

“Volunteering, Health and Wellbeing”

What does the evidence tell us?



Summary Report

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November 2018

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Full Report – to complement this Summary Report there is a [Full Report](#) which presents the supporting evidence underpinning Volunteer Scotland’s findings and conclusions relating to “Volunteering, Health and Wellbeing”.

Acknowledgements

Volunteer Scotland would like to thank all those who supported this research. In particular, we are indebted to the following who read the draft of the Full Report and provided very helpful observations and suggestions for improvement:

- Dr Jacqueline Rae and Helen Webster, Scottish Government
- Professor Bernard Harris, Dr Daniela Sime and Dr James Davies, University of Strathclyde
- Paul Okroj, Chest Heart and Stroke Scotland
- Morven Maclean, Children’s Hospices Across Scotland

1. Rationale & objectives

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 health and wellbeing are attracted to volunteering rather than volunteering contributing to higher levels of health and wellbeing.

Volunteer Scotland therefore wanted to address these 'known unknowns' and answer the following questions:

- 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?

2. Methodology

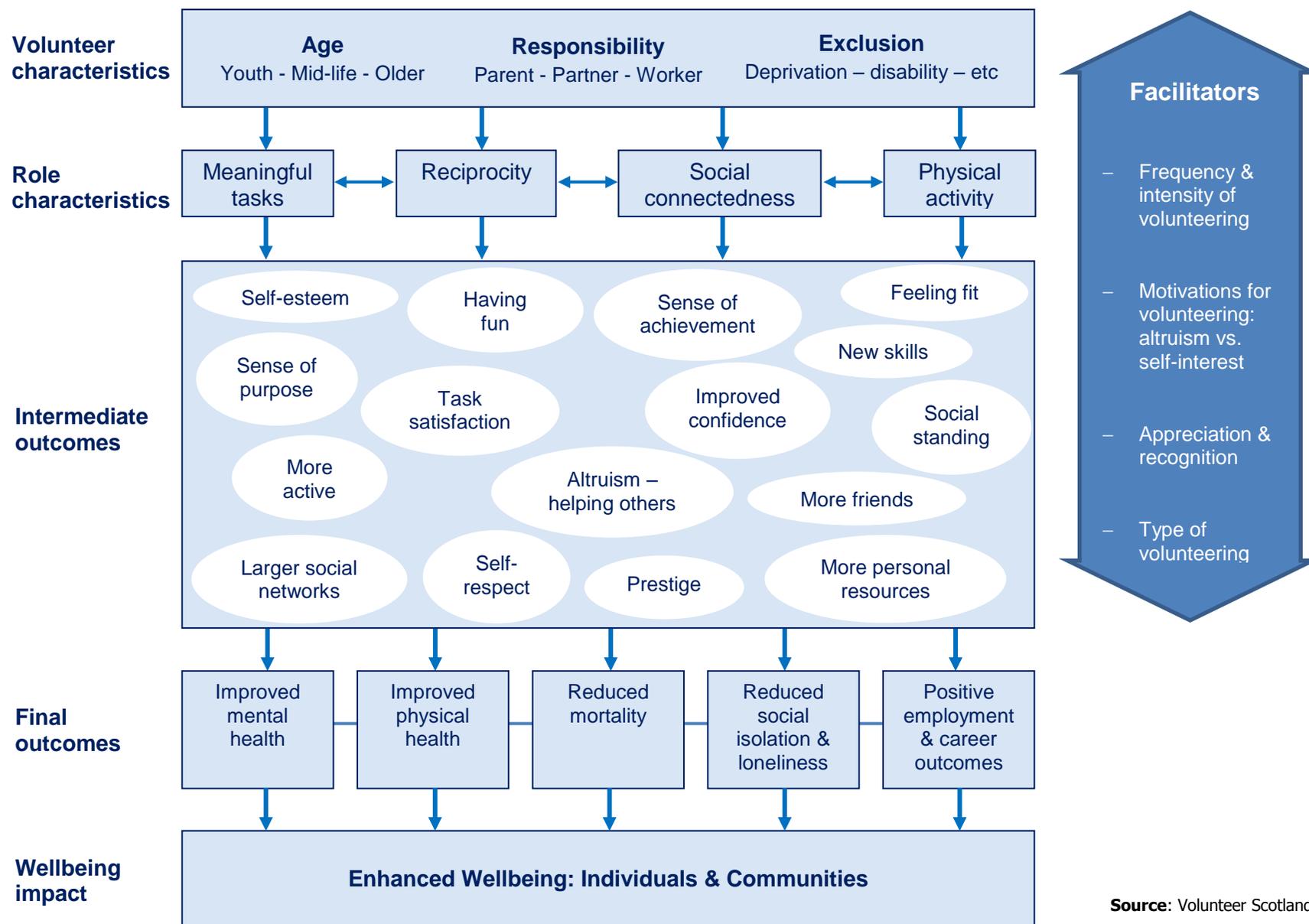
To try and answer these questions Volunteer Scotland undertook a literature review in 2018 which was based on a detailed examination of 24 core papers and a further 40 supplementary papers¹. The focus of our research was on the health and wellbeing of volunteers and, to a more limited extent, community wellbeing; it did not address the wellbeing of beneficiaries. It also focused 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 analysis could form the basis of an in-depth follow-up study in its own right. Although all our shortlisted papers explored the relationship between volunteering, health and wellbeing, the focus of this relationship varied from paper to paper. From our literature review we were struck by how many different wellbeing parameters and causal chains have been explored.

Therefore, to give structure to our analysis, Volunteer Scotland developed an 'analytical framework' which draws out the linkages between volunteering, health and wellbeing: see the diagram on the next page. 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 volunteers' health and wellbeing outcomes at the other end.

¹ The core papers are listed in the Appendix and are referenced numerically in the report.

3. Analytical Framework – How Volunteering Affects Wellbeing



Source: Volunteer Scotland

4. Key research questions

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. 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 can help 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 age². However, the amount of evidence varies, with the most extensive relating to those in older age. The key findings are summarised for three broad age categories.

² 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.

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’ research³ 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) (30) highlights the importance of individual and local community wellbeing impacts for young people living in some of the most deprived areas of Glasgow.

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%)⁴.

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.

³ [Young People & Volunteering in Scotland](#), 2016, Volunteer Scotland

⁴ [Scottish Household Survey - Volunteering, 2017](#)

- *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;
 - 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:
 - *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.
 - *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).

- *Physical health – ".....particularly high levels of volunteer commitment may be physically taxing for some senior adults". (27)*
- *Volunteer motivations – those motivated by self-interest rather than altruism are more susceptible to suffering 'burnout'.*
- *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.*
- *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 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 the Full Report.

5. Implications & next steps

Our research has highlighted the following implications for Volunteer Scotland and our key stakeholders:

- **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:
 - **Participation** – increasing volunteering participation is good not just for beneficiaries and communities, but also for the health and wellbeing of the volunteers themselves;
 - **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.
 - **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).

Our research 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 may 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** – there are still significant gaps in the evidence base which would merit further investigation. This includes examination of health and wellbeing relating to informal volunteering, community wellbeing, youth and mid-life volunteering and volunteering roles and volunteer management.

Conclusion: Volunteer Scotland has found this research extremely valuable in allowing it to firm up its position on the contribution of volunteering to the health and wellbeing of volunteers. However, the success of this report will 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.

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Annex – Bibliography of 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.

Ref	Title	Authors	Source
1	Volunteering and mental health: a review of the literature	Howlett, S. (2014)	Voluntary Action (6) No. 2, pp. 55 - 72
2	Motives for volunteering are associated with mortality risk in older adults	Konrath, S., Fuhrel-Forbis, A., Lou A. & Brown, S. (2012)	Health Psychology, Vol. 31, No. 1, pp 87 - 96
3	Is volunteering rewarding in itself?	Meier, S. & Stutzer, A. (2004)	IZA Discussion Paper No. 1045
4	The benefits of making a contribution to your community in later life	Jones, D; Young, A & Reeder, N. (2016)	Centre for Ageing Better
5	Association of volunteering with mental wellbeing: a lifecourse analysis of a national population-based longitudinal study in the UK	Tabassum, F.; Mohan, J.; Smith, P. (2016)	BMJ Open Access; http://mbjopen.bmj.com/
7	The impact of volunteering on the health and wellbeing of the over 50s in Northern Ireland (Summary Report)	Authors not cited	Volunteer Now and University of Ulster
9	Wellbeing & policy	O'Donnell, G., Deaton, A., Durand, M., Halpern & D, Layard, R. (2014)	Legatum Institute
10	Is volunteering a public health intervention? A systematic review & meta analysis of the health & survival of volunteers	Jenkinson, C.; Dickens, A, Jones, K., Thompson-Coon, J., Taylor, R., Rogers, M., Bambra, C., Lang, I. & Richards, S. (2013)	BioMed Central Ltd, Open Access publication
11	Formal volunteering as a protective factor for older adults' psychological wellbeing	Greenfield, E. & Marks, N. (2004)	The Journals of Gerontology: Sep 2004; 59B, 5; Research Library Core pg. S258
12	Welfare impacts of participation	De Wit, A., Bekkers, R., Karamat Ali, D. & Verkaik, D. (2015)	Deliverable 3.3 of the Project: “Impact of the Third Sector as Social Innovation” (ITSSOIN), European Commission – 7 th

Ref	Title	Authors	Source
			Framework Programme, Brussels.
13	Volunteering and health: what impact does it really have?	Casiday, R., Kinsman, E., Fisher, C., & Bamba, C. (2015)	ResearchGate https://www.researchgate.net/publication/228628782
15	Inspiring Futures: Volunteering for Wellbeing; Final Report 2013 – 2016, Social Return on Investment	Warby, A.	Envoy Partnership on behalf of IWM North & Manchester Museum
16	The impact of volunteering on wellbeing in later life	Nazroo, J.; Matthews, K. (2012)	A report for WVS
18	Benefits of formal volunteering among older people	Bondsdorr, M. & Rantanen, T. (2010)	Gerontology Research Centre, Department of Health Sciences, University of Jyväskylä, Finland
19	Volunteering & health: evidence of impact & implications for policy and practice	Paylor, J. (2011)	Institute for Volunteering Research
21	A guide to community-centred approaches for health and wellbeing	South, J., Stansfield, J. & Mehta, P. (2015)	Public Health England Publications; gateway no. 2014711
22	Providing support may be more beneficial than receiving it: results from a prospective study of mortality	Brown, S., Nesse, R., Vinokur, A., Smith, D. (2003)	Association for Psychological Science; published by SAGE; http://www.sagepublications.com
24	The health and wellbeing impacts of volunteering with The Wildlife Trusts	Rogerson, M., Barton, J., Bragg, R. & Pretty, J. (2017)	University of Essex
27	Differential benefits of volunteering across the life course	Van Willigen, M. (2000)	East Carolina University; 2000, Vol. 55B, No. 5, S308-S318
28	New Beginnings Project - Evaluation Report	Rattenbury, E. & Bryce, M. (2010)	Report prepared for Voluntary Action Sheffield's Volunteer Centre
29	A post-careers advice service: giving people the tools to go on giving	Authors not cited	Charities Aid Foundation (2016)
30	Young People & Volunteering: Attitudes and Experiences in Areas of Multiple Deprivation	Davies, J. (2018)	Thesis not published. Summary on Volunteer Scotland's website: https://www.volunteerscotland.net/media/1267105/james_davies_summary_of_phd_thesis.pdf
31	Young People in Scotland Survey 2016: analysis of volunteering	Linning, M. & Jackson, G. (2017)	Volunteer Scotland: https://www.volunteerscotland.net/for-organisations/research-and-

Ref	Title	Authors	Source
			evaluation/publications/young-people-and-volunteering-in-scotland-2016/
32	Unemployment, Volunteering, Subjective Wellbeing & Mental Health	Kamerade, D. & Bennett, M. (2015)	Third Sector Impact; Working Paper No. 08/2015