteering can deliver health benefits to volunteers and health service users. Volunteering was shown to decrease mortality and improve self-rated health, mental health, life satisfaction, the ability to carry out activities of daily living without functional impairment, social support and interaction, healthy behaviours and the ability to cope with one's own illness." (13)
Low wellbeing – the change in mental health is stronger the lower the individual’s level of wellbeing is at the start of volunteering – a finding one would expect intuitively. Examples include:

“Attendance at Wildlife Trust volunteering programmes is associated with health and wellbeing improvements, particularly for people with low levels of wellbeing........ 95% of participants with low wellbeing at baseline reported an improvement at 6 weeks, and for the baseline to 12 weeks sample, this figure was 83%.” (24) However, it is not clear the extent to which these wellbeing benefits are attributable to ‘engagement with volunteering’ or to ‘engagement with nature’; or, more likely, a combination of both.

"The impact on mental health and wellbeing and on personal confidence of volunteering through 'New Beginnings' is significant. 82% of volunteers completing the focus group questionnaire said that their general health and wellbeing had improved or improved greatly." [refugees and asylum seekers with low wellbeing] (28)

Unemployed – "We found that unemployed people who volunteer regularly report that their life is more worthwhile than the unemployed who do not volunteer.” However, this research also discovered that these positive benefits from volunteering are dependent upon adequate social security benefits; otherwise the unemployed can lack the personal funds to support a volunteering role, the consequence of which can be increased stress and adverse impacts on wellbeing. "We found that the positive relationship between regular volunteering and mental health is greater in countries with high unemployment benefits than in countries with low unemployment benefits." (32)
5. Physical health and wellbeing

5.1 Overview

The literature gives significantly less focus to the impact of volunteering on physical health compared to mental health benefits. Only nine out of the 24 papers investigated the relationship between volunteering and physical health. However, 8 out of these 9 papers concluded that individuals’ self-rated health had improved because of volunteering (4, 7, 12, 13, 18, 21, 24, & 27).

As in the case of the impacts on mental health, there are caveats in that one paper assessed the positive impact to be modest (12) and in some of the others the jury is still out over the issue of causality: “The evidence is not clear whether making a contribution (through volunteering) has a positive effect on physical health, although it is consistently associated with feeling better.” (4).

However, qualitative evidence was presented in several papers citing the impact volunteering had had on physical health (4, 7, & 24). Of the nine papers that did explore volunteering and physical health benefits, any associated impact tended to focus on the older age demographic, with 6 papers focusing their research on the physical health impacts of those who are retired or near retirement age.

5.2 Linkages between physical health and wellbeing

The relationships between volunteering and the impact on physical health and wellbeing are complex. It is not always a straightforward linear relationship. Volunteer Scotland has identified three main routes through which volunteering can impact positively on physical health and wellbeing:

- **Route 1** – Direct – whereby physical health benefits enhance wellbeing directly
- **Route 2** – Physical health impacting on mental health – whereby physical health benefits facilitate improved mental health which enhances wellbeing
- **Route 3** – Mental health impacting on physical health – whereby mental health benefits facilitate physical health benefits which enhance wellbeing.

![Diagram of route 1](Volunteer Scotland)

![Diagram of route 2](Volunteer Scotland)

![Diagram of route 3](Volunteer Scotland)
The importance of these linkages between physical health and mental health have been highlighted by the King’s Fund in their report making the case for a “New frontier for integrated care.” They recognise the importance of how physical health can impact on mental health and vice-versa – as described in routes 2 and 3 above. Our research builds on this and shows how volunteering can play its part in helping to enhance people’s health and wellbeing as illustrated in the examples below.

**Route 1 Example: Experience Corps**

This is a ‘high-commitment’ volunteering programme in the United States that brings older adults into schools to improve students’ academic performance while, at the same time, serving as a means for health promotion for participating volunteers. The physical health benefits include:

- Increase in walking activity among older female volunteers at increased risk of inactivity and adverse health outcomes
- Significantly smaller reductions in walking speed compared to controls
- Increased overall activity level, especially intellectual and physical activities 12 months post baseline.

[Note: although the programme also evidenced wellbeing benefits for volunteers, it is not clear what the linkages are between the physical health benefits and wellbeing outcomes] (4)

**Routes 2 & 3 Example - Benefits of formal voluntary work among older people**

“Volunteering in older age predicted better self-rated health, functioning, physical activity and life satisfaction.....Possible mechanisms for the effect of volunteering on wellbeing have not been extensively discussed in the literature. The most commonly used explanation is the beneficial association of social contacts and support have an effect on health and survival among older people and volunteering fosters such connections....(It) does involve a certain amount of physical and mental effort and probably these beneficial physiological effects contribute to the decreased risk of adverse health outcomes.” (18)

**Routes 2 & 3 Example: Gloucestershire Wildlife Trust – GP social prescribing**

“The participants undertake a range of practical conservation tasks such as coppice management, fencing, scrub clearance and green woodworking. They undertake moderate physical activity at least once a week, benefitting from spending time in natural green spaces. The social networks they form support the management of their own health conditions – for example people with type-2 diabetes, and recovery from surgery and minor heart attacks....” [Note: again, the linkage from physical and mental health benefits to wellbeing is not examined, other than "...many new and existing volunteers recognise the health and wellbeing benefits and for some it is the primary reason for joining.”] (24)

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8 "Bringing together physical and mental health: A new frontier for integrated care" King’s Fund, 2016
Volunteering, Health and Wellbeing – What does the evidence tell us?

December 2018

Volunteer Scotland

However, as discussed in some of the examples above, much of the evidence has significant limitations in terms of:

- Failing to explain how the physical benefits from volunteering actually result in changes to wellbeing. Often the studies just identify the fact that volunteering has positive outcomes on physical health but don’t discuss the transmission mechanism to individuals’ wellbeing. Therefore, for some of the evidence reviewed we cannot say whether wellbeing is being impacted positively or not.
- As discussed above, the inter-relationships between mental health, physical health and mortality are often not clearly explained. Is physical health a facilitator of mental health (Route 2 impact model) or is mental health a facilitator of physical health (as per Route 3 impact model)? Or perhaps both effects can be present and are mutually reinforcing? We just don’t know.
- The impact of volunteering on reduced mortality is discussed in the next section. Again, the evidence is ambiguous as to how any such positive impacts are derived. Logically one would expect increased physical health in the elderly as a result of volunteering to be correlated to lower mortality. However, perhaps it is as much to do with improved mental health or other factors which impacts on changed mortality rates. Again, we just don’t know.

### 5.3 Physical Health Benefits

The literature identified three main categories of physical health benefits that can be gained through volunteering:

- **Healthy behaviours** – this includes the adoption of healthy lifestyles and practices as a result of volunteering; also, an increase in the level of physical activity (for example, the number and intensity of physical activities which an individual engages in each week). This finding is relevant to all age categories. (7, 13, 18, 21 & 24)
- **Improved daily living** – for older people volunteering can help them maintain their functional independence; or reduce their level of function dependency for longer than would otherwise be the case (4, 13 & 18)
- **Ability to cope with personal illness** – volunteering helping individuals to manage /alleviate their symptoms. (7, 13 & 24)

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**Route 3 Example - Impact of Volunteering on the over 50s in Northern Ireland**

While coping with multiple health problems, a positive outlook helped overcome adversity: “I have had a lot of health issues, but I tend not to dwell on them because, if you do, you become introverted. I have a pacemaker, I have a hip replacement……Earlier this year I had bowel cancer and I had an operation in March …..Get on with living and….volunteering and being active.” [Note: the implication of this example is that volunteering helped the person become proactive rather than reactive and so take control of their life – with consequential benefits for the management of their multiple morbidities] (7)
One study also identified improved cognitive and physical functioning (18) and one identified a potential benefit from ‘health literacy’ – through increased knowledge, awareness, skills and capabilities relating to living a healthy lifestyle (21).

A further two possible physical health benefits from volunteering were examined, but no evidence of a relationship was identified (nor was the linkage to wellbeing explored):

i. The likelihood of moving into a nursing home after a set follow-up period – for example 7 years. (4 & 18)

ii. The number of physician diagnosed self-reported chronic illnesses. (18)
6. Volunteering and mortality

6.1 Overview

Building upon our examination of the relationship between volunteering, mental and physical health benefits and wellbeing, we identified that 9 out of the 24 papers discussed the impact of volunteering on mortality (2, 10, 11, 13, 16, 18, 21, 22 & 27). However, only three of these were specifically focused on the issue of mortality (2, 10 & 22). The rest were citing other authors’ evidence of their work on volunteering and mortality and the discussion was usually very limited.

All 9 papers concluded that volunteering can have a positive effect on lowering mortality risk. However, although the studies we examined explored the potential impact of volunteering on mortality, the research evidence was much less clear on how volunteering can lead to improved life expectancy. Section 6.2 therefore discusses possible causal mechanisms, before we review the quantitative and qualitative evidence on impact in section 6.3.

6.2 Understanding causal mechanisms

From our assessment of the literature there are three possible causal mechanisms:

- **Improved mental health** – if volunteering reduces feelings of anxiety, stress and depression, reduces feelings of loneliness and social isolation, or helps alleviate more serious mental health conditions, then a more positive mental state could possibly improve life expectancy as described below:

**Providing social support may be more beneficial than receiving it: results from a prospective study of mortality** (22)

In their conclusions to this US study the authors outline possible links between volunteering and increased longevity:

- **Helping others** – “.....many social psychological studies show that helping others increases positive emotion (e.g. Cialdini & Kendrick, 1976). These positive emotions, in turn, have been demonstrated to speed the cardiovascular recovery from negative emotion [and therefore prolong life] (Fredrickson, Mancuso, Branigan & Tugade, 2000).”

- **Positive outlook** – “.....there is evidence to suggest that individuals with a ‘fighting spirit’ survive longer with cancer than individuals who feel helpless or less optimistic about their chance of survival.” [discussed within the context of volunteering and helping others] (Greer, Morris & Pettingale, 1994)
Motives for volunteering are associated with mortality risk in older adults (2)

The authors hypothesise a causal mechanism linked to altruistic behaviour:

- **Helping others** – “......that other-oriented motives (i.e. altruistic motives) for helping engage a caregiving behavioural system, a suite of cognitions, emotions, and underlying neurological and psycho-physiological circuitry that motivates various forms of helping behaviour (Brown and Brown 2006). When this system is engaged, it deactivates helpers’ stress responses and activates hormones, such as oxytocin, that are restorative in terms of physiological function.” (Brown, Brown and Preston, in press)

- **Improved physical health** – Section 5 identified clear physical health benefits that could be derived from volunteering. In particular, the adoption of healthy lifestyles and practices; also, an increase in the level of physical activity (for example, the number and intensity of physical activities which an individual engages in each week). These benefits could be enjoyed by all age categories (7, 13, 18, 21 & 24). We were therefore interested to find out whether there were any positive impacts on life expectancy as a consequence of these healthy behaviours. However, the evidence relates to self-reported health and, for those studies focused on mortality, we did not identify any clear evidence and explanation of possible causal mechanisms between volunteering and health, mortality and wellbeing.

- **Reduced social isolation & loneliness** – if volunteering leads to better integration of individuals within their community resulting in improved social capital, then this could lead to improved life expectancy: “The likelihood that major role-identities are associated with increased social contact also makes our results congruent with the findings of Musick and colleagues (1999) that volunteering has a greater protective effect on mortality for socially isolated older adults than for those who are socially integrated.” (11) However, the causal mechanism is not explained and there is also an obvious overlap with the improved mental health outcome.

In summary, there is a relatively poor understanding and evidence base on how volunteering can improve life expectancy. Clearly this is an important area for further research, particularly as there may be other important factors that could act as causal mechanisms that have not yet been identified.

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9 ‘Self-reported health’ is based on the individual’s assessment of their own health, as opposed to the assessment by a medical practitioner.

10 ‘Role identities’ relate to responsibilities such as being a parent, employee, spouse, etc. Particularly for older people there is a tendency for these ‘role identities’ to disappear over time with a consequential reduction in social capital.
6.3 Evidence of impact on mortality

Notwithstanding the relatively limited coverage within our desk research, all 9 papers concluded that volunteering can have a positive effect on lowering mortality risk. The result is that volunteers may live longer than non-volunteers, but this is subject to the following caveats:

- **Volunteer age** – 6 out of 9 studies focused exclusively on the older age demographic, usually around the age 60 plus (2, 11, 16, 18, 22 & 27). There may be benefits for life expectancy for the younger cohorts, but evidencing such mortality benefits requires longitudinal data sets of 20 years or more. One systematic review (10) did examine a study with a 25-year dataset, but this was the exception. Furthermore, as explained in this paper, the volunteering benefits for older people can be different and/or stronger compared to other age groups.

- **Frequency and intensity of volunteering** – infrequent, irregular and episodic volunteering does not generate life expectancy benefits. There has to be a regular and sustained commitment to volunteering for benefits to be realised (2, 10, 13, 16 & 18):

> “Finally, the number of hours that respondents had volunteered within the past year also predicted mortality. The more hours respondents have volunteered within the past year, the lower the risk of mortality 4 years later.” (2)

However, as discussed in Section 10, what constitutes the optimal frequency and intensity of volunteering varies according to the volunteer and the nature of the volunteering. In particular, there is evidence that too much volunteering can be counterproductive which can adversely impact an individual’s wellbeing. There is also a potential causality issue whereby those who are fitter have the ability to volunteer more frequently and so reduce their mortality risk.

- **Adverse impacts** – volunteering can result in adverse impacts on the volunteer which can erode the volunteering health benefits – both mental and physical (2, 10, 11, 13, 16, 21 & 27). [This is explored further in Sections 10.] However, although the literature does not explore this for mortality, it is logical to hypothesise that the following conditions may undermine the quoted mortality benefits.

**Factors which may undermine mortality benefits:**

- **Volunteer role characteristics** – roles which are emotionally distressing and physically taxing for volunteers can result in stress and lead to ‘burnout’. For example: “....it should be noted that volunteers’ involvement in direct patient care is likely to have significant impacts on their health and wellbeing. On the one hand this may be seen as a particularly important and valuable role, thus contributing to feelings of self-worth and ‘mattering’. On the other hand, such experiences may be more demanding than auxiliary roles, and therefore render volunteers more prone to exhaustion and becoming emotionally overwhelmed.” (13);
Volunteering frequency and intensity – as discussed above there is evidence that volunteers need to volunteer regularly on a sustained basis to generate health and life expectancy benefits. However, the time commitment needs to be proportionate to each volunteer’s lifestyle and personal characteristics. For example: “Despite the evidence on the positive impact of being engaged in volunteering, attention should also be paid to its potential negative impacts on wellbeing, however socially meaningful it may be. Here attention has largely been placed on involvement in multiple roles, with the risk of ‘role-strain’, not having the capacity to cope with competing demands on one’s resources (time, energy, emotion, etc.)...” (16)

Self-interest vs. altruism – two of the three studies which focused exclusively on volunteering and mortality identified the importance of volunteers’ motivations in determining whether they benefited from improved mortality outcomes.

“Those who volunteered for self-oriented reasons had a mortality risk similar to non-volunteers. Those who volunteered for other-oriented reasons (altruistic reasons, helping others, etc.) had a decreased mortality risk, even in adjusted models.” Although this research does not explain the impact mechanism involved, they do hypothesise that “…people who volunteer for other-oriented reasons may be buffered from potential stressors associated with volunteering, which explains the finding of increased longevity.” (2)

“In this study, older adults who reported giving support to others had a reduced risk of mortality. The provision of support was correlated with reduced mortality in all analyses, whether giving support was operationalised as instrumental support to neighbours, friends and relatives or as emotional support provided to a spouse.....If giving rather than receiving promotes longevity, then interventions that are currently designed to help people feel supported may need to be redesigned so that the emphasis is on what people do to help others.” (22)

The third study concluded that further research on the nature of volunteering roles was required before a definitive conclusion could be reached on the impact of volunteer motivations. (10)
6.4 Quantitative evidence on life expectancy

The three studies which focused their research specifically on mortality all produced quantitative evidence of the positive impacts of volunteering on improved life expectancy:

**Paper No. 2 - Motives for volunteering are associated with mortality risk in older adults**

5,512 respondents in the US who had volunteered in the past 10 years had a significantly reduced mortality risk 4 years later. The following data show the percentage of non-volunteers/ volunteers, etc. who had died over the intervening 4 year period:

- Non-volunteers: 4.3% had deceased
- Volunteers: 2.3% had deceased
- Regular volunteers: 1.8% had deceased

In terms of predominant motives for volunteering the deceased statistics are:

- Non-volunteers: 4.3% deceased (n = 2,384)
- Volunteers driven by self-enhancement: 3.3% deceased (n = 428)
- Volunteers seeking learning/understanding: 2.4% deceased (n = 123)
- Volunteers with altruistic motives: 2.1% deceased (n = 1,950)
- Volunteers seeking social connections: 0.5% deceased (n = 200)

**Paper No. 10 - Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers**

Sufficient data were available to pool mortality data from five studies with participant follow-ups ranging from 4 – 7 years. After adjusting for important potential socio-demographic and health-related confounders, volunteers had a significantly lower risk of mortality – a 22% reduction in mortality for volunteers compared to non-volunteers.

**Paper No. 22 – Providing social support may be more beneficial than receiving it: results from a prospective study of mortality**

Drawing upon the US ‘Changing Lives of Older Couples’ sample, 846 individuals for whom mortality data was available was analysed by logistic regression analysis. After all control variables were held constant:

- Giving instrumental support\(^ {11}\) to others significantly decreased mortality risk \(-0.54\);
- Receiving instrumental support from others marginally increased mortality risk \(+0.23\)\(^ {12}\)

"Taken together these findings strongly suggest that giving support, rather than receiving support, accounts for the benefits of social contact, across different domains of support, different targets of support, and different structural features of support."

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11 The authors define ‘Instrumental support’ as giving support to friends, neighbours and relatives other than their spouse in the last 12 months. Support could include transport, shopping, housework, child care and other tasks.

12 ‘Receiving’ instrumental support variable assessed whether others could be depended upon to provide support (i.e. available support) compared to ‘giving’ instrumental support variable which measured the support that was actually provided to other people (i.e. enacted support). This may provide a partial explanation for the marginal increase in mortality risk for those in receipt of support.
7. Social isolation & Loneliness

7.1 Overview

Nine papers out of 24 discussed the impact of volunteering on social isolation and loneliness. Of these, six identified a strong positive impact on how volunteering can mitigate or eliminate social isolation and loneliness (7, 15, 19, 24, 28 & 29), a further two provided some limited evidence of positive impact (5 & 16) and in only one study was the 'jury still out' (4).

The body of evidence we reviewed on volunteering and social isolation and loneliness is not extensive, but this perhaps reflects the fact that 'social isolation' and 'loneliness' were not search parameters used in our literature review. We also know from the references cited in the papers that we did review that there is likely to be a more wide-ranging body of literature which we have not addressed.

Furthermore, it is important to highlight the fact that 23 out of the 24 studies we reviewed identified important social connectivity and social capital benefits arising from volunteering. Although 14 of these papers did not overtly reference social isolation and loneliness, in many cases the links were implicit through reference to benefits such as ‘getting volunteers out of the house’, ‘engaged with society’, ‘making new friends’, etc. Hence, we believe the evidence summarised below could be significantly enhanced further through follow-up research focused on this theme.

Section 7.2 defines what we mean by social isolation and loneliness and presents evidence on how significant this is in society. Section 7.3 examines the evidence and section 7.4 presents some case studies.

7.2 The issue of social isolation and loneliness

Definitions: social isolation and loneliness are distinct concepts:

- **Social isolation** refers to the quality and quantity of the social relationships a person has at individual, group, community and societal levels.

- **Loneliness** is a subjective feeling experienced when there is a difference between an individual’s felt and ideal levels of social relationships.


“An unexpected side-effect of modern life, and to some extent affluence, has been the rise of loneliness. Loneliness is a subjective measure and is distinct from social isolation, which is

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measured objectively. Both are important from a public-policy perspective, but it is fair to say that policy makers have traditionally focused on isolation, and that subjective loneliness provides an important new perspective that supports renewed focus and attention to this important issue."

Key statistics evidencing this problem include:

**Scotland**

- 11% of adults in Scotland often feel lonely, and 38% feel lonely sometimes (Mental Health Foundation, 2010)
- 6% of adults have contact with family, friends or neighbours less than once or twice a week (Scottish Health Survey 2013/15, data combined)
- 18% of people have limited regular social contact in their neighbourhoods (Scottish Social Attitudes Survey, 2013)
- 22% feel that they don’t have a strong sense of belonging to their local community (Scottish Household Survey 2015)

**UK**

- 6% of adults in the UK consider themselves to be lonely ‘all or most of the time’; and a further 21% consider themselves lonely ‘sometimes’
- Age UK estimates the prevalence of loneliness in older people at around 30%.
- Loneliness is also an issue for younger generations. In 2010:
  - 11% of people aged 35–54 described themselves as ‘often lonely’
  - 12% of people aged 18–34 described themselves as ‘often lonely’

As discussed below, there is a body of evidence which shows that volunteering can have an efficacious effect in combating social isolation and loneliness. In particular, the evidence has tended to focus on the older age demographic. This has important policy implications given the findings of research conducted by the Charities Aid Foundation 2016 (29):

- **Demographic timebomb** – by 2035 it is estimated that almost one quarter (23%) of the UK population will be over 65
- **Retirement concerns** – for those approaching retirement some have significant concerns over loneliness (15%) and isolation (13%) (29)

These issues are particularly relevant given that one in three people are now expected to live to be 100.

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15 Victor and Yang (2012)
16 Griffon (2010)
17 Ibid
18 Older People: independence and mental wellbeing, NICE guideline, (2015)
Finally, provisional analysis of the Greater Glasgow & Clyde Health and Wellbeing Survey 2017/18 has identified a marked variation in volunteering participation rates, between those who are lonely versus those not lonely:

<table>
<thead>
<tr>
<th>Loneliness categories</th>
<th>% who volunteer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt lonely all the time/often in past two weeks</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>Felt lonely some of the time in past two weeks</td>
<td>25%</td>
<td>21%</td>
</tr>
<tr>
<td>Rarely/never felt lonely in past two weeks</td>
<td>20%</td>
<td>18%</td>
</tr>
<tr>
<td>Overall volunteering participation rates</td>
<td>20%</td>
<td>18%</td>
</tr>
<tr>
<td>Sample size</td>
<td>7,834</td>
<td>4,520</td>
</tr>
<tr>
<td>Source: NHS Greater Glasgow &amp; Clyde</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The implication is that the ‘most lonely’ who could benefit from volunteering are the least likely to volunteer. Furthermore, the fact that overall only 13% of respondents from Glasgow City’s bottom 15% most deprived areas volunteer suggests that there could be an even greater inequality for those who feel lonely in these areas.

Given the growing significance of social isolation and loneliness to society, what contribution can volunteering play in helping to address this major social problem?

### 7.3 Impact of volunteering on social isolation & loneliness

**Volunteer characteristics** - the people who appear to benefit the most from volunteering in terms of developing social connections are those suffering from various forms of disadvantage or exclusion which, in turn, are the contributors to social isolation and loneliness. These include:

- **Those suffering mental ill-health** - 8 studies identified improved mental health as a result of volunteering (5, 7, 15, 16, 19, 24, 28 & 29). This was corroborated by the frequent reference to the alleviation of depression for those most isolated and lonely: "[volunteering provides] physical and mental health benefits – buffering loneliness, isolation and depression." (7)

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20 NHS Greater Glasgow & Clyde have kindly provided volunteering data from their 2017/18 survey pre-publication. This data is therefore provisional and may be subject to change. This is the link to the 2014/15 reports (this is a triennial research programme).
• **Linkage to older people** – 6 out of the 8 studies were focused on the benefits of volunteering and its contribution to the wellbeing of older people. In particular, this appears to affect those who are retired, don’t have a job or ‘purpose in life’ and suffer from a reduction in ‘role identities’. (4, 5, 7, 16, 19 & 29)

• **Asylum seekers & refugees** – a programme led by Voluntary Action Sheffield’s Volunteer Centre to support asylum seekers and refugees to become volunteers provides strong qualitative evidence of the benefits of volunteering:

  “They (new arrivals) become really isolated and their mental health deteriorates. They don’t want to stay at home, so volunteering gives them a reason to get out of bed every day........Socialising and meeting other women, feeling that they are not alone or isolated is a really valuable part of the whole volunteering process.” (28)

• **Armed forces veterans** – this includes the isolation and loneliness suffered by armed forces personnel who are challenged by reintegrating with society outside the military (15).

• **Other volunteer characteristics** – this includes those with low levels of wellbeing (24) and those who are disadvantaged and disengaged from society (15 & 19).

**Volunteer benefits** – examples of how volunteers benefit include:

“Volunteering may also provide a sense of purpose, particularly for those who have lost their earnings, because regular volunteering helps maintain social networks, which are especially important for older people who are often socially isolated.” (5)

“Warburton and Cordingly (2004) determined that older volunteers are less likely to report feelings of loneliness and social isolation when volunteering. In a 2008 report, Help the Aged referred to social isolation and depression as significant issues for older people in Northern Ireland. Television was deemed to be the main form of company and the report showed that 21% of those aged 65+ were ‘always or often lonely’. Volunteering therefore may be a protective factor against the losses associated with retirement such as lowered self-esteem and loss of identity offering a sense of belonging, feelings of connectedness and reduction in social isolation (Volunteer Now, 2011).” (7)

“The likelihood that major role-identities are associated with increased social contact also makes our results congruent with the findings of Musick et al (1999) that volunteering has a greater protective effect on mortality for socially isolated older adults than for those who are socially integrated.” (11)

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21 As discussed earlier in our report the impact of volunteering on the health and wellbeing of other ages groups – particularly the young – is a research gap. For example, there is a growing evidence base on the problems of mental health, and social isolation and loneliness facing our young people.

22 ‘Role identities’ relate to responsibilities such as being a parent, employee, spouse, etc. Particularly for older people, there is a tendency for these ‘role identities’ to disappear over time with a consequential reduction in social capital.
7.4 Case studies: examples of how volunteering can impact on loneliness and social isolation

“Inspiring Futures (IF): Volunteering for Wellbeing” (15)

**Background** - The Imperial War Museum North and Manchester Museum undertook a social return on investment study of its work to provide inclusive volunteering opportunities across 10 heritage venues. Over the period 2013 – 2016 the HLF funded project trained and supported 231 participants from Greater Manchester into volunteering positions within museums. There was a specific aim to focus on recruitment of young people aged 18 – 25, older people aged 50+ and armed forces veterans.

**Objective** - IF decided to choose heritage settings as they were considered engaging and stimulating, yet safe and reflective spaces. It was hoped that using this type of space would help to prevent and break the vicious cycles of low self-belief, isolation, exclusion, demotivation, depression and rejection that many of the participants had encountered in the past.

**Volunteer impact** – Claire was cited as an example of how the volunteering experience helped her overcome significant social isolation issues: “Before Claire got into IF she felt really stuck in a rut and really shut off and isolated, with very low confidence.... she felt like she had no plan, felt very self-conscious and had very few friends.” Through the IF volunteer program, Claire had the opportunity to meet new people, improve her communication and inter-personal skills, build her confidence, and secure a job with a clear career direction.

“I needed to try and interact with people I hadn’t met before, and new audiences. IF gave me that. I felt trusted and respected, and that I was making a difference to visitors....”

(Claire, volunteer)

**Overarching impact** – “The IF model has been unique in providing both a stimulating and reflective environment in tackling social isolation and wellbeing inequalities. It helps people from disadvantaged or vulnerable backgrounds to believe in themselves. This project increases confidence and self-worth and most importantly it helps people to realise their full potential to take that next step in supporting their own wellbeing.”

“The health and wellbeing impacts of volunteering with the Wildlife Trusts” (24)

**Background** – Tees Valley Wildlife Trust created the Inclusive Volunteering Project in 2006, involving a small group of patients from a local forensic mental health unit. They volunteered on nature reserves once a week in habitat management activities as part of their rehabilitation. Over the last 10 years the Trust has reached hundreds of people.

**Objective** – the project aims to reach anyone who is identified or identifies themselves as having a health and wellbeing need that causes barriers against them participating fully in society. The Trust works with people suffering from physical and mental health conditions including anxiety, depression, personality and delusional disorders and learning disabilities.

**Impact** – many participants have reported improvement in relationships, the ability to deal with problems and some moving from supported into independent, yet less isolated, living accommodation.
8. Employment & career outcomes

8.1 Overview

Eight out of the 24 core papers examined in this review referred to volunteering and employment impact (4, 12, 15, 16, 24, 28, 30 & 31). The summary findings are:

- Six of the studies focused on the linkage between volunteering and the extent to which this generated positive employment outcomes (4, 15, 24, 28, 30 & 31).
- Finally, in the other two studies one concluded that there were no employment impacts (12) and one showed mixed results (4).

Importantly, none of these papers extended their research to consider how employment outcomes could enhance wellbeing. We therefore discuss the possible ‘causal mechanisms’ in section 8.2 before reviewing the impact evidence in section 8.3 and presenting case studies in 8.4.

8.2 Understanding causal mechanisms

Our literature review has identified how poorly researched the employment theme is within the context of volunteering and wellbeing. There are numerous papers exploring how and whether volunteering can improve employment outcomes for individuals, but there is very little research into how this links into individuals’ wellbeing. Not only is there very little evidence on such impacts, there is also limited discussion as to how, in principle, volunteering can improve wellbeing as a consequence of positive employment outcomes.

However, like the section on ‘social isolation and loneliness’, employment was not a search term used in our literature review, so we acknowledge that the body of evidence may be significantly greater.

An important start point is therefore to try and explain the causal mechanism for how volunteering and employment interrelate and the ways in which this can impact on individuals’ wellbeing. We have therefore developed a model to describe this causal mechanism: see Figure 8.1. There are two possible routes through which volunteering, employment and wellbeing can interact/interplay with one another (as illustrated in Figure 8.1) – each of which is described in turn.

Route 1 – Volunteering led:

Step 1 – securing employment can be assisted by volunteering through:
- The development of new or enhanced skills which are attractive to employers (this can be technical skills, softer interpersonal skills, management & leadership)
- Identifying job opportunities through improved social capital – particularly bridging capital where volunteers expand their network of contacts.
• Improved performance at interview due to enhanced confidence, improved communications skills, etc.

Figure 8.1 – The Interrelationships between Volunteering, Employment and Wellbeing

Step 2 – employment then confers benefits to the individual through:
  • Learning and social capital benefits (very similar to how volunteering benefits the individual).
  • However, employment also confers improved financial security, better living standards, etc.

Step 3 – the consequence of these employment benefits is that they can help to improve individuals’ wellbeing (building upon the additional wellbeing benefits that can be conferred directly through volunteering).
These employment impacts are relevant to the following unemployed statuses:
- Young people entering the labour market for the first time from education;
- The short and long term unemployed; and
- Returners to work after long term absences due to childcare responsibilities, long term mental and physical illnesses, etc.

As discussed below, the evidence suggests that the contribution of volunteering to employment and wellbeing is particularly important for those who are suffering disadvantage and exclusion from society.

**Route 2 – Employment led:**

The Scottish Household Survey shows that once people leave education, volunteering rates are highest for those in employment. The adult volunteering rates are as follows:
- Self-employed – 35%
- Part-time employment – 31%
- Full-time employment – 27%
- Retired – 25%
- Looking after family/home – 24%
- Unemployed – 21%

The implication of this finding is that economic policies which improve labour market efficiency, generate new jobs and reduce unemployment could, in theory, lead to an increase in the Scotland’s volunteering participation rate. This would be a good thing not only for the contribution of volunteers to society, but also because of the wellbeing benefits which volunteering confers.

However, there are several factors which may compromise these potential wellbeing benefits in Routes 1 & 2, including:

- ‘Burnout’ – the more roles which an individual undertakes the greater the potential for adverse impacts through increased workload and stress which can negate the wellbeing benefits generated by volunteering;
- **Self-interest** – if the motivation to volunteer is driven by career goals, then once employment is secured, the potential to stop volunteering may be high and therefore the benefits of volunteering would be lost. For example, in Scotland we know that the decline in volunteering by young people once they secure employment is very high: the volunteering rate for adults in further or higher education is 39% and only 27% for 25 – 34 year olds; and

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24 Ibid
Disadvantage – this literature review has highlighted the strong evidence which shows that wellbeing benefits are often stronger for those who are at risk of exclusion from society. To the extent that those in employment are less disadvantaged (for example, compared to the long term unemployed, asylum seekers/refugees without jobs, young people not in education, employment or training, etc.) then the wellbeing impacts may be reduced.

Career progression - finally, volunteering can have a positive impact on career progression when the individual is in employment. The skills and experiences derived from volunteering can complement and support their career in terms of taking on new roles and responsibilities, securing promotion, etc. Furthermore, these benefits are likely to be stronger the more disadvantaged the individual. This is really a variant of Route 1 above: volunteering not only helps an individual secure employment, but it can also help improve their employment outcomes and impact once in employment, which can lead to even greater wellbeing benefits.

8.3 Evidence of employment impact

Eight out of the 24 core papers examined in this review referred to volunteering and employment impact (4, 12, 15, 16, 24, 28, 30 & 31). The summary findings are:

- Six of the studies focused on the linkage between volunteering and the extent to which this generated positive employment outcomes (4, 15, 24, 28, 30 & 31)
- Four of the studies did identify positive volunteering impacts on employment, but the potential wellbeing impacts were implicit rather than explicit. (15, 28, 30 & 31)
- In three studies the beneficiaries were ‘disadvantaged:
  - ‘Inspiring Futures’ - a programme reaching people with mental health and complex needs from diverse backgrounds (15);
  - ‘New Beginnings’ Project – this programme supported asylum seekers and refugees in Sheffield and had multiple aims including individuals’ wellbeing, employment outcomes and social integration (28); and
  - Young people in areas of multiple deprivation – research on youth volunteering in some of the most deprived areas of Glasgow (30)
- Finally, in the other two studies one concluded that there were no employment impacts (12) and one showed mixed results (4).

An important observation relating to the variation in employment impacts across these studies relates to the difference between studies which examine data for a whole population, allowing for control variables such as demographic and socio-economic factors, as opposed to those which focus on specific socio-demographic categories. The latter are typically targeted at disadvantaged and isolated groups in society and the evidence suggests the wellbeing benefits are often higher for such groups. It is therefore unsurprising that the broad quantitative research studies often tend to produce weaker impact data compared to the more focused studies examining specific beneficiary cohorts.
Like other themes examined in this report one must be very careful in the interpretation of these findings. The literature for this study was selected on the basis of its coverage of volunteering and wellbeing – not employment. Hence, a targeted research exercise on volunteering, employment and wellbeing may generate a more substantial evidence base, but this is outside the scope of this study.

### 8.4 Case studies: examples of how volunteering can impact on employment and wellbeing

**“New Beginnings” Project (28)**

**Background** – this project started in 2004 as part of Voluntary Action Sheffield’s Volunteer Centre, with the aim of providing specific support to asylum seekers and refugees to become volunteers. An evaluation was conducted at the end of 2010. Over this period the Project placed over 640 refugees and asylum seekers in volunteering positions.

**Objectives:**
- To increase clients’ readiness to enter employment
- To improve clients’ mental health and wellbeing
- To increase the social integration of refugees and asylum seekers
- To enhance inclusive practice in Sheffield in relation to volunteering

**Employment impact** – several volunteers gained employment, some with the organisations they volunteered with and others have enhanced their CVs and gained qualifications and references from volunteering. As one volunteer put it: ‘I stand on the first small step of my career’.

- 85% of responding volunteers said that they agreed or strongly agreed that their ‘ability to get paid work has increased’;
- 80% of the respondents felt that their confidence in using English had increased or greatly increased (helping to overcome a potential barrier to gaining employment); and
- 40% felt that their skills base had increased or greatly increased; the lower percentage probably reflecting the fact that many asylum seekers and refugees already had a strong skills base from their professional careers in their home countries.
“Inspiring Futures (IF): Volunteering for Wellbeing” (15)

Background - the Imperial War Museum North and Manchester Museum undertook a social return on investment study of its work to provide inclusive volunteering opportunities across 10 heritage venues. Over the period 2013 – 2016 the HLF funded project trained and supported 231 participants from Greater Manchester into volunteering positions within museums. There was a specific aim to focus on recruitment of young people aged 18 – 25, older people aged 50+ and armed forces veterans.

Objective - IF decided to choose heritage settings as they were considered to be engaging and stimulating, yet safe and reflective spaces. It was hoped that using this type of space would help to prevent and break the vicious cycles of low self-belief, isolation, exclusion, demotivation, depression and rejection that many of the participants had encountered in the past.

Employment impact – “Over 30% of participants have been inspired to secure entry to further education, or to gain paid employment. In this area IF compares well with many other ‘into work’ projects, even though employment is not the core focus of IF. For example, the Government’s ‘Work Programme’ job conversion target was 11.9%. Currently, the new ‘Work and Health’ programme (DWP) considers an ambitious 30 – 40% conversion rate.”

Overarching impact – “The IF model has been unique in providing both a stimulating and reflective environment in tackling social isolation and wellbeing inequalities. It helps people from disadvantaged or vulnerable backgrounds to believe in themselves. This project increases confidence and self-worth and most importantly it helps people to realise their full potential to take that next step in supporting their own wellbeing.”
9. Community wellbeing

9.1 Overview

The evidence so far has examined wellbeing impacts at the level of the individual volunteer. However, it is important to consider how volunteering can confer benefits to the communities within which the volunteering takes place. Intuitively, we would expect volunteering to confer wellbeing benefits not just to the volunteers, but also to the beneficiaries of the services they deliver and the wider communities within which they are involved.

Scottish Government policy is directed at creating more empowered and cohesive communities\(^{25}\), with a particular focus on reaching those who are suffering disadvantage, exclusion and social isolation.\(^{26}\) As explained in the earlier sections of this report, there is growing evidence base on the contribution of volunteering to addressing inequalities at the level of the individual. However, volunteering may also represent one of the most effective ways for enhancing Scotland’s wellbeing at the community as well.

Five research papers (9, 19, 21, 28 & 30) explored the relationship between volunteering and community wellbeing. Three of them identified the following characteristics of volunteering and how this supports community wellbeing, which are described in section 9.2:

- Local delivery – (30)
- Social capital – (19 & 30)
- Reciprocity – (9 & 19)
- ‘Spillover’ effects – (9)
- Co-production – (19)

Section 9.3 then presents specific examples of how volunteering has supported community wellbeing:

- Social integration in a deprived area in the North of England based on informal volunteering and social capital benefits (19)
- Volunteering as the bedrock of community action in England’s health sector (21)
- The integration of asylum seekers and refugees into the Sheffield’s local communities (28)
- Engagement of young people in some of the most deprived communities in Glasgow (30)


9.2 The role of volunteering in supporting community wellbeing

The following characteristics of volunteering have been identified as playing an important part in supporting community wellbeing:

- **Local delivery** – notwithstanding online volunteering, most volunteering is a local affair. It is embedded within a community for the benefit of that community. The local nature of volunteering is a key factor. For example, in some of the most deprived areas of Glasgow the route to successful engagement with disengaged youths was through youth clubs and sports clubs often operating not just in the local community but at the street level where young people ‘hang out’; (30)

- **Social capital** – volunteering builds social relationships between volunteers, beneficiaries, staff and other voluntary bodies located in the community. This leads to enhanced social networking, improved understanding of each other and more cohesive communities; (19 & 30)

- **Reciprocity** – in social psychology ‘reciprocity’ is the social norm of responding to a positive action with another positive action. Hence, if a volunteer helps someone in the community the beneficiary is more likely to respond with another positive action. This leads to a virtuous circle of community members helping each other – this mutuality and sharing are important; (9 & 19)

- **‘Spillover’ effects** – “......giving and volunteering are associated with strong spillover effects. Unlike the negative externalities associated with income (when our neighbours get a fancy new car we feel less happy with our old car) volunteering and reciprocity are associated with positive externalities, or spillovers. In other words, if you live in a community with high levels of volunteering, even if you do not volunteer, your subjective wellbeing will still tend to be increased by all that goodwill and social capital building around you.” (9)

- **Co-production** – “....Boyle et al (2010) argue that the involvement of the public and local people in shaping and delivering public services not only creates a person-centred service which is more responsive to the needs of local people, but also fosters a sense of responsibility and community activism where people take control of their own lives and local services, create and develop social networks and galvanise resources for the local community. For Boyle et al this, in turn, strengthens community resilience, promotes wellbeing and undermines the culture of dependency on statutory services.” Research cited in (19)

Some of the most isolated communities in the Highlands and Islands of Scotland often provide some of the best examples of where these characteristics can be found, resulting in cohesive and intimate communities. This is fostered by the small size of the communities – where everyone knows each other – and where reciprocity and mutuality are the basis for ‘survival’.
The adult volunteering participation rates in Scotland bear testimony to this with the Shetland Islands and the Western Isles having adult volunteering rates almost double the national average of 27%\(^{27}\):

- Shetland Islands – 56%
- Western Isles – 52%
- Highland – 48%
- Orkney Islands – 35%

### 9.3 Impact of volunteering on community wellbeing

Five research papers discussed wider community wellbeing impacts – from both a theoretical discussion of potential benefits and also from an assessment of the evidence in specific communities. Examples include:

**Social Integration** – “......in Sixsmith and Bonham’s (2003) study into volunteering in a deprived area in North England, informal volunteering, such as looking after a friend’s child, was central to the creation and maintenance of social capital. This activity was based on mutuality and sharing, rather than the traditional notions of altruism associated with formal volunteering. What Sixsmith and Boneham’s study also points to is how the development of social capital not only benefits the individual through increased coping resources, but also how this feeds into the wider community. More specifically, the study highlights the potential of volunteering to increase community capacity and resilience as people work together, help each other and draw from resources within the local community.” Research cited in (19).

**Health Outcomes** – within the context of the health sector in England: “Cost-effectiveness evidence is still limited; nevertheless, research indicates that community capacity building and volunteering bring a positive return on investment......” The implications for local leaders, commissioners and service providers include: “....celebrate, support and develop volunteering as the bedrock of community action.” (21)

**Community cohesion** – drawn from the “New Beginnings” volunteering programme in Sheffield supporting asylum seekers and refugees: “Volunteering enables people to integrate more and become involved in the local community. It helps them connect with people who value them and treat them well, which balances their experience of the asylum process which is very negative. They discover that some people welcome their contribution. It is a positive visible sign of people giving something back to the community, which is important. It improves volunteers’ confidence to participate actively in the community, and acts as a bridge to wider engagement.” For those working alongside asylum seekers and refugees: “It breaks down barriers, stigma and discrimination from white communities, but also from longer standing BME communities.” (28)

**Youth community engagement** – through understanding the community engagement processes for youth volunteers in deprived areas of Glasgow, a research study in Glasgow showed how young people can act as a catalyst for wider community engagement:

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“[Volunteering] brings the community together […] people from the community come in here, so it’s as if we’re helpin’ the wider community in here by doin’, helping them do their homework an’ stuff like that.” (18 year old volunteer) (30)

### Time banking case study (19)

**Background** – Unlike traditional concepts of volunteering, time banking is designed to create ‘give’ and ‘take’ relationships among those who contribute the time and skills. This reciprocal relationship is seen to empower the recipient as a contributor and foster equity and trust between people, thereby providing the building blocks for strong local networks of support and healthy communities.

**Impact** – “...time banking is successful in engaging ‘hard-to-reach’ groups – such as the deprived, disabled, elderly or young, single parents, those suffering from learning difficulties or mental health histories and ethnic minorities – who generally do not get involved in traditional volunteering programmes.” [thereby helping to develop strong local networks of support and healthy communities] (Seyfang, 2002).

**Example** – the Rushey Green Time Bank (RGTB) was established by the local GP practice in Lewisham, south east London in 1999. RGTB enables participants to give and receive a wide range of neighbourly support – from lifts to accompanying people to shops; from companionship to checking upon people after hospital discharge.

Through such mechanisms of mutual support, RGTB has proved to be successful in:

- Getting so-called disengaged groups active and engaged in their local community
- Building people’s confidence and self-esteem by shifting the emphasis from where they are challenged or failing, to areas where they can help others by sharing a skill or a talent.
- Increasing an individual’s contact with other people and thus tackling symptoms of isolation and depression
- Widening and strengthening support networks and fostering community based self-help
- Reducing the burden on the GP and the other traditional carers from social services.

**Further research** - Volunteer Scotland recognises that the contribution of volunteering to community wellbeing is a very important policy area for the Scottish Government. We also know that there is likely to be a more extensive body of research evidence upon which to draw. For example, we know that the ‘What Works Wellbeing Centre’ has a significant focus on community wellbeing. Therefore, further research in this area would be helpful to understand more fully the impact of volunteering on community wellbeing.
10. Facilitators of wellbeing & possible adverse impacts

10.1 Overview

Our research has highlighted several conditions which may impact on the achievability or strength of wellbeing benefits. We have called these the ‘facilitators’ of wellbeing which are concerned with:

- Frequency and intensity of volunteering;
- Motivations for volunteering;
- Recognition of volunteers’ contribution; and
- Type of volunteering role.

There was sufficient evidence to discuss all these facilitators with the exception of ‘type of volunteering role’: does the impact of volunteering on wellbeing vary according to the nature of the volunteering being undertaken? However, there was a dearth of research evidence to shed any light on this question and it is not discussed below. Some of the studies highlighted this as a gap in their research and we would endorse this.

Figure 3.1 – ‘Analytical Framework’ – shows how these ‘facilitators’ can impact on volunteers’ health and wellbeing on three levels:

- **Volunteer characteristics** – the effect of the facilitators may vary according to the socio-economic profile of volunteers. For example, young people may prefer less intensive volunteering roles, especially around exam time – compared to people in retirement, who may have more time. Also, benefits may vary according to whether the volunteer is driven by altruistic vs. self-interest motives.

- **Role characteristics** – the facilitators are likely to be important in the design and management of volunteer roles. For example, providing roles which are meaningful, encourage reciprocity, provide social interaction, and involve some element of physical exercise; and

- **Intermediate outcomes** - whereby the facilitators can influence outcomes such as sense of purpose, feelings of self-worth, improved confidence, etc, through the careful management of work type, frequency, intensity, and recognition and thanks.

Finally, the section concludes with a discussion of possible adverse impacts of volunteering on wellbeing, such as taking on too many volunteering roles; roles which are too intensive or emotionally challenging, which can lead to ‘burnout’ and stress; and adverse physical impacts especially for older volunteers, etc.
Clearly, volunteer management should play a key role in maximising the contribution of these ‘facilitators’ of volunteers’ wellbeing and the minimisation / mitigation of possible adverse impacts. However, it was interesting to discover that the research literature was almost totally silent on the issue of volunteer management. This was a surprising finding and one which Volunteer Scotland considers to be a major omission.

10.2 Frequency & intensity of volunteering

Overview of the evidence. Eleven of the 24 research papers investigated the issue of frequency and intensity of volunteering and its impact on wellbeing (1, 2, 3, 4, 5, 10, 16, 18, 27, 30 & 32). Most commonly they examined the number of volunteering hours committed per month or per year. One study also examined the number of volunteering roles. The key findings are:

- All 11 papers identified a relationship between volunteering ‘effort’ and wellbeing or proxies of wellbeing such as physical health, mental health and ‘life satisfaction’.
- In 6 of these papers a linear relationship was identified (1, 2, 3, 16, 30 & 32). Often referred to as a ‘dose-response effect’ whereby increasing the level and intensity of volunteering increases volunteers’ wellbeing.
- However, in 8 papers a non-linear or curvilinear relationship was identified (1, 4, 5, 10, 16, 18, 27 & 32). The most typical finding was evidence of a threshold level of volunteering hours beyond which the wellbeing benefits either remained static (4) or, more typically, declined. The evidence was quite mixed as to what this threshold number of hours is. For some studies the figure was as low as 40 hours per year, others it was 100 hours per year and one was even at 500 hours per year.
- Importantly, this highlights the potential for excessive volunteering commitments to lead to an erosion of wellbeing benefits (1, 5, 10, 18, 27 & 30). In the extreme this can lead to negative wellbeing outcomes whereby the individual would be better off not volunteering at all.
- Given the variation in the papers’ research focus the extent to which there is a volunteering ‘dose-response effect’ is highly dependent on the volunteer characteristics being examined such as:
  - **Wellbeing factors** – evidence often focused on specific aspects of wellbeing, the most important being mental health (1, 5, 10, 16, 18 & 32). Other factors include physical health, mortality, ‘life satisfaction’, being unemployed, etc. Therefore, the findings are very context specific;
  - **Volunteer age** – 6 studies focused on possible dose-response effects for different age groups (1, 2, 5, 16, 18, 27). Some focused exclusively on older age cohorts, typically from age 60 or 65 upwards (1, 2, 16 & 18). For others the focus was on comparative wellbeing between the under 60 vs. over 60 age groups (27) and between the under 40s and over 40s (5).
  - **Unemployed** – one study examined data for the unemployed drawing upon the European Quality of Life Survey (32).

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28 Some papers were literature reviews and identified both linear and non-linear relationships.
Examples of research evidence. The following extracts of research evidence shed further light on how the frequency and intensity of volunteering can impact on volunteers’ wellbeing:

**Examples of frequency and intensity of volunteering and the impact on wellbeing**


“Wilson and Musick (1999) ask the question – if there is a relationship between volunteering and improved mental health, is it a linear one? In essence they are asking if increasing the hours volunteered also increases the benefits received. Given that the literature implies there is a relationship between volunteering and better mental health, this is a valid question......(they) raise the question of more volunteering being counter-productive citing evidence of hospital volunteers (Jivovec and Hyduk, 1999). This survey shows that volunteers who work 500 hours a year scored higher on a contentment scale than those working less or more. What this may imply is that a certain amount of hours is needed to feel some benefit, but as Wilson & Musick (1999) hypothesise, it may also mean that ‘Too much volunteering, it seems can cause role strain and reduce subjective wellbeing’.”

**Association of volunteering with mental wellbeing, Tabassum et al. (2016) (5)**

These authors based their research on analysis of mental wellbeing data collected using General Health Questionnaire (GHQ) in the British Household Panel Survey – the lower the GHQ score the higher the wellbeing.
“...the positive association [between volunteering and mental wellbeing] began to become apparent after around 40 years (of age) and continued up to old age. Those who never volunteered seemed to have lower levels of mental wellbeing starting around mid-life and continuing in old age compared to those involved in volunteering.” In terms of the intensity of volunteering the findings are:

- Up to mid age (c. 40) the mental wellbeing of frequent volunteers was much lower (a higher GHQ score) than infrequent, rare or non-volunteers. They propose that this may be due to role strain, where people have to juggle busy work and family lives with their volunteering commitments.
- In contrast, above 40 the wellbeing benefits of volunteering increase significantly towards older age, especially for frequent volunteers. This corroborates a lot of the research which identifies the social connectivity benefits of volunteering for those in older age.


Drawing upon data from the American Changing Lives Survey, the author examined possible differential impacts on volunteers under 60 versus those over 60. He identified quite marked findings:

- Volunteering hours are curvilinearly related to life satisfaction among younger adults, but linearly associated with satisfaction among seniors over 60. Older adults gained additional benefits from increasing levels of commitment.
- However, adults under 60 began to experience declining returns from their volunteer commitment after 100 hours per year, and experienced negative effects from their volunteer work after 140 hours per year or 2.7 hours per week.
Summary assessment. Notwithstanding the unresolved issue of causality (as discussed in the methodology section) – which several of the studies examined via the inclusion of demographic and socioeconomic status variables in their regression modelling – the evidence does suggest that there are certain conditions when regular, rather than occasional or episodic, volunteering is more beneficial to people’s wellbeing. This is particularly the case for older people rather than busy mid-life adults.

However, the evidence also shows that there are limits to the amount of volunteering which is good for people, but exactly where this threshold lies is difficult to determine. The research indicates that this will be dependent on a range of variables including volunteer age, motivation for volunteering, type of volunteering and the way volunteers are managed.

10.3 Altruism vs. self-interest

Eight studies examined the impact of volunteers’ motivations and the impact this can have on the attainment of wellbeing benefits (1, 2, 3, 4, 10, 22, 30 & 31). All of the studies differentiated between volunteers motivated by self-interest versus helping others. Clearly individuals can be motivated by both, but the studies tended to focus on the ‘primary’ motivations of volunteers. The labelling of these two motivational categories can be confusing and the terminology is summarised below:

<table>
<thead>
<tr>
<th>Classification of volunteer motivations</th>
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</thead>
<tbody>
<tr>
<td>Helping yourself</td>
</tr>
<tr>
<td>Non-altruism</td>
</tr>
<tr>
<td>Self-oriented</td>
</tr>
<tr>
<td>Extrinsic benefits</td>
</tr>
<tr>
<td>Self-interest</td>
</tr>
<tr>
<td>Helping others</td>
</tr>
<tr>
<td>Altruism</td>
</tr>
<tr>
<td>Other-oriented</td>
</tr>
<tr>
<td>Intrinsic benefits</td>
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<tr>
<td>Interest in others</td>
</tr>
</tbody>
</table>

All 8 studies concluded that the wellbeing and health/mortality benefits were more significant for those driven by helping others than helping themselves. The evidence is drawn from a variety of volunteering environments as described in the examples selected below:

- **Depression in elderly persons** - Depoy et al (1989) compared elderly volunteers with clinical depression engaged in altruistic versus non-altruistic volunteering. The observational data suggested that the altruistic group received greater therapeutic value from their activity. (1)
- **Mortality risk** – “We found that respondents who volunteered for other-oriented reasons experienced reduced mortality risk relative to non-volunteers, but respondents who volunteered for more self-oriented reasons had a similar risk or mortality as non-volunteers.” (2)
• **German study post reunification** – “People who put more emphasis on extrinsic goals compared to intrinsic goals are less satisfied with life. If individuals are divided into two groups at the median, people who put above median importance on extrinsic aspects of life report, on average, a life satisfaction score of 6.8, while people below the median report a higher score of 7.2. The difference of 0.4 points is statistically significant at the 99% level. This result for Germany replicates aforementioned results in psychology that people who pursue extrinsic goals are less satisfied with their life than people focusing on intrinsic life goals.” (3)

• **Focus of the volunteer organisation** - research by Onyx and Warburton (2003) showed that the strongest effects on volunteer health were identified for those people who volunteer for organisations with a service orientation, rather than organisations that exist for the benefit of members alone. (4)

• **Providing rather than receiving support** – “.....these findings strongly suggest that giving support rather than receiving support, accounts for the benefits of social contact.....If giving rather than receiving promotes longevity, then interventions that are currently designed to help people feel supported may need to be redesigned so that the emphasis is on what people do to help others.” (22)

### Young people and volunteering in areas of multiple deprivation – Davies, J., 2018 University of Strathclyde (30)

This research examined volunteering by young people in some of the most disadvantaged areas of Glasgow. What is striking is how important the intrinsic benefits are to disadvantaged young people compared to career-based motivations:

“For me it’s like, they’re attached, it’s as if they’re attached to you now so you can’t exactly walk away and leave. (Donna 14, volunteer)

If I left my session, I’d think I’d become a bit emosh, like, you’re emotionally attached, that’s what it is, you become like attached to your group or whatever it is you’re volunteering for. (Faye 16, volunteer)

These extracts highlight the extent to which the relational and emotional aspects of volunteering were central to what participants valued about it. Although there was evidence of career-related motivations the benefits discussed were not orientated towards participants’ futures but their present emotional states. Relationships were not viewed as resources with the potential to yield future returns – as Skeggs (2004) suggests is characteristic of middle-class approaches to social networks – but were valued for their intrinsic aspects. This suggests a divergence from government interventions that frame volunteering as a ‘commodity to be marketed’ (Davies, 2017), as well as middle-class approaches that view volunteering as a way of acquiring and mobilising social and cultural capital (Storr & Spaaij, 2016). Instead, volunteering was engaged with affectively. Participants’ emotional capital was about helping others, developing group attachments and the sense of satisfaction that followed. ......The young people ...... were concerned with how volunteering would help them ‘right now’.” (30)
Finally, one study highlighted the importance of reciprocity (10). It concluded that if reciprocity is not experienced then the positive impact on the quality of life could be negated. “Documenting the degree to which motivating and sustaining factors, such as altruism and reciprocity are core components of this complex intervention is critical, as volunteering interventions are unlikely to yield benefits if such activities hold no intrinsic meaning or value to the potential recipients.”

10.4 Recognition of volunteers’ contribution

People like to be recognised, thanked and appreciated for what they do, irrespective of whether this is in paid employment, volunteering or just helping a friend, neighbour or member of the family. It was therefore surprising to find that only four out of the 24 studies examined the issue of recognition and its impact on volunteers’ wellbeing (4, 7, 16 & 31). However, all four confirmed the importance of recognition, albeit that only one of the studies undertook a proper research study to test for the importance of ‘appreciation’ (16).

This study examined four markers of wellbeing: depression, quality of life, life satisfaction and social isolation. “So, in each case (marker) it seems that appreciated volunteers have an improvement in their wellbeing over time compared with non-volunteers, which is not the case for unappreciated volunteers. However, in no case is there a suggestion that unappreciated volunteers do worse than non-volunteers.” (16)

Feedback from other studies includes:

- “Being recognised and appreciated for volunteering is particularly important – underappreciated volunteers do not necessarily gain the same benefits.” (4)
- “Those currently in volunteering....expressed gratitude for the appreciation shown for their contribution to the lives of others.” (7)
- From the ‘Young People in Scotland’ research into volunteering by pupils aged 11 – 18 in secondary school, the fourth most frequently cited benefit of volunteering was ‘feeling appreciated’ at 45% of respondents (31).

10.5 Adverse impacts of volunteering on wellbeing

As discussed above there is evidence that too much volunteering can erode the wellbeing benefits from volunteering and contribute to problems such as ‘burnout’. In total 11 papers identified the possibility of adverse impacts from volunteering on wellbeing (2, 5, 7, 10, 13, 16, 19, 21, 27, 30 & 32). The evidence suggests that the probability of adverse impacts is linked to a combination of one or more of the following factors:
Stress and ‘burnout’

- **Role strain** – especially adults in early to mid-adulthood (up to age 40) where people tend to have significant other responsibilities through work and family duties: “People who were involved in frequent volunteering had much higher GHQ scores (the higher the score the lower the wellbeing) up to 40 years than those who were involved in infrequent or rare volunteering, because people may experience role strain (taking on too many roles) and thus will have limited or no physical and mental health benefits of volunteering.” (5)

- **Burnout** – “However, there may be a fine line between volunteering enough to experience mental health benefits (e.g. up to 10 hours per month) and spending too much time volunteering so that it becomes another commitment. If volunteering becomes a burden, this may lead to ‘burnout’ and possibly giving up volunteering.” (10). “Participants were aware, however, of the need not to take on too much as it could lead to ‘burnout’, hence undoing any positive contribution to health and wellbeing.” (7)

- **Stress** – “Young adults who are heavily committed may be particularly likely to have high levels of responsibility, including supervising other volunteers, which may lead to stress....” (27)

Physical health

- **Physical health** – “......particularly high levels of volunteer commitment may be physically taxing for some senior adults”. (27) This reflects the fact that physical health for those in older age is typically poorer than for younger people and high levels of volunteering may have adverse impacts on their physical health.

Volunteer motivations

- “The current study points to the possibility that motives for volunteering might be an important moderator of whether volunteers experience health benefits versus burnout.” (2). This research shows that volunteers motivated by social connection or altruistic motives generates marginal benefits for volunteers versus non-volunteers, compared to no differentiation for those motivated by self-interest. “A practical implication of this research is that it paves the way for potential interventions that would maximise the health benefits of pro-social behaviours.” (2)
Challenging volunteer roles

- A study by Casiday, R. et al (2015) focused on volunteer roles in the health sector. It noted that “.....volunteers’ involvement in direct patient care is likely to have significant impacts on their health and wellbeing (both positive and negative). On the one hand this may be seen as a particularly important and valuable role, thus contributing to feelings of self-worth and ‘mattering’. On the other hand, such experiences may be more demanding than auxiliary roles, and therefore render volunteers more prone to exhaustion and becoming emotionally overwhelmed.” (13)

Conflict with parental responsibilities

- “........Kroll (2010) identified research which revealed that mothers, as a societal subgroup, actually do not benefit from voluntary activity in terms of life satisfaction.....She calls this the ‘motherhood penalty’ ......mothers frequently reported having a guilty conscience when volunteering because they felt that they were neglecting their family responsibilities.” (19)

Unemployed & benefit levels

- “We found that the positive relationship between regular volunteering and mental health is greater in countries with high unemployment benefits than in countries with low unemployment benefits [based on the finding that more generous unemployment benefits reduce the financial pressures and stress on volunteers.] Crucially, our findings also suggest that regular volunteering while unemployed in a country with low unemployment benefits may have negative effects on mental health.” (32)
11. Conclusions and next steps

So, what conclusions can we reach from this research. What does the evidence tell us, and what are the implications? This final section is structured under the following headings:

- **Research questions** – does the evidence help to answer the core research questions, which were the drivers of this study (see Section 1)?
- **Research limitations and gaps** – what don’t we know and what should we know?
- **Implications and next steps** – what are the implications and practical next steps for those who can help maximise the contribution of volunteering to people’s health and wellbeing benefits?

11.1 Research questions

There were five key questions underpinning the rationale for this research:

- Question 1: What health and wellbeing benefits arise from volunteering and how strong are they?
- Question 2: Do health and wellbeing benefits vary by age?
- Question 3: Do health and wellbeing benefits vary for excluded groups?
- Question 4: Are there other volunteering factors which affect the attainment and/or strength of health and wellbeing benefits?
- Question 5: Is there a causality problem? Are people with high levels of health and wellbeing attracted into volunteering, rather than volunteering improving individuals’ health and wellbeing?

Each question is examined in turn to see if the evidence can provide a conclusive answer.

**Question 1: What health and wellbeing benefits arise from volunteering and how strong are they?**

Yes, there are a range of positive health and wellbeing benefits from volunteering. The ones which stand out most strongly from our research relate to improved mental health and reduced social isolation and loneliness. As explained in the Analytical Framework (Figure 3.1) and Sections 4 and 7, both outcomes are closely inter-related. The ‘social connectedness’ derived from volunteering can help to improve mental health and reduce social isolation and loneliness.

**Mental health** – central to enhanced mental health from volunteering is the individual’s increased social connectedness, the development of a sense of purpose, enhanced skills and resources, increased self-worth and improved confidence. It is about meeting people, laughing, enjoying oneself and feeling good about oneself, which leads to improved life satisfaction. This is termed the *helper’s high*. 
The overwhelming body of evidence concludes that volunteering has the potential to enhance individuals’ mental health and wellbeing. Eighteen out of the 24 papers reviewed cited evidence which supports this conclusion. In addition to changes to psychological wellbeing the research cites specific examples of how mental health has been improved, including:

- A reduction or alleviation in depression
- Reduced anxiety and stress
- Reduced loneliness and social isolation
- Alleviation of Post-Traumatic Stress Disorder suffered by immigrants and asylum seekers and armed forces veterans
- Alleviation of more serious mental health conditions such as schizophrenia, and psychiatric or learning disabilities

**Social isolation & loneliness** – 23 out of the 24 papers reviewed identified important social connectivity and social capital benefits from volunteering. Of these, 9 examined the specific impact of volunteering on social isolation and loneliness, 6 of which identified a significant positive impact on how volunteering can mitigate or eliminate social isolation and loneliness. Volunteering confers social capital and connectedness benefits, especially for those who:

- Are retired, or don't have a job or purpose in life (referred to as the absence of role identities).
- Are marginalised in society, such as asylum seekers and refugees.
- Have low wellbeing and mental ill-health. The evidence suggests that those with poor mental health tend to be more isolated in society and therefore benefit disproportionately from volunteering.

**Other benefits** – there were also other important health and wellbeing benefits identified, but the range of evidence was more limited:

- **Physical health** - 8 papers concluded that individuals’ self-rated health had improved because of volunteering. Benefits include:
  - *Healthy behaviours* – this includes the adoption of healthy lifestyles and practices because of volunteering; also, an increase in the level of physical activity (for example, the number and intensity of physical activities which an individual engages in each week).
  - *Improved daily living* – for older people volunteering can help them maintain their functional independence; or reduce their level of function dependency for longer than would otherwise be the case
  - *Ability to cope with personal illness* – volunteering helping individuals to manage and/or alleviate their symptoms.

- **Life expectancy** - 9 papers concluded that volunteering can have a positive effect on lowering mortality risk. The consequence of this finding is that volunteers can live longer than non-volunteers. However, the research evidence is much less clear on how volunteering can lead to improved life expectancy.
Potential benefits – our research examined two other very important areas: employment and career outcomes, and community wellbeing. Unfortunately, the evidence base generated by our literature search was limited in both areas. The consequence is that we cannot reach any definitive position on actual health and wellbeing benefits. However, we believe that in both areas the potential benefits could be significant. For example, the following benefits were identified for community wellbeing:

- **Improved social integration** – the potential of volunteering to increase community capacity and resilience as people work together, help each other and draw from resources within the local community.
- **Improved community health outcomes** - community capacity building and volunteering can bring a positive return on investment in community health.
- **Community cohesion** - volunteering enables people to integrate more and become involved in the local community. It helps them connect with people who value them and treat them well.
- **Youth community engagement** – how young people can act as a catalyst for wider community engagement.

**Question 2: Do health and wellbeing benefits vary by age?**

Yes, there is variation in the health and wellbeing benefits for each of the major age cohorts: youth, mid-life and older age. However, the amount of evidence varies, with the most extensive relating to those in older age. The key findings are summarised for the three broad age categories.

**Younger volunteers (age < 35)** – the contribution of volunteering to young people’s career and skills development objectives is a well-researched area, and one which has driven government policy for the last 10 – 15 years. However, there is emerging evidence that the wellbeing benefits of volunteering are also very important for our young people.

The ‘Young People in Scotland’ research on secondary school pupils shows that wellbeing factors such as ‘having fun’, ‘feeling happier’, ‘feeling appreciated’, ‘feeling part of a team’, ‘making new friends’, ‘feeling better about myself’ and having ‘increased trust in others’ are actually cited as benefits more frequently by 11 – 18 year olds than education and career motivations such as ‘improving my study prospects’ and ‘improving my career prospects’.

Furthermore, there is evidence that wellbeing benefits are particularly important for young people facing disadvantage. For example, the work of Davies, J. (2018) highlights the importance of individual and local community wellbeing impacts for young people living in some of the most deprived areas of Glasgow.

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29 It is difficult to give precise age boundaries for these demographic groups due to the variations in the age categories used in the research papers, and the ages at which wellbeing impacts were identified. The age ranges specified should therefore be treated as broad approximations only.

30 Young People & Volunteering in Scotland, 2016, Volunteer Scotland
Given the increased recognition of the problems facing our young people in areas such as mental health and loneliness, we believe that the contribution of volunteering to their wellbeing has not received sufficient recognition in both policy and practice.

**Mid-life volunteers (age 35 – 55)** – it is counter-intuitive, but for the age group with the highest volunteering participation, we know the least about their wellbeing benefits. In 2017 the age group 35 – 44 had the highest volunteering participation rate of all age groups at 33% and the age group 45 – 54 was at 29% (compared to the national average of 28%)\(^{31}\). However, there is minimal evidence on wellbeing benefits specific to those in mid-life. What the evidence does tell us is that this demographic is subject to role strain, where people often have to juggle busy work and family lives with their volunteering commitments.

The consequence is that wellbeing impacts are likely to be more modest. Indeed, there is evidence that if the volunteering contribution for those in mid-life exceeds 100 hours per year (or possibly an even lower figure), then negative wellbeing impacts may result. The implication for such people is that their wellbeing would improve if they stopped volunteering.

**Older age volunteers (age 55+)** – the research evidence was strongest for those in older age. The specific volunteering benefits linked to older age include:

- **Mental health benefits** – volunteering generates strong mental health benefits for older people. Indeed, some of the research which compared differential impacts across the age range showed that the mental health benefits for mid-age adults/younger age groups were absent or much more limited compared to older age volunteers.

- **Combatting social isolation and loneliness** – volunteering helps people to build connections and relationships and develop friendships. Social capital increases and this is particularly important for those in older age who are more likely to be subject to multiple ‘role absences’ such as not being in paid employment, losing a partner and lack of parenting responsibilities. Volunteering helps to keep older people engaged in society which helps to combat social isolation and loneliness.

- **Physical health benefits** – although volunteering can confer physical health benefits for all age groups, they are particularly relevant to older people. These include:
  - Healthy behaviours – this includes the adoption of healthy lifestyles and practices because of volunteering; also, an increase in the level of physical activity;
  - Improved daily living – volunteering can help older people maintain their functional independence; or reduce their level of function dependency for longer than would otherwise be the case;

\(^{31}\) **Scottish Household Survey - Volunteering, 2017**
Volunteering, Health and Wellbeing – What does the evidence tell us?

December 2018

Volunteer Scotland

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Volunteering, Health and Wellbeing
– What does the evidence tell us?

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- o Ability to cope with personal illness – volunteering helping individuals to manage and/or alleviate their symptoms.

- Life expectancy – volunteering can have a positive effect on lowering mortality risk for those in older age.

The contribution of volunteering has been referred to as the ‘inoculation effect’ for those in older age.

Question 3: Do health and wellbeing benefits vary for excluded groups?

Yes, this is one of the most important conclusions from our research. There is clear-cut evidence that those subject to exclusion and disadvantage in society have the most to gain from volunteering. Although there are wellbeing benefits for those most included and most advantaged in society, they tend to be much more modest.

The evidence relates to the following excluded and disadvantaged groups:

- Mental and physical health conditions - as explained above, there is a wide range of evidence on the contribution of volunteering towards improving mental and physical health.

- Those subject to social isolation and loneliness - as explained above, there is a wide range of evidence on the contribution of volunteering towards combatting social isolation and loneliness.

- The unemployed – "We found that unemployed people who volunteer regularly report that their life is more worthwhile than the unemployed who do not volunteer." (32)

- Asylum seekers & refugees – “They (new arrivals) become really isolated and their mental health deteriorates. They don't want to stay at home, so volunteering gives them a reason to get out of bed every day........Socialising and meeting other women, feeling that they are not alone or isolated is a really valuable part of the whole volunteering process.” (28)

- Armed forces veterans – this includes the isolation and loneliness suffered by armed forces personnel who are challenged by reintegrating with society outside the military.

Question 4: Are there other volunteering factors which affect the attainment and/or strength of health and wellbeing benefits?

Yes, there are a range of factors which support the attainment of enhanced health and wellbeing; but there are also several factors which can lead to adverse consequences for people’s health and wellbeing – to the extent that their wellbeing would improve if they stopped volunteering. The factors include:
• **Frequency & intensity of volunteering** - the evidence suggests that regular, rather than occasional or episodic, volunteering is more beneficial to people’s wellbeing. This *dose-response effect* is particularly important for older people rather than busy mid-life adults. However, the evidence also shows that there are limits to the amount of volunteering which is good for people, but exactly where this threshold lies is difficult to determine.

• **Altruism vs. self-interest** – the evidence was unanimous that wellbeing and health/mortality benefits were more significant for those driven by helping others than helping themselves.

• **Recognition of volunteers’ contribution** - people like to be recognised, thanked and appreciated for what they do, irrespective of whether this is in paid employment, volunteering or just helping a friend, neighbour or member of the family. It was therefore surprising that how little evidence there was on this issue. However, four papers did confirm the importance of recognition, albeit that only one of the studies undertook a proper research study to test for the importance of ‘appreciation’:

  “…..it seems that appreciated volunteers have an improvement in their wellbeing over time compared with non-volunteers, which is not the case for unappreciated volunteers.” (16)

• **Adverse impacts of volunteering on wellbeing** – a range of possible adverse impacts from volunteering were identified in the research, including:

  o *Role strain and stress* – especially adults in early to mid-adulthood (up to age 40) where people tend to have significant other responsibilities through work and family duties.

  o *Burnout* – “However, there may be a fine line between volunteering enough to experience mental health benefits (e.g. up to 10 hours per month) and spending too much time volunteering so that it becomes another commitment. If volunteering becomes a burden, this may lead to ‘burnout’ and possibly giving up volunteering.” (10).

  o *Physical health* – “…..particularly high levels of volunteer commitment may be physically taxing for some senior adults”. (27)

  o *Volunteer motivations* – those motivated by self-interest rather than altruism are more susceptible to suffering ‘burnout’.

  o *Challenging volunteer roles* – volunteering roles which have high degrees of responsibility or are involved in emotionally demanding service provision can make such volunteers more prone to exhaustion and becoming emotionally overwhelmed.

  o *Conflict with parental responsibilities* – “……..Kroll (2010) identified research which revealed that mothers, as a societal subgroup, actually do not benefit from voluntary activity in terms of life satisfaction…..She calls this the ‘motherhood penalty’……..mothers frequently reported having a guilty conscience when volunteering because they felt that they were neglecting their family responsibilities.” (19)

  o *Unemployed and benefit levels* – one study identified the importance of having the financial resources to fulfil one’s volunteering responsibilities:
"Crucially, our findings also suggest that regular volunteering while unemployed in a country with low unemployment benefits may have negative effects on mental health." (32)

Question 5: Is there a causality problem?

Yes, there is a causality problem. A number of studies struggled to reach a definitive conclusion, especially the studies using cross-sectional data. However, the longitudinal research, which represents the most robust quantitative evidence base, concludes that:

- There are positive wellbeing benefits derived from volunteering, even after modelling for explanatory factors.
- However, the scale of these impacts is often modest and less than the average difference in wellbeing between volunteers and non-volunteers.
- That the issue of reverse causation should not necessarily be considered a problem. Volunteering increases happiness (even for those who are already happy), which in turn increases the likelihood of volunteering. A virtuous circle.

One aspect of the causality debate which we believe would merit further quantitative longitudinal research is an investigation of the wellbeing benefits for those in society who are subject to significant disadvantage, in areas such as mental health, disability, deprivation and crime. The above longitudinal studies are focused on the population as a whole.

From the qualitative research evidence considered in this report and from the numerous case studies and anecdotal evidence which Volunteer Scotland is in receipt of daily, one reaches a much stronger conclusion on the wellbeing benefits from volunteering for those who are most disadvantaged in society. The personal experiences of those who have been ‘rescued’ by volunteering are very powerful and convincing – evidence of which is presented in this report.

11.2 Research limitations & gaps

As discussed in Section 2 (methodology) the amount of evidence we have accessed for specific topics has sometimes been quite limited. Each section of this report could be a major research project in its own right. Also, with hindsight we could have focused our data collection with more specific search criteria, but we were not privy to these criteria at the outset.

Notwithstanding this caveat, we believe that this research project has provided clear guidance on the contribution of volunteering to the health and wellbeing of volunteers as summarised in Section 11.1. This information will be of value to Volunteer Scotland, the Scottish Government, our partners and volunteer involving organisations.

In terms of future research, the main evidence gaps we identified relate to:

- *Informal volunteering* – with a couple of exceptions all our papers focused on formal nor informal volunteering.
- **Community wellbeing** – the vast majority of our papers focused on individual rather than wider community wellbeing.

- **Youth and mid-life volunteering** – we managed to access an extensive evidence base relating to volunteering and health and wellbeing impacts on older people, but much less on those who are younger.

- **Volunteering roles** – the extent to which wellbeing impacts vary by the type of volunteering role being fulfilled.

- **Volunteer management** – the impact of volunteer management on the health and wellbeing of volunteers was completely ignored in the papers we reviewed.

- **Causal mechanisms** – it is not clear in a lot of the research we reviewed how the positive impacts of volunteering on final outcomes impacted on volunteers’ wellbeing. This includes mental health, physical health, life expectancy, social isolation and loneliness, and employment and career outcomes – see Figure 3.1.

- **Social isolation & loneliness** – a lot of the research on volunteering, health and wellbeing referenced important social capital and social connectedness benefits, but failed to make overt linkages to potential beneficial impacts on social isolation and loneliness.

Our identification of these research ‘gaps’ is based purely on the literature reviewed. It is quite possible that there is an extant body of evidence which may partially or wholly address one or more of these gaps.

### 11.3 Implications & next steps

The report concludes by reviewing the implications of the report’s findings for Volunteer Scotland and our key stakeholders in the following areas:

- **Policy relevance** – the report provides evidence to support the contribution of volunteering to the Scottish Government’s policies where health and wellbeing has an important role to play. This includes the key policy areas of health, education, employment, young people, older people, criminal justice, sport and exercise, social isolation and loneliness and community engagement…..and so the list can go on!

- **Strategic focus** – Volunteer Scotland has three strategic outcomes, in each of which the report provides underpinning evidence which supports our strategic focus:
  
  o **Participation** – increasing volunteering participation is good not just for beneficiaries and communities, but also for the health and wellbeing of the volunteers themselves;
  
  o **Inclusion** – the findings are clear-cut: the health and wellbeing benefits from volunteering are much stronger for those most excluded in our society and who face the greatest level of disadvantage. An inclusive approach is the right approach.
  
  o **Wellbeing** – the report provides clear guidance on the nature, extent and characteristics of health and wellbeing benefits for volunteers, which have important implications for volunteer management (see further discussion below).
The report should also help inform the development of the National Volunteering Outcomes Framework which is being led by the Scottish government. We also believe that the strategic focus of other partners and volunteer involving organisations could benefit from consideration of the report.

- **Volunteer management** – the report identifies issues which could be developed into guidance for volunteer managers, which would help ensure that the health and wellbeing benefits from volunteering are maximised. This includes consideration of:
  - The structuring of volunteer roles which facilitate the generation of health and wellbeing benefits
  - The recruitment of volunteers – taking into their account motivations to volunteer (altruism vs self-interest); the targeting of excluded groups, etc.
  - The differential health and wellbeing impacts across age groups
  - The importance of considering the dose-response issue – i.e. regular volunteering is good; but too much volunteering can be deleterious to health and wellbeing
  - Recognition of volunteers’ contribution
  - The resourcing of volunteers’ expenses – particularly those suffering financial hardship through, for example, unemployment.

- **‘Sharing the message’** – Volunteer Scotland is aware anecdotally of significant misinformation on the merits or otherwise of volunteering and its contribution to health and wellbeing. At one end of the spectrum some people just believe that volunteering is ‘a good thing’ and is the panacea for all problems. They tend to overstate the health and wellbeing effects. At the other end of the spectrum there is complete ignorance of the health and wellbeing agenda; indeed, some don’t even consider the wellbeing of their volunteers at all. To this end it would be very helpful to undertake an awareness raising campaign with volunteer involving organisations to ensure such information failures are addressed and that the contribution of volunteering to health and wellbeing is fully and accurately recognised.

- **Further research** – as detailed in Section 11.2 there are still significant gaps in the evidence base which would merit further investigation.

In terms of ‘next steps’ Volunteer Scotland will be sharing the report’s findings with the Scottish Government and key partners. The success of this report should be measured by the effective follow-up in the areas outlined above. Such work will help maximise the contribution of volunteering to the health of wellbeing of Scotland’s people.

**Feedback** – Volunteer Scotland would welcome feedback on both the report’s findings and the implications outlined above.

Please contact: Matthew Linning
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**Annex - Bibliography**

**Primary sources**

Twenty four ‘core papers’ were analysed in this research study. They are our primary research resources and are numerically referenced in the report. Due to the editing of the original list from 32 papers down to 24 the numeric sequence is not sequential.

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<th>Ref</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>4</td>
<td>The benefits of making a contribution to your community in later life</td>
<td>Jones, D; Young, A &amp; Reeder, N. (2016)</td>
<td>Centre for Ageing Better</td>
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<tr>
<td>7</td>
<td>The impact of volunteering on the health and wellbeing of the over 50s in Northern Ireland (Summary Report)</td>
<td>Authors not cited</td>
<td>Volunteer Now and University of Ulster</td>
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<td>22</td>
<td>Providing support may be more beneficial than receiving it: results from a prospective study of mortality</td>
<td>Brown, S., Nesse, R., Vinokur, A., Smith, D. (2003)</td>
<td>Association for Psychological Science; published by SAGE; <a href="http://www.sagepublications.com">http://www.sagepublications.com</a></td>
</tr>
<tr>
<td>29</td>
<td>A post-careers advice service: giving people the tools to go on giving</td>
<td>Authors not cited</td>
<td>Charities Aid Foundation (2016)</td>
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Volunteer Scotland

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Secondary sources

In addition, Volunteer Scotland has referenced the following 'secondary sources' when they have been cited by the primary sources and we have drawn upon the evidence discussed:


Other sources

Volunteer Scotland has also drawn upon the following sources in Sections 1 – 2 relating to definitional issues and the policy context; and to access supporting research on volunteering and wellbeing in the main Sections 4 - 10:


Scottish Government, (2014). The Children and Young People (Scotland) Act 2014 (Section 96 ‘Assessment of Wellbeing’)
http://www.gov.scot/Topics/People/Young-People/gettingitright/wellbeing


(Section: The physical wellbeing of people with mental health problems).
http://www.gov.scot/Publications/2017/03/1750/


http://www.gov.scot/Publications/2018/01/2761

Scottish Government. Improve Mental Wellbeing (National Performance Indicator – undated)
http://www.gov.scot/About/Performance/scotPerforms/indicator/wellbeing

http://www.gov.scot/Topics/Education/Schools/HLivi

http://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes

Scottish Government (undated). Scotland’s approach to wellbeing – Influencing policy and measuring progress. Signorini, D.


Scottish Household Survey, Annual Report 2016, Section 11 Volunteering: