

# The impacts of volunteering on the subjective wellbeing of volunteers: A rapid evidence assessment

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# The Impacts of Volunteering on the Subjective Wellbeing of Volunteers: A Rapid Evidence Assessment



Technical Report  
October 2020

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# Executive Summary

## Introduction to the review

This rapid evidence assessment (REA) examines what is known about the impacts of volunteering on the subjective wellbeing of volunteers. Led by the Institute for Volunteering Research (IVR) and commissioned by the What Works Centre for Wellbeing and Spirit of 2012, the review aims to support the work of practitioners, policy makers and funders in their design and delivery of volunteering opportunities and programmes. The review was commissioned prior to the COVID-19 pandemic, however, the findings are highly relevant for recovery planning.

The study was shaped and informed by a draft Theory of Change for volunteer wellbeing, developed collaboratively with stakeholders in the voluntary sector. This provided a visual representation of how and why volunteering might lead to changes in subjective wellbeing for volunteers. Drawing on the findings of the REA the Theory of Change was reviewed and revised.

The REA included 158 UK and international studies from 2008 onwards which examined the subjective wellbeing impacts of volunteering on adults involved in formal volunteering through groups, clubs and organisations. The review explored the effects of formal volunteering on different population groups, the association between volunteering and wellbeing for different types and levels of volunteering and the mechanisms that can help to explain how volunteering experiences lead to changes in subjective wellbeing. The implications for practice, policy and research are identified.

## Key Findings

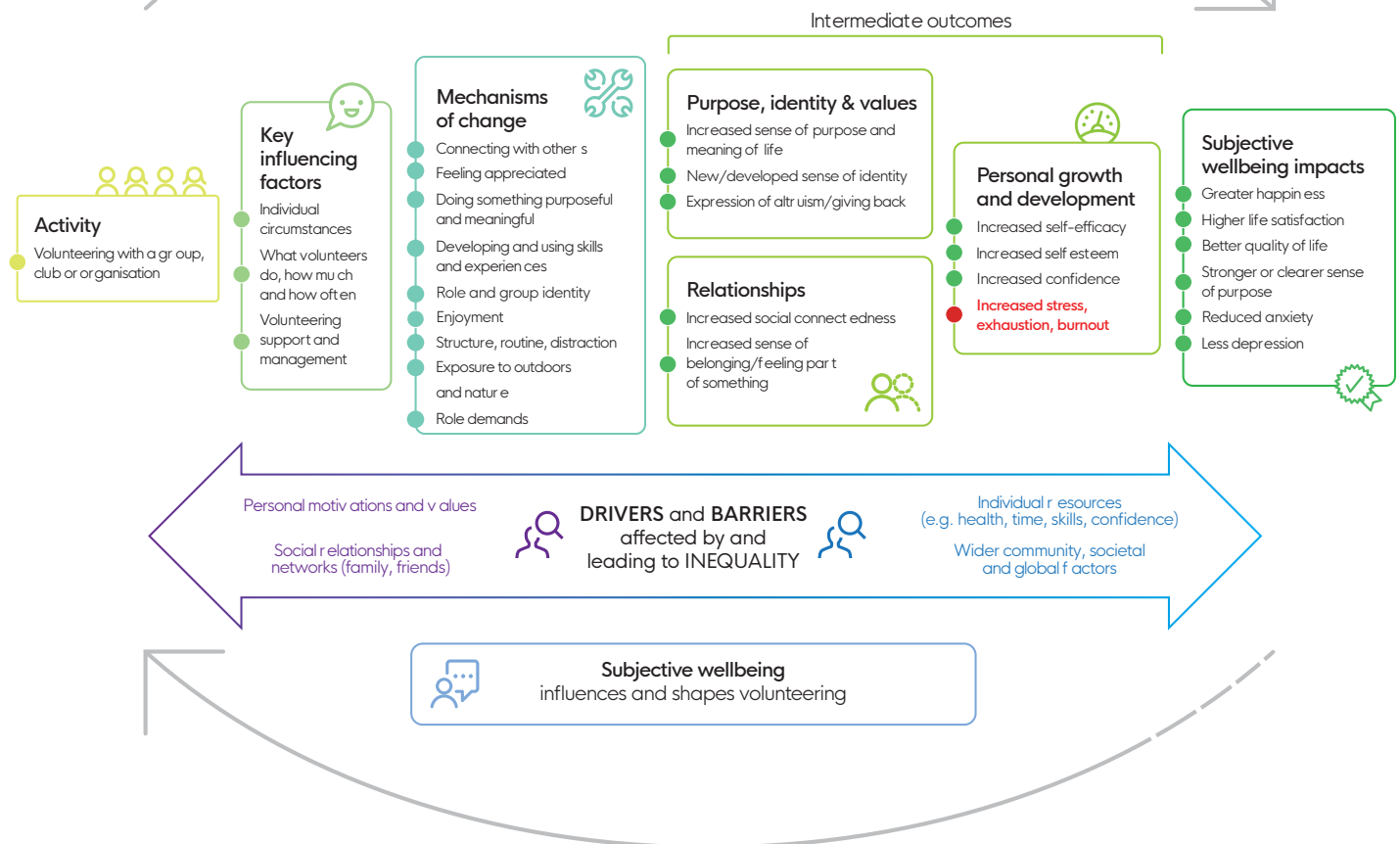
### The impacts of volunteering on subjective wellbeing

- Most of the evidence on the impacts of volunteering on the subjective wellbeing of volunteers points to a positive association between the two, including improved life satisfaction, increased happiness and reduced symptoms of depression.
- We cannot definitively conclude, however, that volunteering categorically enhances subjective wellbeing. A small number of studies claim reverse causality – higher wellbeing makes individuals more likely to volunteer rather than volunteering causing higher wellbeing.
- A number of studies use advanced statistical strategies and control for a range of factors that might affect subjective wellbeing, providing us with more confidence that volunteering leads to enhanced subjective wellbeing for volunteers.
- This does not mean that volunteering *always* leads to improved wellbeing.
- The evidence tentatively suggests that some volunteering activities can lead to anxiety, stress or burnout.
- There is a significant gap in the evidence on the negative effects of volunteering on the wellbeing of volunteers.

## Factors that link volunteering to wellbeing

- There are a number of factors or outcomes that link volunteering to changes in subjective wellbeing, although the research base remains limited. These outcomes can be thought of as steps that connect volunteering to enhanced wellbeing.
- The available evidence points to self-efficacy, social connectedness and sense of purpose as key factors - volunteering leads to social connectedness which in turn leads to enhanced wellbeing (see Theory of Change below).

### Theory of Change for volunteer wellbeing



## The impacts of volunteering on different groups

- There are variations in the wellbeing benefits of formal volunteering across the life course. Wellbeing gains are higher for older adult volunteers compared to younger adult volunteers. Volunteering can provide a buffering effect against role loss and diminished social ties.
- Evidence also points to stronger subjective wellbeing effects of formal volunteering on those from lower socio-economic groups, the unemployed, those living with chronic physical health conditions and those with lower levels of wellbeing.
- Some individuals in these groups are missing out on the benefits of volunteering because of the barriers they face and inequalities in access to volunteering.
- There are gaps in the evidence on the effects of volunteering in relation to ethnicity and the wellbeing impacts of volunteering on disabled people, young adults and those experiencing serious mental health issues.

## Types and levels of volunteering

- The frequency and amount of volunteering undertaken affects the wellbeing outcomes of involvement. Higher frequency volunteering is associated with higher subjective wellbeing compared to lower frequency volunteering. However, there is a limit to this and too much volunteering has diminishing returns.
- There is no consensus on the 'optimal' frequency or number of hours for wellbeing gains and this is likely to be influenced by a number of factors including the personal circumstances of the individual.
- Evidence on the wellbeing impacts of volunteering in different fields and activities is limited and currently it is not possible to conclude that one type of volunteering has a stronger effect on subjective wellbeing than others.
- The evidence tentatively points to how involvement in high intensity, high demand or high-risk roles may negatively affect volunteers. More research is needed in this area.

## Mechanisms

- There are a series of mechanisms that help to explain how elements of the volunteer experience can affect the subjective wellbeing of volunteers, however, the evidence is limited.
- Mechanisms include connecting with others, volunteers feeling appreciated and volunteers feeling they are doing something purposeful and meaningful through their volunteering. Volunteer management and support as well as peer support are identified as key factors that influence these mechanisms.

## Implications

### Messages for practice

The volunteer experience makes a difference to the subjective wellbeing of volunteers. Building on NCVO's national study of the volunteering experience, *Time Well Spent*, the review points to the importance of the following features for promoting wellbeing:

- **Connected** – enabling volunteers to feel connected with other people through their volunteering;
- **Balanced** – ensuring volunteering does not overburden volunteers and enabling them to change their commitment or step back from volunteering if they want to;
- **Meaningful** – understanding what volunteers want from their involvement, co-producing roles and ensuring volunteering feels purposeful to the volunteer;
- **Inclusive** – ensuring volunteering and the gains in wellbeing are accessible to all by creating an inclusive environment and reducing barriers to participation; and
- **Appreciated** – ensuring volunteers feel appreciation for the contribution they make.

### Messages for policy makers, funders and commissioners

#### Bringing wellbeing to the centre of funded programmes and projects

Looking beyond volunteering as a means to an end but volunteering as *the* end with a focus on marginalised groups who can gain the most from involvement would help to bring wellbeing to the forefront.

#### Recognising the importance of good volunteer management and supporting it

Good volunteer management is necessary to ensure volunteers have a positive experience.

The investment required for volunteer management needs to be fully recognised and costed to maximise the potential wellbeing benefits of volunteering for volunteers.

#### Getting it right for volunteers in high demand roles

Recognising the personal circumstances of individuals and the limits to what time they can give. The potential impacts of high intensity and high demand roles on the wellbeing of volunteers needs to be considered, including those in and alongside public services.

#### Addressing inequalities

Recognising that some groups who have the most to gain from volunteering may also face substantial barriers to getting involved and staying involved. Participation needs to be widened and barriers to formal volunteering removed.

### **Messages for researchers**

#### Research that is question driven and empirical in design

A shift towards research studies that are question driven rather than data driven would help to advance knowledge and understanding. More complex empirical studies that explore the inter-relationships between individuals, their volunteering activities and wider personal and social context could help to create new and useful knowledge.

#### Research that reflects the complexity of volunteering and subjective wellbeing

Further research is needed which explores the context of volunteer engagement – what kinds of volunteering roles and activities, under what conditions and for whom does participation bring wellbeing benefits? More complex measurements and conceptualisations of subjective wellbeing are also needed.

#### Research that fills the evidence gaps on different groups

The REA found gaps in evidence on the effects of formal volunteering on the wellbeing of particular groups including disabled people. There was also a lack of evidence that explored volunteering and impacts on subjective wellbeing in relation to ethnicity and gender.

#### Research that focuses on how formal volunteering affects subjective wellbeing

Few studies explained fully the processes involved in driving changes in subjective wellbeing through volunteering. How and which intermediate outcomes does volunteering lead to and which of these in turn result in enhanced wellbeing and how do these inter-relate?

#### Research on the organisational approaches and practices that can maximise the wellbeing benefits of volunteering

Further research is needed to examine the effects of organisational context and conditions on wellbeing to help identify the essential ingredients of the volunteer experience that can help to promote volunteers' subjective wellbeing.

#### Research that is balanced, examining the negative as well as the positive impacts of volunteering

Studies exploring the potential negative impacts of volunteering on subjective wellbeing are needed, specifically identifying the particular contexts and conditions of participation.

#### Research that looks beyond formal volunteering to other forms of participation

This REA has focused on volunteering through groups, clubs and organisations but this is only one of many ways that individuals can contribute to others and their communities. A rapid review of evidence on the impacts of other forms of community contribution, including informal volunteering, would provide a fuller picture of the wellbeing effects of volunteering.

# 1. Introduction

## 1.1 Aims of the review

This rapid evidence assessment (REA) examines what we currently know about the impacts of volunteering on the subjective wellbeing of volunteers. The study was led by the [Institute for Volunteering Research](#) at the University of East Anglia in partnership with the University of Salford, the Third Sector Research Centre and the University of Sheffield and commissioned by the [What Works Centre for Wellbeing](#) and [Spirit of 2012](#). The review brings together relevant evidence on the difference volunteering makes to the subjective wellbeing of volunteers aged 16 and over, both positive and negative, and the factors that shape how this happens. The focus of the review is on formal volunteering through groups, clubs and organisations.

Interest in the impacts of volunteering on subjective wellbeing continues to grow and this is reflected in the extensive and growing body of research exploring the topic from the UK and elsewhere. While there are several useful reviews of evidence (see Anderson et al, 2014; Jenkinson et al, 2013; Kamerāde, 2013), the most recent research has not been brought together in one place that is useful for policy and practice, particularly in the UK context. This review aims to offer this by examining the evidence from 2008 onwards from the UK and international academic and grey literature.

The REA looks to specifically answer the question: **what are the subjective wellbeing impacts of volunteering on adult volunteers?** In addition, it also addresses the following sub questions:

- Are there differences in the wellbeing outcomes of volunteering between different population groups?
- What types of volunteering are particularly associated with wellbeing outcomes for volunteers, including the roles, duration, intensity, structure or other characteristics?
- What are the key mechanisms by which wellbeing outcomes are achieved for volunteers? Do these key mechanisms differ or are they the same across different contexts and population groups?
- What are the barriers and enablers to improving wellbeing for volunteers through volunteering?

The REA aims to support the work of organisations, policy makers and funders in designing and delivering volunteering opportunities and programmes. Many programmes will not necessarily be setting out to directly enhance the wellbeing of volunteers; the focus will primarily be on the service users/beneficiaries and the wellbeing effects for volunteers may be indirect and latent. Whereas for other programmes the wellbeing of volunteers, who may also be beneficiaries or service users, might be a key focus of their work. We hope that this review will be useful for a wide range of organisations whether the wellbeing of volunteers is a key objective of their work or not.

The review was commissioned prior to the COVID-19 pandemic. However, this report makes references to relevant studies published during the early stages of the pandemic. The findings are also highly relevant for recovery planning.

This report summarises the findings from the REA. Firstly, this introductory section briefly sets the scene of volunteering in the UK as well as the scope of the review and definitions used, the methodology, and what we found regarding the state of the evidence on

volunteering and wellbeing. The report then examines the findings from the review structured around the key research questions. The conclusions and implications for practice, policy and research are then explored in the final section.

## 1.2 Overview of volunteering

### 1.2.1 The current state of volunteering

Levels of volunteering have remained relatively stable in the UK over the long term (Lindsey and Mohan, 2018). Currently, over one in five people in England regularly take part in formal volunteering through groups, clubs or organisations once a month or more, and over a third (37%) get involved at least once a year (DCMS, 2020). Research suggests that formal volunteers are most commonly involved on a regular basis, although around a quarter of volunteers get involved exclusively as part of a one-off activity or dip in and out of an activity (McGarvey et al, 2019). Volunteering is, however, dynamic in nature and individuals repeatedly move in and out of volunteering over the course of their lives (Kameråde, 2011; McGarvey et al, 2019). Research suggests that the vast majority of people have volunteered formally at some point in their lives (Kameråde, 2011).

However, trends in volunteering point to persistent inequalities: those from higher socio-economic groups, those living in less deprived areas and those who are better educated are more likely to formally volunteer. There are also differences according to gender, age, disability, ethnicity and faith (DCMS, 2019; Lawton and Watt 2019b). Those from lower socio-economic groups, for example, are significantly under-represented in formal volunteering and research has found they are 17% less likely to have volunteered in the past year compared to those from higher socio-economic groups (Lawton and Watt, 2019a). Studies also suggest that people with higher levels of subjective wellbeing are more likely to volunteer (Son and Wilson, 2012).

Research has shown that there is considerable **inequality in access to formal volunteering** and that certain groups experience substantial barriers to volunteering and inequalities in access, opportunity and resources (Southby et al, 2019). This is important within the context of this review because if there is a link between volunteering and enhanced subjective wellbeing then this means those who face more barriers and are less likely to get involved will be missing out on these benefits. This is not just a question of people getting involved in volunteering but also of them staying involved. Some individuals may be forced to stop volunteering due to changes in life circumstances, ill health or disability. Later life, in particular, is a time of multiple transitions (Jopling and Jones, 2018).

#### Figure 1: Factors shaping participation

- *Individual factors* such as personality, values, identity and resources (including time, money, skills, experiences and confidence)
- *Relationships* and social networks with family, friends, neighbours and colleagues;
- *Membership* of groups and organisations and how these are organised;
- Their *local environment* and place where they live, including public spaces, events, institutions and politics;
- *Wider societal and global factors* such as national and international events, social movements and trends

(Brodie et al, 2011)

A multitude of factors can act as barriers and enablers to participation. Involvement will be shaped by these different factors, often in relation to **other activities and roles** such as family, paid work and caring responsibilities (Ellis Paine et al, 2020; Morrow-Howell, 2010). These factors will shift in significance over the course of a person's life and influence how, when and why individuals participate (see figure 1). This is important to consider in this review as it means that for any one person the relationship between volunteering and wellbeing will change. Volunteering may make a very important contribution to their wellbeing at one point in time, while at another it will be less significant.

The factors identified in Figure 1 will influence the involvement, experience and the outcomes of volunteering and in turn will be shaped by the impact of participation itself (Brodie et al, 2011). Studies have shown, for example, the effects of family relationships on the wellbeing outcomes of volunteering and how family support can help volunteers manage the demands of their volunteer role. This might include emotional support or practical support, for example, a family member directly helping with a volunteer role (Ellis Paine et al, 2020).

### 1.2.2 The changing landscape of volunteering

This review of volunteering and wellbeing is set within the wider context of a complex and ever-changing volunteering landscape. Social, economic, political, technological and global-health factors shape who gets involved in volunteering, how and why they participate and what they get from the experience.

The COVID-19 pandemic has had a dramatic effect on volunteering and is likely to have long lasting impacts on volunteering practice and policy (Lachance, 2020). Emerging research from Scotland shows that during the early stages of the pandemic formal volunteering through groups, clubs and organisations declined due to the lockdown and social distancing rules. However, participation in informal volunteering and mutual aid increased (Maltman et al, 2020). Other studies similarly reported an upsurge in acts of neighbourliness and mutual aid (Taylor and Wilson, 2020). The longer-term effects of the pandemic on levels and patterns of volunteering are currently unclear, however some research suggests that volunteering across all forms of volunteering may increase after COVID-19 compared to pre-pandemic levels (Maltman et al, 2020).

Irrespective of COVID-19, the nature of volunteering is understood to be undergoing '*radical change*' (Hustinx et al, 2016, p351). More traditional forms of volunteering, characterised by longer term, regular involvement and volunteer group identities, are thought to be giving way to more individualistic forms of volunteering (Hustinx and Lammerty, 2003). These reflect more short-term or episodic types of participation, more flexibility and more self-oriented motivations for involvement. Compared to traditional forms of involvement, individualistic volunteers are understood to have '*relatively weak feelings of identification with the organisation or belonging to a volunteer group*' (Hustinx et al, 2016, p350). However, research shows that a sizeable proportion of volunteers continue to volunteer on a frequent basis and many have a long-standing relationship with their organisation (McGarvey et al, 2019). Kameråde (2011) argues that while many volunteers are moving in and out of volunteering, most return to it at some point '*so they are committed to volunteering as an activity*' (p20).

Interest in online or virtual volunteering is also understood to be growing and the COVID-19 pandemic has given both opportunities and challenges for the expansion of virtual opportunities (Lachance, 2020). Exclusive online volunteering prior to the pandemic was relatively rare with many volunteers involved in a blend of online and offline volunteering

activities (McGarvey et al, 2019). Despite its limitations (see Liu et al, 2016 for further discussion of these issues) it is expected that involvement in online volunteering will continue to increase (ibid, McGarvey et al, 2019). These changing patterns of volunteering are important within the context of this review. If the dimensions of volunteering described above have a bearing on volunteers' wellbeing then this is important in understanding how these changes, and the ways that organisations respond to these changes, will affect volunteers and their subjective wellbeing.

Alongside these transformations are the changing nature of the roles and positions of volunteers. In part, this has been driven by the expansion of volunteer involvement in public sector organisations, including in the NHS. In some cases, this has meant that volunteers are getting involved in more diverse roles, including frontline direct contact with service users in organisations where this used to be the preserve of paid staff (Ellis Paine et al, 2010a). In some organisations this may result in increasing demands being placed on volunteers as well as increased workloads with potential implications on volunteers' wellbeing. In other organisations, shifts are seen in the opposite direction with, for example, the more risky or demanding roles being taken on by paid staff while volunteers are given roles with less responsibility and less involvement in decision making (ibid). More broadly, there has been a tendency to formalise and professionalise volunteer involvement (Rochester et al, 2016). As the boundary between statutory responsibility and voluntary initiative continues to shift and volunteer involvement in public services grows (see Lindsey and Mohan, 2018) the effects of these changes on volunteers and their wellbeing will continue to be more relevant.

### 1.3 Terminology

#### Volunteering

The concept of volunteering is contentious and there is no generally agreed definition (Cnaan et al, 1996; Rochester et al, 2010). This review used the commonly understood defining principles of volunteering to help decide which evidence should be included in the REA. Specifically, volunteering is an activity which is unpaid, undertaken through an act of free will and is of benefit to others or the environment (Ellis Paine et al, 2010b).

This study focuses on **formal volunteering** through organisations, groups and clubs. Evidence on the impacts of informal volunteering and other forms of community contributions are not included in the REA, unless they been included together with formal volunteering in research studies. Informal volunteering is defined as giving unpaid help as an individual to people who are not relatives and not through an organisation, group or club, for example, doing shopping for a neighbour or giving advice. A key aim of this study is to provide practitioners with a useful review of the evidence that they can use in their own organisations, as such it was agreed that, given the rapidity of the review, the REA would focus on only formal volunteering.

#### Subjective wellbeing

As with the concept of volunteering, the definition of subjective wellbeing is extensively debated and disputed (see Huppert and Ruggieri, 2018). For the purposes of this review, subjective wellbeing is understood 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 wider mental wellbeing’.*

Wellbeing is a multi-dimensional concept, defined and measured in different ways (Diener et al, 2009; Layard, 2016). Recognising this and through discussions with stakeholders, a draft Theory of Change for volunteer wellbeing was developed which included seven dimensions of subjective wellbeing. The primary search of evidence was based on these key dimensions which included life satisfaction, happiness and anxiety. The limitations of this for the REA are fully acknowledged particularly with regards to depression and anxiety. As argued by Huppert (2017), it cannot be assumed that if someone does not have symptoms of depression that they have enhanced subjective wellbeing. These limitations should be considered when reading this report.

The key dimensions of subjective wellbeing examined in the REA include the following:

- Life satisfaction
- Happiness
- Quality of Life
- Sense of purpose
- Sense of control
- Anxiety
- Depression

A full list of the search terms used in the REA is provided in Appendix B.

## 1.4 Overview of review methods

This review used a REA approach to search, screen and critically evaluate the evidence on volunteering and subjective wellbeing. A REA is ‘*useful for a relatively quick scoping out of existing evidence*’ (HM Treasury, 2020, p52). It provides a comprehensive, balanced and rapid approach; using systematic and rigorous methods to search and appraise evidence but less breadth and depth compared to a systematic review methodology.

The REA was conducted in four phases:

- Development of a draft Theory of Change;
- Searching, selecting and screening the evidence;
- Appraisal of the evidence; and
- Synthesising the evidence.

### Theory of Change

A Theory of Change (ToC) approach, popularised by Weiss (1972) as a method to assess programme effectiveness, maps out how and why a desired change is expected to happen. It has since been applied in a range of contexts and for this REA it was developed to give a visual representation of how and why volunteering can lead to changes in subjective wellbeing for volunteers. The researchers worked with stakeholders and research colleagues applying a deliberate and collaborative approach to co-produce the ToC, valuing different knowledges through deliberative workshops and ongoing involvement.

The ToC helped to systematically synthesise the complex and varied studies reviewed for this REA.

The findings from the REA were used to amend the ToC, so that it better reflects the available evidence, addressing the key aim of this REA *'to support the work of organisations, policy makers and funders in designing and delivering volunteering opportunities and programmes'*. See Appendix A for the ToC. It now offers a visual representation, a logical pathway, and illustrates how the researchers have reached conclusions from the available evidence.

It is important to recognise that the ToC in this report is not a final and static description of how changes happen, but rather a living document that will need to evolve with new evidence and resulting new assumptions to be explored. Furthermore, we acknowledge that this is a simplification which allows us to understand connections and that different representations are possible.

### **Searching, selecting and screening the evidence**

Inclusion and exclusion criteria were developed specifying the parameters of the evidence for the REA. The full list of inclusion and exclusion criteria are provided in Appendix B. This includes the inclusion of documents if they: report on primary empirical research; originate from the UK, Europe, US, Canada, Australia or New Zealand; are published in the English language and published from 2008 onwards.

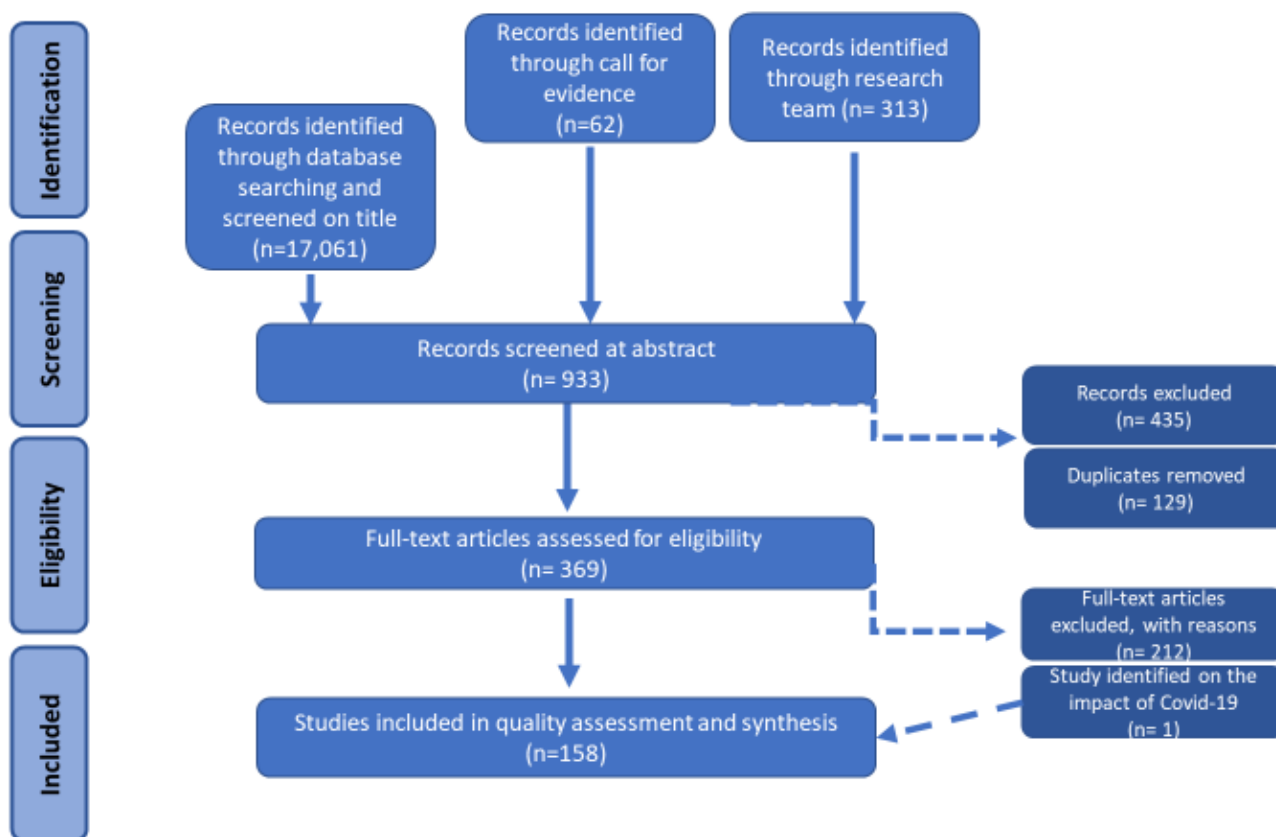
Only studies from 2008 onwards have been included in this review as this is when two extensive evidence reviews of volunteering and its impacts on health and wellbeing were undertaken (Cassiday et al, 2008; and Kamerāde, 2009). This REA looked to build on these reviews rather than duplicate them.

Using the Theory of Change, search strings were developed and piloted. These combined key words and synonyms to provide the researchers with the highest likelihood of returns that were relevant to the research questions (see Appendix B for full details of the search strings).

The sources for searched documents included ten **electronic databases** (including Sociological Abstracts, ASSIA, ERIC); **key journals** from the voluntary and community sector and health and wellbeing fields; **'grey' non-academic literature databases** (such as Open Grey database); and a search of **government and voluntary sector organisation websites**. The REA also identified documents through a call for evidence and through evidence already collated by the team from previous work on volunteering and wellbeing.

The first level of screening involved considerations of the title and key words to check for relevance and whether the document addressed any of the key research questions (see figure 2). Abstracts or summaries of the documents were then screened. Finally, for those documents included, the full article or report was retrieved and read in full to check it met the inclusion criteria and addressed the research questions.

**Figure 2: Overview of rapid evidence assessment process**



### Appraisal of the evidence

In total, 158 studies were included for quality appraisal (see table 1). These were appraised using criteria adapted from various well-established sources including [WWCW Guide to Evidence Review Methods](#) and NICE quality appraisal guidelines (see Appendix B for further details). A portion of the studies were quality assessed by two researchers to ensure confidence in the appraisal process. Based on these **quality criteria**, studies were rated either high, moderate, low or very low quality (see table 2). The quality criteria focused on methodological robustness, data confidence and the extent to which the study helped to provide new knowledge, understanding or theory to the research field. A summary of the studies rated has high is included in Appendix C.

**Table 1: Number of included studies**

Type of study	Number of included studies
Quantitative	117
Qualitative	22
Mixed methods (including mixed evaluation studies)	16
Economic	3
<b>Total number of studies</b>	<b>158</b>

**Table 2: Quality rating of included research studies**

Rating of studies	Number of included studies
High	25
Moderate	80
Low	47
Very low	6

### Synthesis of the evidence

For this report, evidence from the included studies was synthesised into thematic narratives based on the research questions and the Theory of Change. The level of inclusion and detail was determined by the quality of the study and how much evidence there was to respond to each research question. Evidence from studies with higher ratings were prioritised in the synthesis and considered in more depth in this report. Lower quality studies were used in the synthesis when there was an insufficient number of higher rated studies to respond to the research question (including section 5 on mechanisms). Wider research was also drawn on for this report where useful and relevant.

The final stages of the REA involved detailed feedback on the draft of this technical report from the members of the research team, WWCW, Spirit of 2012, the advisory panel and a peer reviewer with expertise in REAs.

## 1.5 Overview of the state of the evidence

The REA identified a large body of evidence examining the links between volunteering and the subjective wellbeing of volunteers. Comparing the different studies proved challenging due to the different ways volunteering and wellbeing were defined and measured. In total, 101 studies used validated wellbeing scales and measures in their research. The most common measures were ONS Personal Wellbeing Scale, Warwick Edinburgh Mental Wellbeing Scale and Satisfaction with Life Scale. Few studies identified through the review used 'sense of control' as a measure of wellbeing in their research.

Most studies explored the positive wellbeing impacts of volunteering on volunteers. The evidence suggested a bias in favour of a focus on the benefits of volunteering and a limited number of studies examined the negative effects of volunteering.

Seventy-six of the quantitative studies included in the REA were **cross-sectional** in design and reported on the wellbeing of volunteers at one point of time using survey data. As such, these studies generally appeared less robust compared to some other research designs, particularly if they compared volunteers and non-volunteers without considering other factors such as health, income and demographics.

The review excluded cross-sectional studies that compared volunteers to non-volunteers without consideration of any other characteristics that differentiated them. The REA also excluded studies that were cross sectional AND based on general population adult samples (all adults aged 16/18+) AND used very general volunteering measurements (volunteer/does not volunteer) as they did not seem robust enough to provide useful evidence for the purpose of this REA.

**Longitudinal panel surveys** using nationally representative datasets that enable the analysis of *change* in the wellbeing of volunteers and non-volunteers across multiple waves

of data were generally more reliable. Thirty-five studies using longitudinal panel data were included in the REA.

Some longitudinal studies were limited as they did not sufficiently control for different factors that might explain the association between subjective wellbeing and volunteering. As noted by Lawton et al (2019) any '*observed relationship between subjective wellbeing and volunteering may be due to a host of factors aside from volunteering. For example, healthier or richer people may be more likely to volunteer and they will also have higher levels of wellbeing anyway (regardless of whether they volunteer)*' (p13). The relationship between wellbeing and volunteering may reflect this *selection effect or bias* rather than a change because of volunteering.

Reverse causation may also be an issue, meaning '*that the observed relationship between subjective wellbeing is because higher wellbeing makes people more likely to volunteer rather than the other way around*' (ibid, p13). Lawton et al (2020) argue that reverse causation has meant that studies have generally overestimated the effect of volunteering (see also De Wit et al, 2015).

Some longitudinal studies used robust statistical techniques and controlled for a wide range of factors that might impact on subjective wellbeing such as health, pre-existing wellbeing, income, unemployment, partner status, social networks and personality, thus helping to address the selection effect to some extent and to control for other changes in people's lives. As noted by DeWit et al (2015, p7) '*this analysis does not yield definitive proof for causation, (but) it can show to what extent the differences between volunteers and non-volunteers arise from selection processes*'.

The review also identified four **experimental research studies** including three studies that used randomised control trial (RCT) designs. In these studies people can be randomly assigned to volunteering (experimental) or nonvolunteering (control) groups, so that their wellbeing outcomes can be compared before, during and after volunteering. Such trials can help to establish whether volunteering significantly increases individuals' wellbeing, when controlling for (un)observed individual differences and a range of contextual factors. RCTs can provide reliable findings that the difference between groups is due to the volunteering intervention.

**Qualitative studies** can provide a rich picture of the experiences of volunteers and outcomes of volunteering and the REA identified twenty-two of these for inclusion. Qualitative studies focus on depth and diversity over representativeness and provide insights into how and why volunteering makes a difference to the volunteer. The REA drew on the findings from qualitative studies particularly when examining the mechanisms that explain how the volunteering experience can lead to enhanced wellbeing (section 5). However, as identified by Anderson (2014), it should be recognised that some of these studies may overstate the positive effects of volunteering on wellbeing as those with negative experiences are less likely to get involved in research. Wider generalisability to other settings may also be limited. We also found that some of the included qualitative studies are based on small samples of less than ten volunteers.

## 1.6 Limitations of the review

The REA approach enabled relevant evidence to be identified in a transparent and efficient way. Some of the limitations of the study reflect the limitations of a REA methodology generally. The screening at title stage involved only one reviewer so it is possible that some relevant documents may have been missed at this stage of the process. The approach taken to the REA was rigorous and systematic, however, it did not involve an exhaustive search for every study on volunteering and wellbeing, so it is likely that there are other relevant papers and reports that have not been identified and included.

To ensure the study met its key objectives and to make it manageable, the study's scope was limited to the impact of formal volunteering on volunteers aged 16 years and over. The authors recognise the extensive involvement of individuals in informal forms of participation within communities through, for example, informal volunteering and neighbourliness. However, this review only focused on formal volunteering through groups, clubs and organisations.

The focus of this REA is on those aged 16 and over. The review did not therefore include evidence on the wellbeing effects of volunteering on children under 16 years of age.

Finally, this review is also limited by its focus on the wellbeing impacts on volunteers only. It is acknowledged that volunteering makes a difference to the wellbeing of a wide range of other stakeholders including service users and beneficiaries.

## 2. The impacts of volunteering on subjective wellbeing

This section of the report summarises the evidence on the subjective wellbeing impacts of formal volunteering on volunteers. Firstly, an overview of what is currently known about the association between volunteering and volunteers' subjective wellbeing is provided.

Secondly, the factors or outcomes that link volunteering to changes in subjective wellbeing; the steps on the path from volunteering to changes in wellbeing, are summarised.

### 2.1 Overview of the wellbeing impacts of volunteering

#### Summary

- Evidence on the relationship between volunteering and the subjective wellbeing of volunteers presents a mixed picture. Most research points to a **positive association** between volunteering and enhanced wellbeing. However, it cannot be definitively concluded that volunteering categorically causes improved subjective wellbeing
- Some studies claim **reverse causality** - higher wellbeing makes individuals more likely to volunteer rather than volunteering causing higher wellbeing
- Experimental studies and multi-wave longitudinal studies that use advanced statistical strategies and control for a range of factors give more confidence that there is likely to be a causal link between volunteering and changes in subjective wellbeing
- Overall, there is a lack of evidence on the negative effects of volunteering on the wellbeing of volunteers

#### 2.1.1 Evidence on different dimensions of wellbeing

Most of the studies reviewed found a positive association between volunteering and the subjective wellbeing of volunteers. These include research that linked volunteering to:

- **Improved life satisfaction** (Appau and Churchill, 2019; Fiorillo, 2012; Heo et al, 2016; Lawton et al, 2019; Leonardi et al, 2020; Nazroo and Matthews, 2012; Pilkington et al, 2012);
- **Increased happiness** (Borgonovi, 2008; Gimenez-Nadal and Molina, 2015);
- **Improved quality of life** (Cousineau and Misener, 2019; Nazroo and Matthews, 2012; McMunn et al, 2009);
- **Increased meaning or purpose in life** (Grey and Stevenson, 2019; Klein, 2017);
- **Reduced depression** (Choi et al 2013; Hao, 2008; Jang and Tang, 2016; Kim and Morgul, 2017; Hong et al, 2009; Hong and Morrow-Howell, 2010; McDonnell, 2011; Pavlova et al, 2014; Pillemer et al, 2010; Shen et al, 2013; Yang, 2020); and
- **Reduced anxiety** (Sheffield Hallam, 2017).

While these studies showed a positive link between volunteering and wellbeing, causality was often assumed rather than demonstrated. There is, however, a growing body of robust

studies that give us more confidence of a direct causal relationship between volunteering and enhanced subjective wellbeing. These studies control for a range of factors that might affect subjective wellbeing and use advanced statistical analyses.

Binder and Freytag's analysis of the British Household Panel Survey (2013) found that volunteering at least once a week significantly increased **life satisfaction** when personality traits, trust and social networks were considered. This positive impact was found amongst those with lower rather than higher levels of wellbeing, suggesting the effects of volunteering were '*driven by reducing the unhappiness of the less happy*' (p97). In a follow up study, Binder (2015) again found a relationship between volunteering and life satisfaction, however, this time he reported that even amongst those who were happier, sustained regular volunteering still had a beneficial effect, albeit it small.

Positive associations between volunteering and **life satisfaction** have also been found by Lawton et al (2019; 2020) in their analysis of ten waves of longitudinal data from the British Household Survey and Understanding Society. After controlling for a wide range of factors, including socio-demographic, health, employment status and religion and taking into account previous well-being trends of volunteers, the study reported a statistically significant relationship between the two, as well as self-rated health and fewer mental health problems. The wellbeing measure most strongly associated with volunteering was '**the sense that the things one does in life are worthwhile**'.

A longitudinal panel study of adults living in Germany (Meier and Stutzer, 2008) also found a direct relationship between volunteering and wellbeing. They reported that an individual who volunteered regularly on a weekly basis had higher subjective wellbeing, measured by **life satisfaction**, than someone who never volunteered. This study controlled for a number of factors such as income and employment and also tested for reverse causality by comparing those who lost the opportunity to engage in volunteering as the result of the collapse of East Germany, with those who could retain their volunteer status. Controlling for variables such as job loss, the study found a decline in life satisfaction amongst those who did not volunteer.

Other studies have explored different dimensions of subjective wellbeing. Gimenez-Nadal and Molina's (2015) research looked at daily happiness amongst volunteers compared to non-volunteers using time use diaries and found volunteering was positively related to daily **happiness**, after controlling for religious participation. Those who committed any time to volunteering during the day reported higher levels of daily happiness compared to those who did not volunteer. This study registered whether individuals had volunteered on a particular day and the subjective well-being on the same day, making the results more reliable than retrospective surveys.

A number of studies examined the impacts of volunteering on **depression**. These predominately focused on changes in depressive symptoms amongst volunteers in later years of life (see section 3.1). In one of few studies examining the effects of different social activities on adults, Hong and Hasche (2009) analysed engagement of those aged 70 and older in various social activities such as attendance at religious services, getting together with others and exercise, as well as volunteering, across three waves of a US longitudinal survey. The study found that volunteering had a protective effect against depression for those in later years of life. Those who were engaged in various activities were less likely to be depressed initially and depression declined across the three waves. The study highlighted that social activities are inter-related and the importance of looking across

multiple activities when assessing how engagement in social activities could help to improve wellbeing.

Changes in an individuals' **sense of purpose in life** and feeling that things in life are worthwhile have been examined as measures of wellbeing in several studies. The latter was explored in Steptoe and Fancourt's (2020) study based on their analysis of the English Longitudinal Study of Ageing. They reported that regular volunteering at least once a month predicted higher levels of feeling that **life is worthwhile** two years on. The study also found that changes in the feeling that life is worthwhile did not predict changes in volunteering two years later, indicating that the causality might be from volunteering to wellbeing, not the other way around.

A small number of other studies have also examined the direction of effects between volunteering and wellbeing. Son and Wilson (2012) analysed the long-term impacts of volunteering in their longitudinal study on mental health over a ten-year period amongst 25 to 74 year olds. Taking socio-demographic factors and physical health into account, they found volunteering to be positively related to eudemonic wellbeing (e.g. **purpose in life**) and social wellbeing (e.g. **sense of belonging**) but not to hedonic wellbeing (e.g. positive mood). Their study reported a reciprocal relationship; social and eudemoic wellbeing influenced participation in volunteering but also volunteering increased social and eudemonic wellbeing. However, other factors could be at play and changes in activities, status and perceptions may also affect the relationship between volunteering and mental health over the ten-year period which are not accounted for in the research.

Connections between volunteering and the development of a **stronger or clearer sense of purpose in life** were also made in several of the qualitative studies (Cousineau and Misener, 2019; Nichols and Ralston, 2011; Smith et al, 2018). Armour and Barton (2019) in their study based on interviews with food bank volunteers in the UK, found participation in volunteering provided a sense of life having a purpose amongst the volunteers and the 'powerful role' of volunteering in helping volunteers recover from depression and loss. They described the change as 'transformational' with volunteering playing a '*defensive role, bringing the most benefits to those with the lowest wellbeing*' (p9). Based on their study of volunteering in a disadvantaged area of England, Baines and Hardill (2008) also identified **sense of purpose** as a key outcome of volunteering, '*volunteers recounted how they gained a role, a sense of purpose and personal wellbeing through their volunteering. People outside paid work described their participation in volunteering as a form of engagement in public space that contrasted with an alternative they dismissed as 'just sitting at home'*' (p315).

The review identified four experimental studies that compared the changes in wellbeing between a volunteer 'intervention' group and a control group. Hong and Morrow Howell's (2010) quasi experimental study matched a group of high commitment volunteers involved in the US Experience Corps programme, participating on average 12 hours per week, with a control group from the US Health and Retirement Study. The research found that after two years of participation in the programme, and controlling for factors such as marital status, education, employment status and family income, the volunteering group experienced fewer **depressive symptoms** whereas the control group reported an increase. The study might be limited by differences in the unobserved characteristics between the two groups. The same can similarly be said for a randomised control trial that examined the impact of volunteering on individuals with experience of a traumatic brain injury (Payne et al, 2020). The study compared those who participated in a volunteering intervention which included a 3-month volunteer placement (minimum of 3 hours per week) with a control group who did not participate. After controlling for socio-demographic factors, the study found that the

intervention group experienced greater improvements in **life satisfaction** compared to the control group. However, the study also reported that not all secondary outcomes measures, such as purpose in life, had '*significant treatment effects, although they trended in a positive direction*' (p9).

### 2.1.2 Evidence of reverse causality and selection effect

Together, the above mentioned research provides compelling evidence of the positive relationship between volunteering and subjective wellbeing. However, there is a small body of research that refutes this.

Several studies report that any association between volunteering and wellbeing can be better explained by the participation of happier or healthier people in volunteering than by volunteering itself. In their longitudinal panel study of those aged 50 and over, Hansen et al (2018) found that after controlling for a wide range of factors including marital status, unemployment experience, parental education, self-esteem and physical health there was a relationship between volunteering and life satisfaction but that this was '*driven by selection of high-satisfaction individuals into volunteering rather than by volunteering having a clear impact on life satisfaction*' (p12). Similar conclusions have been drawn by De Wit et al (2015) using longitudinal panel data across 15 European countries, including the UK. They found associations between volunteering and subjective wellbeing but that '*this difference is to a large extent due to selection processes – persons with higher levels of subjective wellbeing are more likely to start volunteering and are less likely to stop volunteering after they have become engaged*' (p12). They found that this accounted for at least 70% of the difference in wellbeing between volunteers and non-volunteers and noted that volunteering only made a small contribution to changes in wellbeing.

Fang et al's (2018) study based on longitudinal analysis over a 21-year period of individuals from young adulthood to midlife, found that the direction of association was from happiness to higher civic engagement, measured by participation in organisations, groups, and associations, rather than the other way around.

### 2.1.3 Evidence of no effect or negative effect on wellbeing

A small number of studies examining the longer-term effects of volunteering have found that participation in volunteering does not have an impact on wellbeing over a certain period of time. Based on their longitudinal study of adults aged 50 and over and using data from ten European countries (not including the UK), Croezen et al (2015) found an association between volunteering and **depression**, that is volunteers had lower levels of depression than non-volunteers, but participation did not predict changes in depressive symptoms four years later.

In their RCT, Pettigrew et al (2020) examined the impact of starting volunteering on a range of indicators of wellbeing including **quality of life and purpose in life** amongst individuals participating in a volunteering role of their choice for a minimum of one hour a week. Unlike the other RCTs included in the REA, this study did not observe any positive changes in psychological wellbeing in the intervention group compared to the control group. However, changes were only observed over a six-month period which may not have been sufficient time for changes in wellbeing to emerge or the novelty short-term effect of volunteering on wellbeing might have worn off.

Research also suggests that **stopping involvement in volunteering** might curb the positive effects on volunteers' wellbeing and could have a detrimental impact. Magnani and Zhu's (2018) longitudinal panel study of a representative sample of Australian adults aged 21 to 65, found that once someone stops volunteering their levels of wellbeing return to pre-

volunteering a year later. However, they added that *'this rapid and complete adaptation does not imply that the beneficial impact of volunteering is disregardable. Before people adapt, it is likely that the beneficial consequences of voluntary work on wellbeing can snowball into further positive outcomes, which may subsequently have effects on individuals' wellbeing'* (p26).

Binder and Freytag (2013) go further and reported that cessation of volunteering had a *'strong and significant'* negative effect on wellbeing. Indeed, they found that *'while volunteering turns out to be beneficial for subjective wellbeing, stopping volunteering is much more strongly detrimental for wellbeing'* (p115). Further, Biddle and Gray's (2020) study from Australia found that disengaging from volunteering during the early stages of the COVID-19 pandemic had disproportionate effects on people's life satisfaction compared to those who continued volunteering. The study reported that over two thirds of volunteers ceased volunteering or unpaid work during the early stages of the pandemic with older volunteers and females more likely to stop. Life satisfaction declined for both groups during this time, however, those who kept volunteering reported lower levels of psychological distress and had a statistically significant and substantially smaller decline in life satisfaction compared to volunteers who had stopped volunteering due to COVID-19. They suggested that these differences might be attributable to lack of social interaction and increased loneliness amongst those who stopped volunteering. However, in this study it is not clear what factors were controlled for and whether other factors related to the pandemic may explain some of these differences in life satisfaction, particularly as older people appear over sampled in the study.

A small body of research has identified negative effects of volunteering on individuals' wellbeing (Cox et al, 2010; Wicker and Downward, 2019). While Lawton et al's (2019) research reported a strong positive association between volunteering and life satisfaction, they also found in their analysis of the UK's Community Life and Taking Part surveys that participation in volunteering correlated with higher levels of anxiety.

Other research exploring the negative effects of volunteering examined the impacts of participation in high intensity volunteering and high demand roles/environments such as volunteer emergency volunteers or disaster volunteering (Huynh et al, 2014; McNamee and Peterson, 2015; Wagner and O'Neill, 2012) and inter-personal roles (Cox et al, 2010). These studies highlighted **emotional and psychological exhaustion and stress** (Heldman and Israel-Trummel, 2012; Jones and Williamson, 2014), **anxiety** (Thornton and Novak, 2010) and **burnout** (McNamee and Peterson, 2015) associated with volunteering (see section 4 for further discussion).

### In summary.....

The evidence on the impacts of volunteering on subjective wellbeing presents a mixed picture. Most evidence points to a positive association between the two, including increased life satisfaction, happiness, sense of purpose in life, as well as reduced symptoms of depression. Some of these studies use advanced statistical strategies and control for a number of factors that drive subjective wellbeing, giving us more confidence that it is volunteering that is causing enhanced wellbeing rather than the reverse. However, we cannot categorically conclude that volunteering has a causal effect. A small body of studies suggest that the relationship might be explained by those with higher wellbeing being more likely to volunteer in the first place.

While the evidence points to a strong association between volunteering and subjective wellbeing, volunteering will not *always* result in enhanced subjective wellbeing. Volunteering might lead to positive changes in one measure of volunteering such as life satisfaction but negative effects on another such as anxiety. There is also evidence, albeit limited, that volunteering in high intensity, high demand or high-risk roles may lead to anxiety, stress or burnout, although more research is needed in this area.

## 2.2 Factors that link volunteering to subjective wellbeing

### Summary

- There are a number of factors that link volunteering to the subjective wellbeing of volunteers. These might be thought of as steps or pathways where volunteering leads to changes in wellbeing
- Self-efficacy i.e. a **person's belief in their ability to achieve different outcomes according to their actions**, is identified as a mediator in the relationship between volunteering and subjective wellbeing – volunteering leads to self- efficacy which in turn lead to changes in wellbeing
- Social connectedness and sense of belonging/sense of community are also identified as key factors that help to explain the relationship between volunteering and subjective wellbeing
- Volunteering may also lead to enhanced subjective wellbeing through changes in sense of purpose and meaning in life
- The evidence is mixed on whether changes in self-esteem helps to explains the association between volunteering and subjective wellbeing

This section of the report summarises the evidence on different outcomes that link volunteering to changes in the subjective wellbeing of volunteers. These might be considered intermediate outcomes or 'steps' along the path where volunteering leads to wellbeing. Considering the large body of work exploring the association between volunteering and wellbeing there is a relatively small number of studies that explicitly explore these pathways. Most of these studies are cross-sectional in design which means the effects observed might be explained by other factors and the conclusions about causality are limited.

### 2.2.1 Personal growth and development

The evidence identified presents a complex picture of the factors that link volunteering to the subjective wellbeing of volunteers. A cross-sectional study from Australia (Brown et al, 2015) found that volunteers reported higher levels of **self-esteem, self-efficacy and social connectedness** compared to non-volunteers and that all three were mediating factors. The study suggested that involvement in volunteering led to higher connectedness and self-efficacy i.e. a person's belief in their ability to achieve different outcomes according to their actions, which in turn enhanced wellbeing. However, they also found that self-esteem mediated between self-efficacy/social connectedness and wellbeing suggesting that *'the mediation path between volunteering and wellbeing may therefore contain multiple steps comprising both social and psychological factors'* (p482).

According to Shen et al's (2013) cross-sectional study of African American female care givers, self-esteem plays a more direct role. They found that **self-esteem** mediated the relationship between volunteering and lower levels of depressive symptoms and that *'the direct relationship that volunteering has with depressive symptoms is no longer significant in the presence of self-esteem. That is, volunteering is associated with higher self-esteem, and self-esteem is associated with lower levels of depressive symptoms'* (p447). The authors suggested that the volunteering role is entered by choice, unlike their care giving role, which influenced their self-esteem and how they felt about themselves.

In contrast to these studies, Mellor et al's (2008) cross sectional Australian study of adults aged 18 and over found that other factors but not self-esteem explained the association between volunteering and wellbeing. They reported that **optimism** and **perceived control** mediated the relationship between volunteering and wellbeing, while self-esteem did not. This suggested that people who volunteered had higher levels of optimism and perceived control than people who did not volunteer and these two factors are related to higher levels of wellbeing among volunteers. However, the study's cross-sectional design means that the relationship might also be explained by those with higher perceived control and optimism being more likely to volunteer in the first place.

Other factors have been identified in the literature as 'steps' or 'pathways' from volunteering to subjective wellbeing. Some mixed and qualitative studies point to the importance of **increased confidence** when linking volunteering to the wellbeing benefits for volunteers. Burgess and Durrant (2019) conducted interviews as well as surveys and observations with volunteers in their study of a time credits project in a deprived area of the UK. They found participation had positive effects on those who had little history of volunteering or engagement with community groups with the 'key pathways to health' associated with improved confidence as well as social participation and reduced loneliness.

When examining the effects of these 'psychological resources' such as self-esteem and self-efficacy, studies have highlighted that they may have importance for volunteers in later life due to their experiences with life transitions through changes in family, bereavement and retirement (Muller et al, 2014). Their longitudinal study across three years found that volunteering affected subjective wellbeing directly but also indirectly where **self-efficacy** acted as a mediator. However, this was only the case for the retirement age groups (55 to 64 and 65 to 74 years) with self-efficacy losing its 'predictive power' for those aged over 75 years. The authors suggested that volunteering and associated gains in self-efficacy can help to compensate for the loss of opportunities that those in pre-retirement onwards might experience.

### 2.2.2 Relationships

Social factors, namely increased **social connectedness** and **sense of belonging** have also been identified in the research as factors that help to explain how volunteering leads to changes in subjective wellbeing (Brown et al, 2012; Magnani and Zhu, 2018). Brown et al (2012) found greater social connectedness was the '*strongest first step in the path from volunteering to increased wellbeing*' (p482). In this study, 'social connectedness' was measured in terms of the degree of interpersonal closeness experienced as well as the degree to which individuals have trouble maintaining this.

In their longitudinal panel study of a representative sample of Australian adults aged 21 to 65, Magnani and Zhu (2018) found volunteering had a significantly positive impact on people's subjective wellbeing. They reported that **feeling part of the local community** was a key channel through which volunteering affected both life satisfaction and mental health. The authors noted that '*voluntary activities may bring people in the local community together, create more sense of belonging and generate positive cognition and affect among voluntary workers, which lead to subsequent increase in overall subjective wellbeing*' (p27). Increased social ties and connections through volunteering have also been linked in the literature to reducing feelings of isolation and loneliness amongst volunteers (Greenwood, 2013; Hornung, 2018; Jones and Reynolds, 2019).

This sense of belonging or feeling part of a community has also been identified in qualitative research. Drawing on interviews with helpline Samaritans volunteers in the UK, Smith et al (2018) found that volunteering helped to develop a **sense of belonging** and sense of community membership, underpinned by a **new sense of identity** as a Samaritan. The authors noted that this helped volunteers deal with their own circumstances and feelings of isolation.

### 2.2.3 Purpose, values and identities

The effect of volunteering on participants sense of purpose has also been identified in the literature. Fujiwara et al (2018) in their analysis of UK datasets, reported that the positive association between volunteering and wellbeing is '*being driven to a large extent by the effect on purpose: first and foremost volunteering is important for our wellbeing because it brings a sense of purpose to our lives*' (p25). This is also a theme within the qualitative literature.

Armour and Barton's (2019) study of food bank volunteers based on in-depth interviews with women aged 45 to 55 experiencing unemployment, reported on the '*overwhelmingly positive and sometimes life-changing impacts*' of volunteering (p51). They found that volunteering gave participants '**valued identities**' and **sense of purpose** as well as sense of belonging. This was also reported in Smith's research (2018) on the Samaritans where volunteering was described as somewhere they felt needed by the callers but also the wider organisation and '*this was seen as restoring a sense of meaning and wholeness*' (p6).

Cousineau and Misener's (2019) qualitative Canadian study drew on interviews with adults aged over 60 years who had retired or were in the process of retiring. This research found that volunteering helped to develop feelings of self-worth, providing an experience of being needed in later life. The study reported that volunteering gave meaning to counter the negative associations with ageing; '*older adults discussed volunteering as a means of overcoming and making sense of the changes associated with retirement, particularly in their social connections, as well as the loss of purpose, identity, and meaningful time use associated with the exit from paid career work*' (p69).

Finally, the evidence points to the expression of **altruism** and '**giving back**' through volunteering as factors linking volunteering to wellbeing. Fegan's (2011) qualitative research explored the experiences of service user volunteers with serious mental illnesses. Based on interviews with the volunteers, the study found that they felt that they were able to give back to the service that supported them through volunteering and helping others.

**In summary.....**

Bringing this evidence together, the literature identified a number of factors that link volunteering to changes in the subjective wellbeing of volunteers. These can be thought of as steps that lead from volunteering to enhanced wellbeing. The strongest evidence points to self-efficacy, social connectedness and sense of purpose as steps along the pathway from volunteering to subjective wellbeing. However, these findings are tentative as there is a lack of evidence examining the factors that connect volunteering to subjective wellbeing specifically.

### 3. Impacts of volunteering on the wellbeing of different groups

#### Summary

- There are variations in the wellbeing benefits of formal volunteering across the life course. **Wellbeing gains are higher for older adult** volunteers compared to younger adult volunteers. Volunteering can provide a buffering effect against role loss and diminished social ties associated with life transitions
- Evidence points to stronger subjective wellbeing effects of formal volunteering on those **from lower socio-economic groups, the unemployed, those living with chronic physical health conditions and those with lower levels of wellbeing**
- Individuals in some of these groups are missing out on the benefits from volunteering because of the barriers they face and the **inequalities** in access to volunteering
- There are gaps in the evidence on the effects of volunteering in relation to ethnicity and gender and the impacts of participation on disabled people, young adults and those living with serious mental health issues

Many of the studies identified examined the impacts of volunteering on the wellbeing of specific groups, predominately those in later years of life. While the evidence is discussed below by type of demographic group, these groups intersect and are related to each other. Those in lower socio-economic groups are more likely to have long term health conditions, for example, and those from a BAME background are more likely to be from a lower socio-economic group (Lawton and Watt, 2019b).

#### 3.1 Age

A large body of research examines the effects of volunteering on the wellbeing of individuals in later years of life (Choi et al, 2013; Croezen et al, 2015; Hong et al, 2009; Jiang et al, 2018; Yang, 2020). Fifty-five studies identified specifically focused on those aged 50 and over. Some examined age variations and compared the outcomes for older volunteers, those in middle age and younger adult volunteers (Russell et al, 2019). Overall, the evidence points to the stronger effects of volunteering on the subjective wellbeing of older volunteers compared to younger adult volunteers. However, as highlighted elsewhere in the report, reverse causality – that is, higher wellbeing makes people more likely to volunteer- could play a role in some of these studies too.

Tabassum et al's (2016) analysis of the British Household Panel study found that the positive association between volunteering and mental wellbeing, measured by happiness, mental distress and wellbeing, starts in **early middle age** around 40 and continues into old age. They reported that there is no evidence linking volunteering to positive mental health during early adulthood to mid-adulthood. They suggested that the benefits of volunteering for those from early middle age might be due to their family roles and social connections at this life stage. Russell et al (2019) refer to the '*buffering effect*' of volunteering on similar age groups in their longitudinal panel survey study. However, in their research they did not find

differences between mid-aged and older volunteers wellbeing, suggesting that '*volunteering does act as a safeguard for ageing adult volunteers*' (p125).

Other studies have pointed to the specific effects of volunteering on volunteers in later life, however the research varies considerably in terms of the age ranges they focus on. Based on their analysis of three waves of a longitudinal panel survey in the US, Kim and Pai (2010) found that amongst older adults aged 65 and over, when considering socio-demographic and mental and physical health factors, involvement in volunteering and the amount of time spent volunteering, predicted a faster reduction in levels of **depression**. While the study found a relationship between volunteering and lower levels of depression initially for younger groups, in the long term there was no effect on depression for younger (24 to 44 years) and middle-aged adults (45 to 64 years). In their cross-sectional study in Finland, Tanskanen and Danielsbacka, found that amongst older adults aged 62 to 67, volunteering was associated with higher levels of **happiness** but this was not the case for the younger generation. They speculate that this is due to the life course stage of younger people and how the 'stress' of fitting volunteering into their lives does not help to promote wellbeing.

Several studies have examined the relationship between volunteering and wellbeing in relation to age and employment status (Hansen, 2018; Pavlova and Silbereisen, 2012; Yang 2020). Pavlova and Silbereisen's (2012) cross-sectional study of German volunteers found that amongst volunteers aged 56 to 75 years volunteering was only associated with higher **life satisfaction** amongst those who were not working and with reduced **depressive symptoms** amongst those without a partner. They argued that this shows that volunteering plays a '**compensatory**' role for older volunteers, enabling them to keep productive and provided a sense of purpose and 'mattering'. Amongst the younger volunteers aged 18 to 42 years volunteering was not found to be related to life satisfaction or depressive symptoms.

In contrast, Hao's (2008) study did not find this compensatory or substitution effect of volunteering in their analyses of four waves of the US Health and Retirement Study. They found that full time employment together with volunteering less than 100 hours annually protected against a decline in wellbeing after retirement. This study suggested that '*those with role absence of employment derive no benefits from the substitute of volunteering. Conversely, older adults who are already "advantaged" with formal employment enjoy enhanced mental health from the extra role of volunteering*' (p70). As highlighted by the author this study only examined volunteering amongst adults aged 55 to 66 years and '*substitution effects may be contingent on the period of life course and hence are most important for older individuals*' (p70).

Qualitative research provides further insights into the effects of volunteering on volunteers in later life. Jones and Reynold's (2019) study of charity shop volunteering based on in-depth interviews with volunteers in their 60s explored participation within the context of their experiences of transition, including bereavement and the cessation of paid work. They found that volunteering brought a new sense of purpose, identity and sense of belonging to volunteers, noting that '*volunteering contributes to the coping-resources of volunteers in their 60s experiencing transition, and thus supports a more positive experience of the ageing self*' (p17). This idea that volunteering acts as a **buffer** or coping strategy for those in later years is also supported by other research which highlights the benefits for those experiencing the loss of a family member (Jang et al, 2018), those transitioning from paid employment (Pavlova and Silbereisen, 2012) and those with diminishing social networks (Jiang et al, 2018). In their longitudinal panel study of older adults aged 64 to 70 years in Australia, Jiang et al (2018) found that life satisfaction increased more amongst volunteers who lost more

friends over a four-year period compared to those who lost fewer friends, measured by how many friends they felt close to.

Together this research points to stronger wellbeing effects of volunteering on older adult volunteers compared to younger adult volunteers. Fewer studies specifically explored the impacts of volunteering on the subjective wellbeing outcomes of young adults (Kim and Morgül, 2017; Kirkman et al, 2016). Although, it should be noted that this REA did not explicitly look for evidence on volunteers under the age of 16.

Exploring the long-term effects of youth volunteering amongst 12 to 18-year olds, Kim and Morgül's (2017) study followed individuals over time to examine the impacts of participation on depression and life satisfaction up to thirteen years later. When controlling for demographic and family factors, the study found that youth volunteering had a positive impact on the wellbeing of individuals when they got to their 20s and early 30s. However, this was only the case for those who were involved in youth volunteering voluntarily and not for those '*required by others*' to volunteer, for example, a parent, school or religious group.

A small body of research explored the effects of volunteering on 15 to 17-year olds involved in the UK's National Citizen Service programme (Cameron et al, 2017; Jump 2017; Panayiotou et al 2017). Volunteering, however, is only one element of this development programme meaning it is not possible from the research to identify the specific effects of volunteering. Drawing on data from an evaluation of the programme, Jump (2017) reported that compared to a control group of non-participants those involved in National Citizen Service experienced higher improvements in life satisfaction. The authors connected this change to the development of skills and experiences of the volunteers. However, the study is limited as it did not control for socio-demographic factors that may affect the wellbeing of these young people.

Lawton et al (2020) also reported on the positive effects of volunteering on the wellbeing of young adults. Their UK longitudinal panel study compared different age groups and found that volunteering was associated with significantly higher wellbeing for those aged 16 to 24 and those 55 to 74 compared to other age groups. They suggested that the younger volunteers felt that they were benefiting from perceived improvements in social connections and job prospects through volunteering and that this was reflected in their higher perceptions of subjective wellbeing.

Studies examining the effects of **motivations** on the relationship between volunteering and wellbeing may help to explain some of the differences in wellbeing benefits across age groups (Meier and Stutzer, 2008; Stukas et al, 2016). Stukas et al's (2016) study based on a survey of Australian adult volunteers found that those who were motivated to volunteer for self-oriented protective or reasons linked to helping them in paid employment experienced lower levels of personal wellbeing, measured as self-esteem, self-efficacy, wellbeing, social connectedness, and trust. This compared to those who volunteered for other-oriented reasons such as to express pro-social values or learning more about others/the world. Research suggests that young people tend to express more self-oriented reasons for volunteering (McGarvey et al, 2019) and this could provide one part of the explanation for the variations in the wellbeing benefits of volunteering between different age groups.

### 3.2 Socio-economic and employment status

A small number of studies have explored the effects of volunteering on subjective wellbeing in relation to socio-economic status and income. In their analysis of volunteering in sport, heritage, libraries, archives, arts, museums and galleries, Fujiwara et al (2018) found the effects of volunteering on happiness were stronger for those with low incomes of less than £10,000 per year and for those not in employment. This included those not in full time employment, part time employment or the self-employed.

Building on this work, Lawton and Watt (2019a) analysed data from the UK's Understanding Society study and found that volunteering benefited the wellbeing of both high and low socio-economic groups, however, the gains in life satisfaction were greater for the lower socio-economic groups (those earning less than the median household income). The study also found, however, that individuals from these groups were less likely to get involved in formal volunteering compared to those from higher socio-economic groups, with ill health and disability cited as particular barriers. This suggests that those from lower social economic groups may be missing out on the wellbeing benefits of formal volunteering because they are less likely to get involved.

Other studies have examined the effects of volunteering on subjective wellbeing in relation to employment status. Yang's (2020) high quality longitudinal study, drawing on data from six waves of the US Health and Retirement Study, examined within person change and controlled for factors such as socio-demographics, marital status, household income and health. The study found that unemployed adults aged 50 and over who participated in a moderate level of volunteering, less than 100 hours a year, experienced reduced **depression symptoms**. Amongst volunteers in full-time employment depressive symptoms did not decrease significantly. The author suggests that volunteering acted as a buffer against an increase in depression when adults moved from full-time working to unemployment, *'when unemployed older workers volunteered, their depressive symptoms significantly dropped to a level that is not statistically different from the level when they were working full-time'* (p10). The study found that volunteering had a protective effect when individuals volunteered up to an average of 100 hours over the year which equated to around 2 hours per week, but this benefit disappeared when volunteers committed more time than this. The study suggested that volunteering may help the unemployed to restore latent benefits from productive work including social contact, status and structure.

In similar findings, Hansen et al (2018) in their longitudinal study across 12 European countries (not including the UK), found regular volunteering was associated with increased life satisfaction among those who over the long-term had not been working but not the employed. However, they note in the study that the strength of these moderating effects was small.

Kamerāde and Bennett (2018) in their longitudinal study across 27 European countries, including the UK, found that volunteering had positive effects on the wellbeing and **mental health** of the unemployed but this was influenced by the national context, specifically the level of unemployment benefits within countries. In the UK, where there is a moderate level of unemployment benefits, the authors found that unemployed people who volunteered less than weekly had higher mental health levels than those who did not volunteer at all or those who do it more regularly. However, in countries with lower levels of benefits, volunteering regularly was associated with lower levels of mental health compared to those who did not volunteer at all. The study found that irrespective of country specific benefits unemployed regular volunteers reported that **life is more worthwhile** compared to those who did not volunteer. The study concludes that while participation in volunteering as an alternative to

paid work can boost one dimension of their wellbeing, involvement *'without any financial support can also damage their mental health'* (p51).

In contrast to the above study, however, Griep et al (2015) in their longitudinal study of Swedish adults found no buffering effect of volunteering during unemployment on psychological wellbeing outcomes, such as life satisfaction and depressive symptoms. They found that during periods of unemployment, involvement in more hours of volunteering did not help to counter the negative health and wellbeing impacts of being unemployed. The differences in this study and Kamerāde and Bennett's (2018) research may, in part, be explained by their different measures of wellbeing and that Griep's study measured hours per week rather than frequency (regular or not). Regular volunteering might replicate the regularity of the engagement in paid work and therefore have a positive effect.

Combined, the evidence points to the stronger effects of formal volunteering on the subjective wellbeing of those from lower socio-economic groups and the unemployed. Wider research, however, points to inequalities in access to volunteering for these groups. Unemployed people are less likely to be involved in regular formal volunteering once a month compared to those who are employed and lower socio-economic groups are significantly less likely to volunteer formally than those from higher socio-economic groups (DCMS, 2019). Lower socio-economic groups are also less likely to be frequent volunteers (McGarvey et al 2019) and more frequent volunteering is related to higher levels of wellbeing (see section 4). While the evidence shows that those from lower socio-economic groups and the unemployed gain more from involvement compared to other groups they may be missing out on the benefits because they face barriers to getting involved.

### 3.3 Wellbeing levels

The evidence suggests that the subjective wellbeing benefits from formal volunteering are considerably higher for those with lower wellbeing compared to those with higher levels of wellbeing. Wider research shows that certain personal characteristics and circumstances are associated with lower levels of wellbeing. The strongest factor linked to the poorest subjective wellbeing is self-reported low health. Those who view their health as bad or very bad are significantly more likely to have low subjective wellbeing. Individuals with the lowest wellbeing are also more likely, alongside other factors, to have a long-term illness or disability or have no/lower level education (ONS, 2018).

In their analysis of multiple waves of the British Household Panel Survey, Binder and Fretag (2013) found that when controlling for personality traits, trust and social networks regular volunteering increased **life satisfaction** for those at the lower end of the wellbeing spectrum but not for those at the higher end. The study suggested that volunteering plays a 'defensive role' for the individual *'if one is already happy, frequent volunteering does not add anything, however, if one is unhappy, volunteering has a beneficial effect on one's unhappiness'* (p110).

Following up on this work, Binder's study (2015) further points to the protective role of volunteering for those who face *'unsatisfactory life conditions'* (p884). This study found that involvement in sustained regular volunteering had a positive impact on those who were happier but the effect was larger on the life satisfaction of those with lower levels of wellbeing.

Magnani and Zhu's longitudinal panel study of a representative sample of Australian adults aged 21 to 65 also showed higher subjective wellbeing benefits amongst those with lower levels of subjective wellbeing. They found that volunteering can offset 20% to 53% of the

wellbeing losses from unemployment and 16% to 30% from having a long-term health condition. However, they reported that these benefits can be short lived if volunteers do not continue with their volunteering.

Looking specifically at volunteering within nature conservation, Rogerson et al's (2017) evaluation of a Wildlife Trust's volunteering programme in the UK found that the positive impact on **mental wellbeing** was greater for those with low wellbeing. Based on surveys administered at three different time points, the study reported that 95% of participants with low wellbeing at baseline reported an improvement at 6-weeks, and for the baseline to 12-weeks sample, this was 83%. The evaluation found greater improvements amongst volunteers new to the Wildlife Trusts programme compared to those who were already engaged.

Together, these studies suggest that formal volunteering has a stronger effect on those with lower wellbeing compared to those with higher levels of wellbeing. The positive wellbeing impacts of volunteering can – to an extent – counter the negative effects of other life circumstances. However, wider research suggests that some of the personal characteristics and life circumstances discussed above which relate to lower levels of wellbeing may also act as barriers to participation in volunteering. Those with lower levels of education, for example, are significantly less likely to get involved in formal volunteering (McGarvey, 2019) and they are therefore more likely to miss out on the benefits of participation.

### 3.4 Disability and health issues

Twelve studies identified through the REA examined the effects of volunteering on the wellbeing of disabled people, those with chronic physical health conditions or those living with serious mental health issues.

Okun et al (2011) examined the relationship between volunteering and wellbeing amongst those with **chronic illnesses** in their cross-sectional study of a representative sample of adults aged 18 and over living in Arizona, US. The study measured wellbeing by changes in positive and negative affect. Positive affect was measured by how often individuals felt, for example, 'cheerful and in good spirits' and 'calm and relaxed' and negative affect was measured by a number of factors including how often respondents felt 'hopeless' and 'worthless'. After controlling for socio- demographic, lifestyle and social capital factors such as neighbourhood social cohesion, they found that the relationship between volunteering and positive affect increased when the number of chronic health conditions increased. Volunteering was therefore found to be more beneficial for those who had chronic health conditions compared to those who did not have a condition or who had fewer conditions. The study did not find a relationship between volunteering, health conditions and negative affect, nor any evidence that the association between volunteering and wellbeing varied with age.

Foubert et al's (2017) analysis of the European Quality of Life Survey, which included data for the UK, compared those aged 25 to 65 with and without a **chronic condition** which they defined as illnesses or health problems that have lasted, or are expected to last, for six months or more. They found a stronger negative effect on subjective wellbeing amongst those who never participated in volunteering than for those who volunteered at least once a month or less frequently. However, the study also found that the employment status of individuals made a difference *'having a chronic condition remains strongly associated with a lower subjective wellbeing when economically inactive or unemployed, even after volunteering is considered'* (p28). Volunteering was therefore not a substitute for paid employment. The authors suggested that for those who are economically inactive or

unemployed the difficulties of dealing with chronic health conditions and the added frustration and stress of not being able to find work, alongside the financial strain and loss of social support was important.

The REA identified two studies that examined the effects of volunteering on those with experience of a **traumatic brain injury**. Payne et al's (2020) RCT found that a volunteering intervention group gained greater improvements in life satisfaction compared to the non-volunteering control group. Similar findings were reported by Philippus et al (2020). Drawing on a survey of individuals with a traumatic brain injury the study reported that after controlling for socio-demographic, education and employment factors, volunteers with a traumatic brain injury had significantly higher life satisfaction than those who did not volunteer. The study hypothesises that like employment, volunteering might provide those with brain injuries opportunities to engage socially with others and to feel productive, therefore boosting life satisfaction. However, the authors also acknowledged that these relationships may reflect those with higher life satisfaction being more likely to get involved in volunteering in the first place.

Linking closely to the earlier discussion on volunteering in later life, McDonnall's (2011) longitudinal panel study compared the effects of volunteering on those aged 75 and over who developed **dual sensory loss (DSL)**. They found that those with sensory loss who volunteered for 100 hours or more over 12 months experienced a larger decrease in depressive symptoms compared to those without sensory loss. The authors suggested that these benefits might be due to those with sensory loss gaining a sense of control and increased social integration through volunteering.

In one of few studies examining volunteering and wellbeing amongst **disabled people**, Marchesano and Musella (2020), in their cross sectional study of Italian adults, found that after controlling for factors including individual personality traits, those with a long-term disability who volunteered had higher levels of life satisfaction compared to those with a disability who did not volunteer. This study looked at volunteering generally, not just formal volunteering and did not examine frequency of volunteering. The authors speculate this change could, in part, be due to the sense of agency, self-sufficiency and empowerment volunteering can bring to an individual.

The review found a limited number of studies that examined the effects of volunteering on subjective wellbeing amongst those living with serious mental health issues. This may, in part reflect the approach we took when searching for evidence. The most useful insights were from qualitative studies, however some of these were based on relatively small sample sizes. It is notable that there is also overlap with the findings from the REA for different groups discussed above, including those with low levels of wellbeing and findings on the effects of volunteering on depression.

O'Brien et al's (2011) study reported on findings from an 'ecotherapy' programme that involved participants in a wildlife garden volunteering programme. Volunteers were identified as having often long-term mental health problems and were referred to the programme by their health or social care practitioner or GP. Based on interviews with the volunteers, the study found that involvement in volunteering helped participants to develop social capital and a sense of inclusion within the group and the community. Contact with nature was seen as therapeutic and rewarding, helping them to *'accept and better cope with their illnesses/difficulties and develop some resilience'* (p77).

Sense of community and social aspects of participation were also identified as important in Morris and Scott's (2019) study of parkrun. Parkruns are free community running events

which take place around the world. Morris and Scott's research explored the experiences of involvement in parkrun amongst those who identified themselves as having past or current mental health difficulties. In this study the effects on wellbeing of being a 'volunteer' and 'participant' were blurred, however the research found that parkrun universally benefited participants mental health. In relation to volunteering specifically, the reciprocal nature of parkrun was highlighted in the research, *'it was not simply giving that participants considered beneficial, but giving and receiving, and volunteering played an important role in this'* (p120).

Fegan and Cook's (2012) study of service user volunteers draws on in-depth interviews with volunteers with serious mental health illnesses who received a service from a mental health service. The study found that through volunteering participants developed their sense of self-worth and value and gave them opportunities to use their experiences of volunteering to give back. The authors described volunteering as a 'transition point' on the way to recovery and highlighted the role that mental health services could play in supporting the recovery of service users through volunteering.

Taken together, these studies point to the wellbeing gains of formal volunteering for those with physical chronic health conditions, however other factors such as employment status may affect the difference that volunteering makes. There are gaps in the evidence base on the impacts of formal volunteering on those living with serious mental health issues and disabled people.

### 3.5 Ethnicity

Few studies were identified that explicitly explored volunteering and subjective wellbeing in relation to ethnicity. The findings on ethnicity are inconclusive and further research is needed to better understand the role that ethnicity plays in the relationship between formal volunteering and subjective wellbeing and how this intersects with other factors such as gender, socio-economic status and religion.

Lawton and Watt (2019b) used mixed methods to examine volunteering amongst Black and Asian minority ethnic groups in the UK. Their analysis of UK datasets showed that the relationship between volunteering and both life satisfaction and mental health problems was insignificant and they tentatively suggest that the wellbeing and health benefits of volunteering for BAME individuals *'do not look as positive as for other groups in society'* (p31). However, they noted that the sampling size was limiting the study and that wider issues relating to the context and experience of BAME volunteering needed to be considered.

Wider research, not included in the REA, provides some insights into how the particular experiences of volunteering amongst BAME volunteers may shape the outcomes of participation for an individual. Timbrell (2020) compared the experiences of BAME and White volunteers in four organisations in the UK. She found that while both White and BAME volunteers were positive overall about volunteering, there were a number of ways their experience differed. Contrary to White volunteers, for many BAME volunteers the awareness of their ethnicity and responses to their ethnicity from others were part of their everyday experiences of volunteering. The research identified that BAME volunteers experienced a range of microaggressions and racism when volunteering from other volunteers, staff and the wider public.

More broadly, exploring the links between formal volunteering and wellbeing in relation to ethnicity raises questions about the levels of engagement in volunteering and whether some ethnic groups are less likely to gain the benefits because of the barriers they face to getting

involved. Rates of formal volunteering are similar when comparing White and Black groups, however amongst British Asians participation is lower (DCMS, 2020). This suggests that those from British Asian backgrounds are more likely to be missing out on the potential wellbeing benefits of formal volunteering (see Lawton and Watt, 2019b for further discussion).

### 3.6 Gender

There is mixed and limited evidence on whether there are differences in the effects of volunteering on subjective wellbeing in relation to gender. Windsor et al (2008) in their longitudinal study found no notable differences in the association, while Lawton et al (2020) in their longitudinal research found that volunteering was associated with significantly higher wellbeing for females compared to males, however the study did not suggest reasons for this.

Based on their cross-sectional study comparing volunteering in church and volunteering in secular settings, Krause and Rainville (2017) found gender differences in only church settings, with volunteering in the church associated with a greater sense of wellbeing among women but not among men. They suggested that this might be explained by the values for altruism and compassion held by women and tighter social networks within church settings which can help to facilitate feelings of belonging and wellbeing. The authors noted that the nature of volunteering activities taken up by men and women might also make a difference to wellbeing outcomes.

Data from the UK suggests that there are gender imbalances in the number of hours spent volunteering, fields of volunteering and the activities men and women are involved in. Men are more likely to be involved in giving advice, information or counselling people (25% vs 19%) and to lead organisations/be a trustee (22% vs 19%), while women are more likely to take on organising or helping to run activities and events (42% vs 35%) (McGarvey et al, 2019).

The wider literature on how and why volunteering differs by gender is limited and mixed (Einolf, 2011). The research suggests that men and women differ in their pro-social traits and motivations to volunteer and that women are more motivated to help others (Einolf, 2011). According to Stukas et al (2016) motivations are important in the volunteering-wellbeing relationship. Analysis of gender differences also needs to consider the effects of family, employment, social networks and identity on the wellbeing outcomes of volunteering, however, the REA found a lack of research in this area.

### 3.7 Caring responsibilities

Few studies were identified that examined the combined effects of multiple activities and roles, other than paid work on the wellbeing impacts of volunteers. However, two studies were identified that examined the relationship between volunteering and wellbeing for volunteers who were also carers (Jang and Tang, 2016; Shen et al, 2013). Jang and Tang (2016) drew on a cross-sectional study based on a nationally representative sample of grandparents from the US aged 50 and over who had undertaken at least 100 hours of childcare over the previous two years. They found that after controlling for employment status, volunteers were more likely than non-volunteers to report a decrease in caregivers' stress as a buffer of depressive symptoms. However, in this study reverse causality is very plausible as less depressed grandparents who feel less stress might be more likely to volunteer in the first place. The authors suggested that volunteering gave care givers opportunities to get involved in social activities and interactions which could play a role in reducing the stress associated with care giving.

**In summary.....**

The evidence on the distribution of effects of volunteering on different groups points to the positive effects of volunteering on people in later years of life. Studies that compared age groups reported higher gains for older adults compared to younger adults.

The research points to higher wellbeing benefits for those in lower socio-economic groups, the unemployed, those with physical chronic health illnesses and those with lower levels of wellbeing. Context however matters including how much time volunteers commit and the wider socio-economic context.

There are gaps in the evidence on the impacts of volunteering on the wellbeing of disabled people, young adults and those living with serious mental health issues. There is also a lack of research which examines volunteering and wellbeing in relation to ethnicity and gender.

## 4. Types of volunteering and their association with wellbeing

### Summary

- More frequent volunteering is associated with higher subjective wellbeing, however there is a limit to this and too much volunteering can reverse the wellbeing benefits for volunteers
- There is no consensus on the 'optimal' frequency or number of hours for wellbeing gains
- It is not possible from the evidence to conclude that volunteering with certain types of organisations or in certain fields will have stronger wellbeing impacts
- The evidence tentatively points to how involvement in high intensity, high demand or high-risk roles and activities may negatively affect volunteers' in terms of anxiety, distress and burnout, however more research is needed in this area

This section of the report summarises the evidence on the association between volunteering and subjective wellbeing in relation to different characteristics of volunteering. The effects of different frequencies and intensities of volunteering, different /sector fields of volunteering and different volunteering roles/activities are examined. Overall, there was a lack of evidence to enable the review to compare volunteering in the public sector and voluntary/community sector and insufficient evidence to examine the wellbeing outcomes of unstructured compared to structured roles.

### 4.1 Frequency and time spent volunteering

There was considerable variability in how studies examined how much and how often volunteers engaged in volunteering. In some cases it was not possible to examine the differential effects of high intensity volunteering because of the way frequency of volunteering had been measured.

Overall, the evidence points to an association between **higher frequencies of volunteering** and higher levels of subjective wellbeing for volunteers. Studies found this relationship for reduced depression symptoms (Kim and Pai, 2010; Yang 2020), improved life satisfaction (Appau and Churchill, 2019; Binder, 2015); increased happiness (Santini, 2019) and reduced anxiety (Leonardi, 2020). However, the research also suggested that there is an upper threshold at which point the positive effects on wellbeing plateau or diminish (Yang et al 2020).

Binder's (2015) analysis of multiple waves of the British Household Panel Survey tracked adults aged 16 plus over time and found that volunteering **at least several times a year** was positively associated with life satisfaction. They reported that more frequent volunteering on a weekly basis significantly increased the positive effect while volunteering less than several times a year was not significantly related to life satisfaction. Similar findings were reported by Lawton et al (2020) who added to Binder's work, in their analysis of three further waves of Understanding Society. They found more frequent volunteering to be associated with higher levels of life satisfaction, general self-rated health and mental health. They reported that participation in volunteering **at least once a week** 'is

*approximately twice as beneficial as volunteering several times a year, whereas volunteering once a year or less does not correlate with a significant change in life satisfaction (but it still correlates with better self-rated health)’ (p17).* The study found volunteering several times a year was the minimum frequency for gains in life satisfaction. Nazroo and Matthews’s (2012) study of adults of state pension age analysed data from the English Longitudinal Study of Ageing and found that volunteering more than once a month was associated with less depression, higher quality of life and life satisfaction when compared to volunteering once a month or less, although the effect was stronger for depression.

Outside the UK, the relationship between frequency of volunteering and wellbeing has also been observed. In their large cross-sectional study in the US, Borgonovi et al (2008) found that the strength of the relationship between volunteering and wellbeing increased with the frequency of volunteering, *‘people who volunteer more than monthly but less than weekly are 12% more likely to be very happy and people who volunteer weekly are 16% more likely to be very happy’ (p2325).*

While overall, the evidence above points to an association between wellbeing and higher frequencies of volunteering, research also suggests that there is an **optimal level of volunteering**, beyond which the association between volunteering and wellbeing diminishes or has a detrimental impact for the volunteer (Choi and Kim, 2011; Yang et al 2020). However, the evidence is mixed on the number of hours or level of intensity for this upper threshold.

Yang et al’s (2020) analysis of six waves of longitudinal data from the US found that volunteering **less than 100 hours per year**, equivalent to two hours a week, was associated with a decrease in depressive symptoms amongst unemployed adults aged 50 and over, but these benefits plateaued when volunteers participated more than this. The protective effect of volunteering for unemployed older adults *‘disappeared when over-doing it’ (p14).* The authors highlighted that *‘this may be because unemployed older workers risked over-commitment by volunteering intensely, which can be detrimental to their wellbeing’ (p14).*

A similar upper threshold has been identified by Choi and Kim’s (2011) US study of 55 to 84-year olds. Their analysis of two waves of a longitudinal panel survey examined the long-term effects of different intensities of volunteering on psychological wellbeing, measured by a series of factors including purpose in life and autonomy. They found that when controlling for variables such as education, income, self-rated health and quality of relationships with others, volunteering up to ten hours monthly, up to **120 hours annually**, had a direct positive effect on psychological wellbeing nine years later. Volunteering for more than this, however, did not have a long-term positive effect on wellbeing. They suggest that *‘heavy-duty volunteering may have created stress to the volunteers because of the significant time commitment and accompanying responsibilities’ (p604).* However, the study acknowledged that over the nine-year period other factors such as changes in health might also have played a role in an individuals’ wellbeing.

Other studies suggested that the threshold level is higher. Pilkington et al’s (2012) cross sectional study found that **seven hours a week or less** of volunteering was associated with higher life satisfaction. However, amongst those who volunteered more than this, levels of life satisfaction did not differ between volunteers and those who did not volunteer at all. Windsor et al (2008), in their study of Australian adults aged 64 to 68 found that the upper level was even higher. Controlling for physical health, education, employment and partner status and comparing volunteers with non-volunteers, the study found that those involved in moderate levels of volunteering at least **100 hours but less than 800 hours** a year reported

the highest levels of life satisfaction but volunteering more than 800 hours was associated with lower levels of wellbeing and increased negative affect. The study suggested that '*more than just occasional or nominal involvement may be required to accrue any such benefits*' (p67). The authors also reported that an individual's partner status moderated the relationship and those volunteering over 800 hours without a partner experienced increased negative effect compared to those with a partner. However, the study included only a small sample of adults engaging in high level volunteering and its cross-sectional nature means that the relationship might be explained by those with lower levels of wellbeing choosing to volunteer for more hours.

A smaller number of studies have found that the time spent volunteering does not make a difference to the wellbeing outcomes for volunteers (Hansen et al, 2018; Son and Wilson, 2012). Son and Wilson's (2012) research found that the number of hours spent volunteering was not related to wellbeing outcomes. Just being a volunteer was enough to provide wellbeing benefits, and the amount of time spent was inconsequential. Instead they argued that '*the important issue is the variety or heterogeneity of the different volunteer contacts and relationships and not the intensity or the number of hours worked*' (p673). Similarly, Hansen et al's (2018) research across 12 European countries using two waves of data reported that it is the experience of volunteering and not the dynamics of frequency and persistence that is associated with changes in wellbeing. The study found similar levels of life satisfaction amongst volunteers who increased or decreased their frequency of volunteering. Similarly, there were no differences in life satisfaction between long term, recent and former volunteers.

In contrast to this, Binder and Freytag (2013) in their analysis of multiple waves of the British Household Panel Survey found that the positive effects of regular volunteering on subjective wellbeing increased over time for those who continue, suggesting that sustained volunteering brings more benefits to the volunteer. However, this only applied to those with lower levels of subjective wellbeing.

Together, the studies above provide evidence that sustained, moderate levels of frequent volunteering lead to higher levels of subjective wellbeing but that there is a point at which it becomes too much for the volunteer. How much is too much is likely to depend on the person, their personal circumstances, their experiences of volunteering as well as the management and support they receive (see section 5).

## 4.2 Field and type of organisation

A small body of research examined the association between volunteering and wellbeing in relation to different types of organisation or fields of volunteering.

Drawing on a cross-sectional study of adults living in Texas, USA, Yeung et al (2018) distinguished between 'self-oriented volunteering' that '*emphasize reciprocation of volunteering to benefit and enhance themselves*' (p3) (this includes recreation, arts/culture, environment/animal welfare, work-related service, political campaign or movement) and 'other-oriented' volunteering which '*by their nature, show concern and care for the needs of others*' (p3) (health, education, religious groups, human services, public/social benefits, and youth development). The study found that **other-orientated volunteering** had significantly stronger effects on mental health and life satisfaction but not depression compared to self-oriented volunteering. Self-oriented volunteering had a stronger impact on social wellbeing such as connections with others and reduced feelings of isolation. The research suggested that there are differences in the wellbeing effects of volunteering according to the

organisation's purpose, however there are limitations to this study in the cross-sectional design and the way that volunteering fields have been classified.

Exploring the wellbeing impacts of **sports volunteering**, Fujiwara et al (2018) drew on analysis of the UK's Taking Part dataset. They found that sport volunteers had higher levels of happiness and sense of worthwhileness compared to 'general volunteers', which for this dataset included those volunteering in galleries, arts, heritage, libraries, and archives and sport. However, the research also found that sport volunteers had higher levels of anxiety. With a cautionary note the authors explained that *'we cannot attribute causality to say that sport volunteers have higher wellbeing because they are sport volunteers. It may be the case, for instance, that happier people are more likely to do sport volunteering'* (p26).

Rosemberg et al (2011) explored the effects of volunteering on wellbeing including measures of happiness within the **heritage** field by comparing participation to the general UK population and a control group of Oxfam volunteers. Drawing on the findings from surveys, they found that both heritage volunteers and Oxfam volunteers reported higher wellbeing compared to the general population but there was *'no evidence to suggest that the positive impacts identified for HLF [Heritage Lottery Fund] volunteers are distinctive to volunteering specifically in heritage activities'* (p61). Instead, they found that the intensity of time spent volunteering was a *'powerful predictor of high levels of wellbeing'*.

Within the field of **environmental volunteering**, Pillemer et al's (2010) longitudinal study based on a representative sample of adults living in one USA county, examined the impacts of volunteering in midlife on various dimensions including depression over a twenty year period. Controlling for a number of factors including socio-demographics, social isolation and chronic conditions, the study compared environmental volunteers with non-volunteers and those volunteering in other fields. The research identified specific benefits of environmental volunteering in reducing the likelihood of being depressed and reported general health and physical activity compared to other fields of volunteering. However, this longitudinal study used cross-sectional data comparing two groups instead of looking at within person change. This means there was no control for unmeasured differences between volunteers and non-volunteers over the twenty-year period.

Finally, a small number of studies examined the effects of **religious-based volunteering** compared to secular volunteering (Krause et al, 2018; Borgonovi, 2008). Krause's US study (2018) based on a nationally representative survey, found no significant difference in wellbeing outcomes between volunteering in church and volunteering in secular settings. In contrast, Borgonovi's (2008) large-scale cross-sectional study in the US found a stronger link between **religious volunteering** and subjective wellbeing. The study reported that in general the relationship between volunteering and wellbeing could be explained by happier people selecting into volunteering and other unobserved factors, however that was not the case for religious volunteering. The research found that this type of volunteering had a causal effect on happiness. Klein's (2017) analysis of a nationally representative sample in the US found that when controlling for demographic factors volunteering for a place of worship and for the community through a place of worship had stronger effect sizes on sense of purpose in life, compared to those who were volunteering not through a place of worship.

Together, the evidence base explored above appears not strong enough to be able to state that some types of volunteering bring more wellbeing benefits compared to others. It is perhaps more useful to examine the nature of their volunteering experience rather than the general field of volunteering itself (see section 5).

### 4.3 Type of volunteer role/activity

Overall, the review found a gap in the evidence that compared the effects of different types of volunteering roles on the subjective wellbeing of volunteers. Some studies found no association between different types of roles and levels of wellbeing (Nazroo and Matthews, 2012; Windsor et al, 2008). In their UK study, Nazroo and Matthews (2012) compared 'organisation-related activities' such as raising money, campaigning, committee membership and 'person-based' volunteering such as visiting/befriending, education/counselling, providing personal care, and found that they brought similar wellbeing benefits for volunteers. However, they did find differences in wellbeing across both types of volunteering when looking at the **number of activities** volunteers participated in, '*those involved in more activities have a larger difference compared with non-volunteers than those involved in fewer activities*' (p23). Similarly, Windsor et al's (2008) analysis of different volunteer activities did not identify there were any specific activity types associated with wellbeing.

In contrast, other studies have found that some volunteer roles and activities are associated with more positive wellbeing outcomes. Within the field of sport, Wicker and Downward's (2019) large cross-sectional study using data from 28 European countries, including the UK, found that **different volunteering roles** had varying wellbeing outcomes for volunteers. They reported that only operational roles, for example, organising a sport event, providing transport and supporting day to day club activities had a significant positive effect on the life-satisfaction of volunteers. This compared to sport-related roles (such as coach, instructor, referee) and administrative roles (such as high-level leadership and management positions or administrative assistants or secretaries). Jointly, participation in these roles were significantly related to negative effects on life satisfaction. The authors suggested that the operational roles gave volunteers more visible outcomes which promoted subjective wellbeing compared to administrative roles that were more strategic and the outcomes of volunteers efforts less visible.

Drawing on their analysis of the UK's Community Life Survey, Fujiawara et al (2018) examined the relationship between different volunteering activities and life satisfaction. While controlling for a wide range of factors, they found that some activities such as 'transporting or escorting someone', for example, to a hospital or on an outing or 'representing someone' were positively related to life satisfaction whereas 'giving advice' and 'sitting with or providing personal care for someone who is sick or frail' were negatively associated with wellbeing.

These findings are supported by other research which point to particular effects and emotional costs of inter personal and care roles (Cox et al, 2010; Ripamonti, 2017), advice and support roles for vulnerable groups such as victims of violence (Thornton and Novak, 2010) and high risk roles such as emergency services (Wagner and O'Neill, 2012). These studies do not compare these roles to other types of activities, however, they tentatively point to the effects of high 'demand' roles and activities on emotional stress, anxiety, and burnout for volunteers.

In their qualitative research, McNamee and Peterson (2015) examined the experiences of 'high stakes' volunteers, individuals who provide long term, intense time commitments providing social, medical or psychological support. Their study based on interviews and focus groups with volunteers, focused on three settings in the US: volunteer firefighting; victims' services/advocacy; and outreach for at-risk youth and found that high risk volunteers' roles were prone to stress, trauma and burnout. They highlighted that volunteers '*often underestimated the intensity of their responsibilities, the associated life strain, and/or the social expectations of their roles*' (p288). This study suggested that the intense time

commitments and responsibilities of these roles had implications on the wellbeing of volunteers.

Smith et al's (2018) qualitative research explored the experiences of UK Samaritan volunteers and identified the '*emotionally burdensome*' effect of the listening role on volunteers' wellbeing. The stress of the role, over-commitment and burnout, which in part was attributed to the cultural environment and identity of being a 'Good Samaritan' was highlighted in this study.

Other research (not included in the REA) highlights the need to also consider the wider personal circumstances of individuals including their other roles and responsibilities. Ellis Paine et al's (2020) research examining family and volunteering, for example, highlighted that juggling volunteering commitments alongside family roles can cause tensions and stress for individuals and families.

**In summary.....**

Combined, the research evidence presents a mixed picture of which volunteering roles are more strongly associated with subjective wellbeing. The findings tentatively suggest that some roles may have a stronger association with negative impacts on wellbeing, including those that are more demanding and high-risk, however further research is needed in this area. Similarly, the evidence comparing volunteering in different types of fields is limited and the research is inconclusive about which types of volunteering may lead to stronger wellbeing outcomes.

The evidence on the effects of frequencies and time spent volunteering on wellbeing is more compelling. This suggests that frequent volunteering is more beneficial than volunteering a few times a year. However, there is a limit and the positive effects of volunteering plateau once volunteers do too much.

## 5. Mechanisms, enablers and barriers

### Summary

- The evidence points to **connections with others** and **feeling appreciated** as key ingredients linking the volunteering experience to subjective wellbeing
- Feeling you are **doing something purposeful and meaningful** through volunteering is also identified as an important mechanism
- **Volunteer management and support** as well as **peer support** are identified as key factors that influence these mechanisms
- Further research is needed to strengthen the evidence base on how organisations can best develop their practices to promote the subjective wellbeing of volunteers whilst also meeting the needs of their service users and beneficiaries

This section of the report examines the evidence on different elements of the volunteering experience and how these affect the wellbeing outcomes for volunteers. Identifying these different mechanisms is important to help understanding of *how* the experience of volunteering makes a difference to subjective wellbeing. Key enablers and barriers to enhancing wellbeing through volunteering are also identified and inform the messages for practice in the concluding section (section 6).

Overall, the evidence base on mechanisms is limited. Further research is needed to help identify the approaches organisations can take and the practices they can adopt to enhance the subjective wellbeing of their volunteers.

### 5.1 Mechanisms

#### 5.1.1 Connecting with others

The evidence points to connections with others as a key mechanism in the volunteering-wellbeing relationship (Hong and Morrow Howell, 2010; Jang et al 2018; Pilkington et al, 2012). The most insightful evidence draws on research with volunteers in later life which suggests new social relationships and sense of connection with others, developed through volunteering, helps drive positive change in feelings of belonging, reduced feelings of isolation and enhanced wellbeing (Brooks et al, 2014; Colibaba and Skinner, 2019). The research suggests that connecting with others is an important mechanism for volunteers in later life due to their potential loss of social networks through life transitions such as retirement and family changes (Jang et al, 2018).

In their quasi-experimental study of US Experience Corps volunteers, Hong and Morrow-Howell (2010) found that the positive outcomes for volunteers were produced through the activities connected to their role, including social pathways. The authors highlighted the social nature of the role in connecting with teachers and children and the friendships made through volunteering. One in three Experience Corps volunteers reported that their involvement increased their circle of friends. A separate study of Experience Corps based on pre and post surveys with volunteers (Jang et al, 2018) found that volunteering and the associated changes in **social networks** played a protective function for older volunteers

who had lost a family member. This was found to be particularly the case for new volunteers compared to experienced volunteers and suggested that *'changes in social contact may buffer the increase of negative affect'* (p845).

In their study, Pilkington et al's (2012) cross-sectional research with a representative sample of Australian adults aged 55 to 94, found that positive subjective wellbeing associated with volunteering was related to the characteristics of volunteers' social networks. Compared to non-volunteers, higher life satisfaction and positive affect amongst volunteers participating up to 7 hours per week were associated with higher levels of **positive social exchanges** and availability of social support from friends and family. The latter accounted for the greatest proportion of the volunteering-wellbeing associations. They highlighted that volunteering promoted **new friendship networks** but that **pre-existing social networks** were also important to wellbeing, *'it is possible that relatives not only link individuals into volunteering opportunities but also promote sustained engagement in voluntary work through the provision of emotional and instrumental support'* (p257).

Together, this research suggests that organisational practices and volunteering opportunities that promote social connectedness can act as enablers to enhancing wellbeing through volunteering. The evidence points to the role of positive social exchanges and relations between volunteers but also with others through volunteer roles and activities.

### 5.1.2 Appreciation

The evidence points to volunteers feeling appreciated as a key mechanism. This has also been identified as one of the key factors associated with the overall satisfaction of volunteers (McGarvey et al, 2019).

A small body of studies suggest that **feeling appreciated** is linked to the subjective wellbeing of volunteers (McMunn et al, 2009; Nazroo and Matthews, 2012; Zaninotto, 2013). McMunn et al's (2009) cross sectional study based on analysis of the English Longitudinal Study of Ageing found that volunteers who felt appreciated for their volunteering reported significantly better quality of life and life satisfaction compared to those who did not feel appreciated. In this study feeling appreciated was measured by the question: *'considering all the efforts that I have put into my [activity], I have always received adequate appreciation from others'*. Once wealth factors were taken into account, wellbeing levels between non-volunteers and volunteers who do not feel appreciated did not differ.

In follow-up studies analysing multiple waves of the English Longitudinal Survey of Ageing, both Nazroo and Matthews (2012) and Zaninotto's (2013) studies found that over time, unappreciated volunteers did not gain the wellbeing benefits experienced by appreciated volunteers. Zaninotto et al (2013), when controlling for socio-demographic factors, wealth and employment, confirmed that amongst 52 to 64-year olds appreciation from others was associated with higher quality of life and lower likelihood of depression. However, they also found some gender differences in this relationship. Amongst men, appreciation from others in volunteering was associated with decreased quality of life two years later whereas among women this was not the case. The authors tentatively reflected this could be explained by men but not women feeling that volunteering *'represents a burden especially if carried out without reciprocity and at the same time with other activities, such as paid employment and domestic labour meaning also that the beneficial effects of reciprocity might no longer be perceived'* (p9).

### 5.1.3 Doing something purposeful and meaningful

The evidence suggests that volunteers feeling they are doing something purposeful and making a meaningful contribution is a further ingredient in the volunteer experience that promotes subjective wellbeing (Tang et al, 2010; Volunteer Ireland, 2017).

Several studies identified how volunteering can bring volunteers a **sense of ‘mattering’** (Armour and Barton, 2019) and a feeling they are **giving something useful back** (Nichols and Ralston, 2011). Tang et al’s (2010) research across ten volunteer programmes in the US found that the contribution volunteers perceived they had on others and the community had a *‘direct effect on mental health’*. The study reported that *‘those perceiving more contribution reported better mental health than those perceiving less contribution’* (p610).

Volunteer Ireland’s qualitative study (2017) drawing on findings from focus groups with volunteers, also highlighted that *‘knowledge that volunteers were giving back and contributing to their community’* was a key element for volunteers in their increased sense of wellbeing through volunteering.

Coventry et al’s (2019) research explored the mental health benefits of volunteering in public green spaces. Contrasting walking activities with conservation volunteering and citizen science (in this study doing environmental air surveys), the study found that *‘those activities that were characterised as purposeful and meaningful were associated with the most perceived physical and mental health benefits’* (p13). Volunteers spoke of carrying out activities which were **worthwhile** in a place they perceived as important.

The importance of **purposeful activity** has also been highlighted in Armour and Barton’s study (2019) involving in-depth interviews with food bank volunteers aged 44 to 55 living in a deprived area of England. They reported that volunteers’ involvement in shared and purposeful activity helped them to develop a sense of connection and belonging and improved and affirmed their perceptions of self.

### 5.1.4 Developing and using skills, knowledge and experiences

This mechanism links closely to the discussion above on meaningful and purposeful activity. The research suggests that volunteering can enable volunteers to feel they are using their skills, knowledge and experiences in a meaningful way. This can enable volunteers to feel they can make a valuable contribution through their volunteering roles (Armour and Barton, 2019).

Greenwood et al (2013), in their qualitative study of a peer support programme for carers of people with dementia, reported that volunteers felt that volunteering enabled them to put their own experiences of caring to ‘good use’ whilst also enabling them to come to terms with what they themselves have experienced as carers.

Similarly, in their study of service user volunteers, Fegan and Cook (2012) reported on how volunteers valued using their experiences in a positive way to give back and help others. Their experiences as service users were seen as relevant and important in the support of other service users; *‘Volunteers were able to use their experience as service users to ‘give something back’; a reciprocal arrangement to a service that they felt had helped them.....Finding that you have ‘something to give’ as well as needing help is a powerful feeling that impacts on recovery’* (p19).

Other research points to the development of new skills and experiences as mechanisms in

the volunteering-wellbeing relationship. Cousineau and Misener (2019) in their study of volunteers in later life highlighted how engagement in new activities brought personal and intellectual challenges which helped to bring meaning to the lives of volunteers *'for these participants, the idea of personal challenge was essential to maintaining their cognitive capabilities, as well as a productive place in society: elements that are essential to their self-concept and worldview'* (p70). The development of skills has also been highlighted in studies exploring volunteering amongst young adults. Jump's (2017) evaluation of the National Citizen Service found the programme had positive effects on the life satisfaction of participants. The authors noted that this change was experienced through *'more young people feeling they have the skills and experience to get a job in the future and the ability to handle problems'* (p5).

### 5.1.5 Role and group identity

The literature points to the formation of role and group identities through volunteering as a potential mechanism in the volunteering-wellbeing relationship, although the evidence base is limited and the findings therefore tentative.

Thoits (2012) examined the effectiveness of volunteers' role identity on subjective wellbeing for volunteers visiting patients and families in hospital. Based on a survey with volunteers, the study found that role identity and the identity salience provided a sense of meaning and purpose and this functioned as a key mechanism that linked identity to wellbeing. The author noted that *'the greater the identity importance, the more one perceives one matters to other people, which in turn enhances purpose and meaning. The more life seems purposeful and meaningful, the better one's wellbeing'*. The study highlighted the multi-directionality of this relationship, working in both directions with identity salience, sense of purpose and wellbeing influencing *'one another dynamically over time'* (p380).

Gray and Stevenson's (2019) UK qualitative research found that group identities were an important part of volunteers' motivations and experiences of volunteering. They reported that *'sharing an identity with other volunteers promoted feelings of belonging, which in turn impacted upon the participants wellbeing'* (p1). Smith et al (2018) in their study with Samaritans volunteers similarly highlighted the formation of new identities and communal values which underpin volunteers' sense of belonging. Their study noted how volunteering helped Samaritans to develop a new positive identity, enabling them to cope with the circumstances in their own lives. The authors noted that *'their involvement with the Samaritans was experienced as strengthening their capacity for insight, enhancing their self-esteem, wellbeing, and life satisfaction, and contributing to self-healing, as they built a positive identity for themselves as a Samaritan. This facilitated their full inclusion and a strong sense of belonging in a valued community'* (p9).

### 5.1.6 Engagement and enjoyment

A small number of studies linked the enjoyment of volunteering to the subjective wellbeing of volunteers. Huynh et al (2014), in their study of volunteer emergency service workers in South Australia, found that feelings of organisational connectedness, which includes enjoyment of work and feeling appreciated, were important in explaining changes in the subjective wellbeing of volunteers. They found that **organisational connectedness** mediated the relationship between 'job resources' (training, organisational support) and happiness. In other words, factors such as organisational support and training led to feeling appreciated and enjoyment which in turn related to higher levels of happiness.

In their research with five organisations in Spain, Vecina and Chacón (2013) found that ‘**volunteer engagement**’, measured by “I am enthusiastic about my voluntary work” , “I always feel like going to do my volunteering” and “time flies when I am doing my voluntary work” had a significant relationship with psychological wellbeing, measured as purpose in life.

Alfes et al (2016) explored volunteer engagement in broader terms as: physical engagement which includes “I exert a lot of energy when I volunteer”, emotional engagement e.g. “I am enthusiastic about my volunteering activities”, and cognitive engagement e.g. “when I volunteer, I focus a great deal of my attention on my activities. Drawing on data from a survey of volunteers in a wildlife charity in UK, they found that organisational support was related to volunteer engagement which was positively related to volunteer happiness and perceived social worth.

Together, these studies offer tentative findings on the links between enjoyment of volunteering and the enhanced wellbeing of volunteers. They suggest that organisational support plays a role in volunteer engagement and enjoyment which in turn affects subjective wellbeing. The wider literature examining the relationship between enjoyment and wellbeing, particularly in the leisure field, provides further insights which may help further explain this relationship (see Haworth, 2016).

#### 5.1.7 Structure, routine and distraction

The evidence identified in the review points to the role of volunteering in providing a routine or structure to volunteers’ days or their lives (Ecorys, 2015; Nichols and Ralson, 2011). This is particularly highlighted in the literature where these factors might be lost through retirement and unemployment (Lie, 2009; Nichols and Ralson). Jones and Reynolds (2019) in their study of charity shop volunteers in their 60s highlighted how volunteering gave daily routines a **sense of structure** which the volunteers contrasted to their *‘boundary-less time that had come to characterise their experience of ageing’* (p18). Fegan and Cook (2012) in their study of service user volunteers with serious mental health issues reported that volunteers viewed volunteering as a ‘sanctuary’, providing *‘something to do, a sense of responsibility, structure, balance and meaning to the day as well as job satisfaction’* (p17).

A small number of studies also highlighted that volunteering can act as a **distraction** for volunteers (Jones and Reynolds, 2019). Armour and Barton (2019) in their study of volunteering in a deprived area, reported on how volunteering provided a distraction from the challenges volunteers can experience and respite from the responsibilities in their lives.

#### 5.1.8 Exposure to the outdoors and nature

The evidence is again limited on the effects of volunteering outdoors and/or being with nature on the wellbeing of volunteers. O’Brien et al’s (2010) study of UK environmental volunteering found that hands on contact with nature was ‘therapeutic’ for volunteers and helped them better cope with their difficulties and illnesses. Their mixed methods research with volunteers involved in regular conservation volunteering in England and Scotland reported that volunteers experienced a *‘statistically significant positive emotional shift during their period of environmental volunteering’* (p536). The authors note that *‘mental wellbeing seemed to come about through reductions in stress and mental fatigue, getting outdoors into pleasant surroundings, being physically active and making a meaningful contribution to society or local communities’* (O’Brien, 2010, p540). The study found that stress reduction

was an important part of improved mental wellbeing and this was derived from being outdoors alongside other factors including being active and 'getting away'.

Similar findings were reported in Guiney and Oberhauser's (2009) mixed methods US study examining the benefits of conservation volunteering with a specific focus on volunteers' psychological connection to nature. The study suggested that volunteers felt that involvement in conservation volunteering enhanced their mental health through contact with nature, learning and a sense of achievement.

### 5.1.9 Role demands

A small body of evidence points to the negative effects of demanding volunteer roles on the subjective wellbeing of volunteers. Huynh et al's (2014) study of emergency service volunteers found that high job demands e.g. "I have to deal with people who have unrealistic expectations", "The demands of volunteer work interfere with my family/home/social life" could lead to exhaustion which, in turn, was linked to higher levels of depression. The authors noted that '*given the demanding nature of volunteer fire service work (e.g. risking one's own life and health during traumatic events, attending to unpredictable call-outs and undergoing extensive and ongoing training to meet the physical and mental requirements of the job), it is reasonable to expect that volunteers would be more susceptible to strain than those in less demanding contexts*' (p317).

Other studies have identified similar issues in health and interpersonal roles. Cox et al (2010) examined the demands of HIV/AIDS support roles in Australia in their cross-sectional study and found that exhaustion from the role impacted wellbeing. They identified role ambiguity as a key mechanism and found that unclear roles can lead to emotional exhaustion which in turn leads to higher chances of depression amongst volunteers.

Role ambiguity and role conflict was also highlighted in Setti et al's (2018) research with ambulance volunteers. They found that role conflict directly related to burnout amongst volunteers. The authors suggested that this may be due to highly committed volunteers taking on different roles and tasks, potentially leading to role conflict or role ambiguity regarding the tasks undertaken by volunteers and staff.

In summary, the limited research in this area suggests that the high demands of some volunteer roles may have an effect on the wellbeing outcomes for volunteers. The research points to role ambiguity and role conflict as potential barriers to enhancing wellbeing through volunteering although the findings are tentative.

## 5.2 Key influencing factors

The way that volunteers are managed and supported will influence the mechanisms of change identified above. A small number of studies examined volunteer support from organisations and peers in relation to the impacts on volunteer wellbeing.

### 5.2.1 Volunteer management and support

Alfes et al's (2016) study of volunteering in a UK wildlife charity drew on a survey of volunteers to examine the effects of two different forms of support for volunteers, **task and emotion-orientated support**. Volunteer engagement and wellbeing was measured as happiness and perception of self-worth. Task-orientated support helps volunteers accomplish their tasks and overcome any problems experienced whereas emotion-

orientated support promotes positive feelings such as encouragement and making volunteers feel appreciated for their efforts. The study found that both types of support were positively associated with volunteer engagement and in turn this was associated with volunteer happiness and perceived social worth. The authors identified task and emotion-orientated support as a 'resource' and this was associated with the level of volunteers' engagement.

Tang et al's (2010) longitudinal study explored volunteering across ten volunteer programmes in the US and linked organisational support to subjective wellbeing, specifically to mental health and socioemotional benefits which included life satisfaction measures. The study, based on a two wave survey of adults aged 50 and over, found that organisational support, which included **adequate training, greater flexibility in choosing activities and ongoing support**, were directly associated with increased volunteer commitment and socioemotional benefits and indirectly related to improvements in mental health. They added that '*organisational support plays an important role in promoting the self-perceived socioemotional benefits, which then become a pathway to mental health benefits*' (p611).

Overall, the evidence base is very limited on the effects of poor organisational support on volunteers. In their qualitative study drawing on interviews with volunteers in the South of England, Gray and Stevenson (2019) found that in the absence of 'good support', which they defined as being in touch, where volunteers can ask questions and get help, '*volunteers often felt unable to cope with the demands of the role (e.g., too little time) or saw this as unfair (as pushing too much onto the volunteers). In this way, volunteering organisations play a central role in how well volunteers feel able to manage the challenges and stressors of a volunteering role*' (p10). Simsa et al (2019) in their research on the experiences of spontaneous volunteers during the European refugee crisis, similarly highlighted the effects of poor organisational support, specifically emotional support on volunteers experiencing emotional and physical strains.

### 5.2.2 Peer support

While the evidence overall is limited, some of the literature looks at the role peer support can play in helping volunteers manage the challenges and demands of volunteering (Smith et al, 2018)

Smith et al's (2018) qualitative study of Samaritans volunteers examined the role of the 'Samaritans community', identifying support as a mediator between '*emotionally burdensome*' volunteering and wellbeing. The research highlighted the importance of colleagues and volunteers in helping Samaritans cope emotionally with difficult calls as well as the challenges they experienced outside of their role. The authors noted that '*participants saw the Samaritans as a supportive community and suggested this contributed to their wellbeing within and outside the organisation and built a sense of cohesion and commitment to the organisation*' (p9).

Other research has highlighted the importance of volunteer group relations and peer support. Grey and Stevenson (2019) conducted in-depth interviews with volunteers in England and found that group-based relationships and bonds helped volunteers feel that they could draw on the support of other volunteers when they needed it. Collective efficacy provided resources to volunteers that helped them manage their demanding and challenging roles. The study found that '*social identity and group-based benefits of volunteering—feelings of belonging, acceptance, respect, and community—were also described as central to how they manage the challenges and stressors of their volunteering role*' (p8).

Finally, drawing on their analysis of a survey with ambulance volunteers in Italy, Setti et al (2018) found that support from colleagues was directly related to reducing burnout amongst volunteers, whereas support from supervisors was not. They reported that lacking colleagues' support can have detrimental effects on volunteers and may contribute to burnout. The authors suggested that peer contacts play a protective role for volunteers, providing emotional support which helps them cope with their role. They noted that *'colleagues carry out similar or complementary tasks so, through the experience of similar situations, they may provide focused situation-related support'* (p242).

**In summary.....**

The evidence suggests that connections with others, feeling appreciated and feeling you are doing something purposeful and meaningful as key mechanisms of the volunteer experience.

Further research is needed to strengthen the evidence base on the conditions and organisational practices that can best promote the subjective wellbeing of volunteers.

## 6. Conclusions and implications

This final concluding section of the report summarises the state of evidence on volunteering and wellbeing and the implications of the REA for practice, policy and research.

### 6.1 State of the evidence

Evidence on the impacts of formal volunteering on the subjective wellbeing of volunteers has grown considerably over the last ten years. The research points to a strong association between formal volunteering and wellbeing. However, it is not possible from the available evidence to definitively and categorically claim that volunteering causes enhanced subjective wellbeing.

When looking at differential effects amongst volunteers, the research identified through the REA suggests that some groups are more likely to benefit from involvement, including volunteers in later years of life, those from lower socio-economic groups, those with low levels of wellbeing, the unemployed and those with chronic physical health conditions. Wider research, however, highlights inequalities in access to volunteering and that those who might benefit the most from volunteering may also face substantial barriers to getting involved (Southby et al, 2016).

Overall, the research base on the impacts of volunteering on individuals in later life was more extensive compared to other groups. The review identified gaps in the evidence on the effects of volunteering on the subjective wellbeing of disabled people, young adults and those experiencing serious mental health issues, although this may reflect the search strategy adopted in the REA. There was also a lack of evidence that examined volunteering in relation to ethnicity and gender.

There were few studies that examined the impacts of volunteering within the context of other activities and responsibilities and the combined effects of these activities on subjective wellbeing including paid work, leisure, family, care and informal volunteering. There are considerable gaps in evidence enabling comparisons with other productive activities that identify the specific factors that make volunteering different from other activities.

There is a reasonably large body of evidence that suggests more frequent volunteering results in higher wellbeing benefits, also recognising there is a limit to this and too much volunteering can diminish these positive impacts. Reverse causality - people with higher wellbeing volunteering more – still remains a possibility.

Other findings relating to the fields and activities volunteers undertake are more tentative and the evidence does not allow for conclusions to be drawn about which are more or less beneficial, as comparative studies of this nature are scarce. On the whole, studies did not seem to sufficiently examine the context of volunteering including the types of activities volunteers were involved in, whether they were doing these alone or as part of a group or how organisational practices affected the relationship. Few studies made comparisons between volunteering in different settings and roles. There was a paucity of research examining the subjective wellbeing effects of online and virtual volunteering.

A small number of studies pointed to the possible negative effects of high intensity volunteering and roles with high levels of demand, stress or risk. Overall, the evidence base appeared to reflect a bias in favour of research focused on the positive effects of volunteering and further research is needed to examine the potential detrimental impacts of volunteering on the wellbeing of volunteers. This would help to develop a more balanced picture of the wellbeing impacts of the volunteering experience. As highlighted by Son and

Wilson (2012) while studies ‘*indicate that volunteering **can** promote wellbeing, this should not be taken to imply that volunteering is **always** beneficial*’ (p674).

Evidence also remains scarce on the specifics of the volunteer experience and how this affects the wellbeing outcomes for volunteers. Findings on mechanisms are therefore tentative in this review. However, the evidence does provide insights into how different aspects of the volunteering experience might affect the wellbeing outcomes. Social connections, feeling appreciated and doing something purposeful and meaningful are identified as key mechanisms in the volunteering-wellbeing relationship. Further research is needed across different volunteering settings to unpick which specific elements of the volunteering experience contribute most to the subjective wellbeing of volunteers.

## 6.2 Implications

### 6.2.1 Key messages for practice

For those designing, delivering and managing volunteer programmes and activities, section 5 of this report on mechanisms highlights how the **volunteer experience** makes a difference to the subjective wellbeing of volunteers. It can’t be assumed or taken for granted that volunteering will necessarily lead to enhanced wellbeing; the way volunteers are involved and engaged can enhance or hinder the positive wellbeing effects of volunteering.

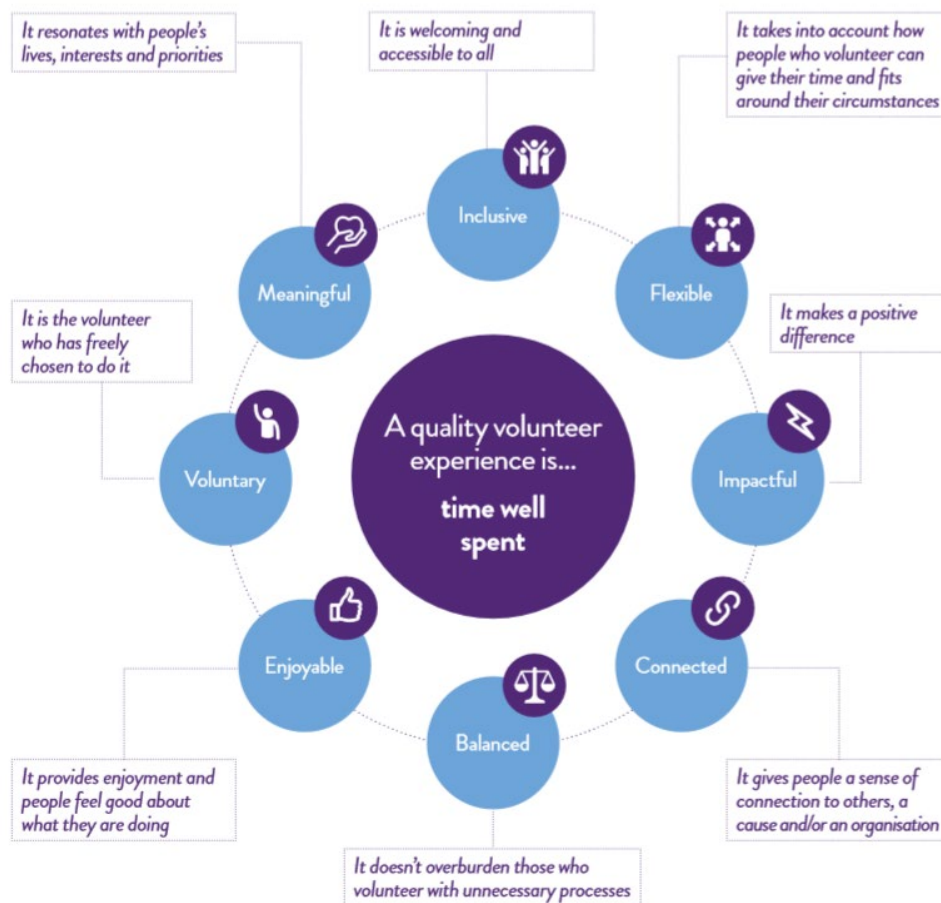
Figure 3 shows the eight key features of a quality volunteer experience identified in NCVO’s national study of volunteering, *Time Well Spent* (McGarvey et al, 2019). The REA builds on this work and identifies four of the framework’s elements as particularly pertinent to the reviews’ findings on wellbeing:

- **Connected** – enabling volunteers to feel connected to others
- **Balanced** – ensuring volunteering doesn’t overburden volunteers
- **Meaningful** – ensuring volunteering resonates with people’s lives and is meaningful to the volunteer
- **Inclusive** – ensuring volunteering and the gains in wellbeing are accessible to all

The review findings also highlighted a further element as important to the volunteering-wellbeing relationship:

- **Appreciated** – ensuring volunteers feel appreciated for the contribution they make

**Figure: 3 Key features of a quality volunteer experience**



**Source: McGarvey et al, 2019.  
Included with permission from NCVO**

Drawing on the findings from the REA and wider good practice literature for managing volunteers (see Jackson et al, 2020) questions for practice are provided below to help groups and organisations reflect on how they currently promote wellbeing through volunteering and how this could be enhanced. It is recognised that many of those leading and managing volunteers are volunteers themselves and this is reflected in the questions for practice.

**Connected**

Key findings	Questions for practice
<ul style="list-style-type: none"> <li>• Social ties and feeling connected to others are key factors linking formal volunteering to subjective wellbeing</li> <li>• Greater social connectedness through volunteering has been described as the strongest first step in the path from volunteering to increased wellbeing</li> <li>• Connecting with others is a key ingredient for promoting wellbeing gains through volunteering</li> </ul>	<ul style="list-style-type: none"> <li>• Do volunteers have opportunities to connect with other people through their volunteering if they want to, including other volunteers, staff and service users?</li> <li>• Are volunteers invited to meetings where you plan, design and improve your services together?</li> <li>• Do you create opportunities for peer support if volunteers want and need this, including volunteers who manage other volunteers?</li> </ul>

	<ul style="list-style-type: none"> <li>• Do volunteers feel a sense of community or belonging through their volunteering and what are you doing to encourage it?</li> <li>• If volunteers are engaging remotely or virtually how can you promote a sense of connection with the organisation and other volunteers? Could you buddy up volunteers to feel more connected with others in the organisation?</li> </ul>
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## Balanced

<b>Key findings</b>	<b>Questions for practice</b>
<ul style="list-style-type: none"> <li>• Volunteering can lead to positive outcomes for wellbeing, but not always</li> <li>• How much volunteering you do and in what context (personal and organisational) can tip the balance either way</li> <li>• Too much volunteering or involvement in high demand roles may negatively affect volunteers' wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Do you take into consideration how much volunteers are juggling volunteering alongside other roles and responsibilities in their lives?</li> <li>• Do you give opportunities for volunteers to reflect on their volunteering commitment and step back if they want to, including volunteers who are leading other volunteers?</li> <li>• How do you monitor the responsibilities and workloads of volunteers to make sure they are not taking on too much? What are the warning signs of volunteers being over-burdened?</li> </ul>

## Meaningful

<b>Key findings</b>	<b>Questions for practice</b>
<ul style="list-style-type: none"> <li>• Volunteers can develop a sense of purpose and meaning through their volunteering. This might be particularly important for those who feel they have lost a sense of purpose through unemployment, retirement or family changes.</li> <li>• Developing meaningful and purposeful roles is identified as an enabler to enhancing wellbeing through formal volunteering</li> </ul>	<ul style="list-style-type: none"> <li>• Does your organisation understand what is important to individual volunteers: How and why do they want to volunteer and what do they want from the experience?</li> <li>• Do you co-produce roles and activities with volunteers?</li> <li>• Are volunteers supported to get involved in roles that are purposeful and fulfilling to them?</li> <li>• Do volunteers have opportunities to see the impacts of their work and the difference it makes?</li> <li>• Do you provide opportunities for volunteers to take up more diverse responsibilities if they want to or to step back if their circumstances change?</li> <li>• Do you include volunteers in the conversations about future plans and changes?</li> </ul>

## Inclusive

Key findings	Questions for practice
<ul style="list-style-type: none"> <li>• Some groups gain greater subjective wellbeing benefits through volunteering compared to others, including those in later years of life and those with lower levels of wellbeing</li> <li>• However, wider research shows that some groups can experience substantial barriers to formal volunteering</li> </ul>	<ul style="list-style-type: none"> <li>• Is the culture and environment for volunteering inclusive and welcoming? What are you doing to make your organisation more inclusive? What are you doing to address discrimination and bias?</li> <li>• Is it easy for different groups of people to get involved in volunteering? What are the potential barriers and what are you doing to remove them?</li> <li>• Is it easy for your service users to get involved as volunteers? What extra support do they need?</li> <li>• Do you need more targeted messaging that emphasises more the personal benefits of volunteering, including how it can promote wellbeing?</li> <li>• Do volunteers have opportunities to move between roles, reduce their commitments or step back from volunteering when their personal circumstances change?</li> </ul>

## Appreciated

Key findings	Questions for practice
<ul style="list-style-type: none"> <li>• Feeling appreciated for volunteering efforts is linked to improved quality of life and life satisfaction amongst volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• Do all volunteers feel appreciated for the efforts they put into volunteering? What are you doing to make everyone feel appreciated? Do you openly recognise and celebrate their contribution?</li> <li>• Is the value and contribution of volunteers recognised across the organisation? How could this be further embedded?</li> <li>• Are all volunteers well supported by the organisation, including those who lead and manage other volunteers?</li> </ul>

## 6.2.2 Key messages for policy makers, funders and commissioners

### **Bringing wellbeing to the centre of funded programmes and projects**

The potential wellbeing benefits of formal volunteering are highlighted in this review. Subjective wellbeing as an outcome for volunteers could become a more central component of funded and commissioned projects rather than an add on or 'nice to have'; volunteering as a good in itself. This could look beyond volunteering as a means to an end but volunteering, and resultant wellbeing outcomes, as *the* end with a focus on the groups who can gain the most from involvement. This could include supporting projects that engage service users as volunteers. Further examination of research on volunteering and social prescribing might also be helpful. Some individuals will need additional support to enable them to engage in formal volunteering and organisations will need funding and capacity building to enable them to involve more diverse and marginalised groups.

### **Recognising the importance of good volunteer management and supporting it**

The way that volunteers are involved and engaged in organisations and groups makes a difference to their wellbeing outcomes. While formal volunteering does not always lead to positive gains, good volunteer management is necessary to ensure volunteers have a positive experience, including organisational support for volunteers. The investment required for good volunteer management needs to be fully recognised and costed into volunteer projects and programmes.

### **Getting it right for volunteers in high demand roles**

The evidence is limited but the REA suggests that roles that place high levels of demands on volunteers may negatively affect wellbeing through stress, anxiety and burnout. With the increasing involvement of volunteers in more diverse roles, including those in and alongside public services, more demands might be placed on volunteers with implications for their wellbeing. At a policy level, this highlights the need for policy makers and commissioners to consider the potential effects of high demand roles on the wellbeing of volunteers. This needs to consider the personal circumstances of volunteers and the limits to the time they can give. At a practice level, it points to the need for roles and activities to be co-produced with volunteers to ensure volunteering meets the needs of the volunteer as well as the organisation.

### **Addressing inequalities**

Some groups who have the most to gain from volunteering, including those with lower levels of wellbeing, may also face substantial barriers to getting involved. If policy makers are looking to formal volunteering as one of the ways to 'level up' communities, a key focus needs to be placed on widening participation and reducing barriers for more marginalised groups. Volunteering could play a role in helping to address inequalities in wellbeing within and between communities, however it should not be seen as a panacea. There is a limit to what volunteering can achieve within the context of structural inequalities in society, particularly as volunteering is itself subject to these same inequalities. Addressing structural socio-economic inequalities in society would help to promote wider participation in volunteering and reduce entrenched barriers to getting involved. Further, whilst volunteering, under the right conditions, can make a positive difference to subjective wellbeing this needs to be set within the wider picture of wellbeing and the contribution of, and interaction with, other activities and roles in people's lives.

### **Recognising the diversity of volunteering**

This REA focused on formal volunteering through groups, clubs and organisations, however this is only one form of participation. Individuals are involved extensively in their communities

through informal volunteering and the COVID-19 pandemic has shone a light on the difference neighbourhood organising and mutual aid groups can make within communities (see Taylor and Wilson, 2020). The effects of formal volunteering on subjective wellbeing need to be considered within this wider context; people get involved in different and multiple ways in their communities and different mechanisms will play a role in shaping how and why volunteering makes a difference to the wellbeing of volunteers. Recognising the diversity of this participation and looking at volunteering beyond formal volunteering can better reflect the links and absence of boundaries between forms of community contribution.

### 6.2.3 Key messages for researchers

Recommendations for future research on volunteering and the wellbeing of volunteers include the following:

#### **Research that is question driven and empirical in design**

A shift towards research studies that are question driven rather than data driven would help to advance knowledge and understanding within the field. A large body of existing research on volunteering and subjective wellbeing draws on analysis of secondary datasets. These have been valuable but can only take the field so far. More complex empirical studies that explore the inter-relationships between individuals, their volunteering activities and wider personal and social context could help to create new and useful knowledge on volunteering and the impacts on subjective wellbeing. Recognising there is always more than one way to address single questions, research may include in-depth qualitative studies, test and learn studies and/or experimental studies.

#### **Research that reflects the complexity of volunteering and subjective wellbeing**

More research is needed that examines the ways volunteering interacts with other roles and responsibilities in people's lives and how this interaction affects wellbeing outcomes. Further research is also needed which explores the context of volunteer engagement – what kinds of volunteering roles and activities, under what conditions and for whom does participation bring wellbeing benefits? Further studies looking at volunteering in general terms without examining the context in which volunteering takes place are unlikely to add much to our knowledge or understanding in the field. More complex measurements and conceptualisations of subjective wellbeing are also needed within volunteering research. These include using multiple measures of wellbeing and going beyond defining and measuring wellbeing solely through a single indicator such as reduced depression symptoms.

#### **Research that fills the evidence gaps on different groups**

The REA found gaps in evidence on the effects of formal volunteering on the wellbeing of particular groups including disabled people. There was also a lack of evidence that explored volunteering and impacts on subjective wellbeing in relation to ethnicity and gender.

#### **Research that focuses on *how* formal volunteering affects subjective wellbeing**

Considering the large body of evidence on volunteering and wellbeing, few studies have explained fully the processes involved in driving changes in subjective wellbeing through volunteering. How and which intermediate outcomes does volunteering lead to and which of these in turn result in enhanced wellbeing and how do these inter-relate?

### **Research on the organisational approaches and practices that can maximise the wellbeing benefits of volunteering**

Further research is needed to examine the effects of organisational context and conditions on wellbeing to help identify the essential ingredients of volunteer management that can help to promote volunteers' subjective wellbeing. This could include practical examples from organisations that have been able to enhance wellbeing through volunteering. Research exploring these issues would need to look across different organisational types and sizes including those which are volunteer led.

### **Research that is balanced, examining the negative as well as the positive impacts of volunteering**

There appears to be a bias within the literature towards a focus on the positive effects of volunteering and few studies examine the darker side of participation. Further research exploring the potential negative impacts of volunteering on subjective wellbeing is needed, specifically identifying the particular contexts and conditions of participation.

### **Research that looks beyond formal volunteering to other forms of participation**

This REA has focused on volunteering through groups, clubs and organisations but this is only one of many ways that individuals can contribute to others and their communities. A rapid review of evidence on the impacts of other forms of community contribution including informal volunteering would provide a fuller picture of the wellbeing effects of volunteering.

## **6.3 Final reflections**

The evidence base on the impacts of volunteering on the subjective wellbeing of volunteers has grown considerably over recent years. Drawing on this evidence from across a range of disciplines and fields, the REA was able to address the key research questions and identify priorities for research. The study set out to bring together what we know about the impacts of volunteering on subjective wellbeing and we hope that by doing so it will be useful for those in volunteer involving organisations as well as policy makers, funders and commissioners.

The review highlights that the relationship between volunteering and wellbeing is complex. It is shaped by a multitude of factors including the individual circumstances of individuals, the organisational context and the volunteering experiences volunteers have. The COVID-19 pandemic has also demonstrated how wider factors can have a dramatic effect on volunteering with potential consequences for wellbeing. The REA has also shown that some groups may gain more from volunteering than other people, but they might be missing out because of the barriers they face to getting involved and staying involved. It has been important in this REA to link together the evidence on volunteering and wellbeing with the wider literature on inequalities in access to volunteering.

As this study was a rapid review there are likely to be relevant documents that have not been identified or included. Equally, in this growing research field there is likely to be newly published research that will further strengthen the evidence base on the impacts of volunteering on subjective wellbeing. Both this report and the Theory of Change should be considered 'living' documents, to be revisited and updated when new research becomes available.

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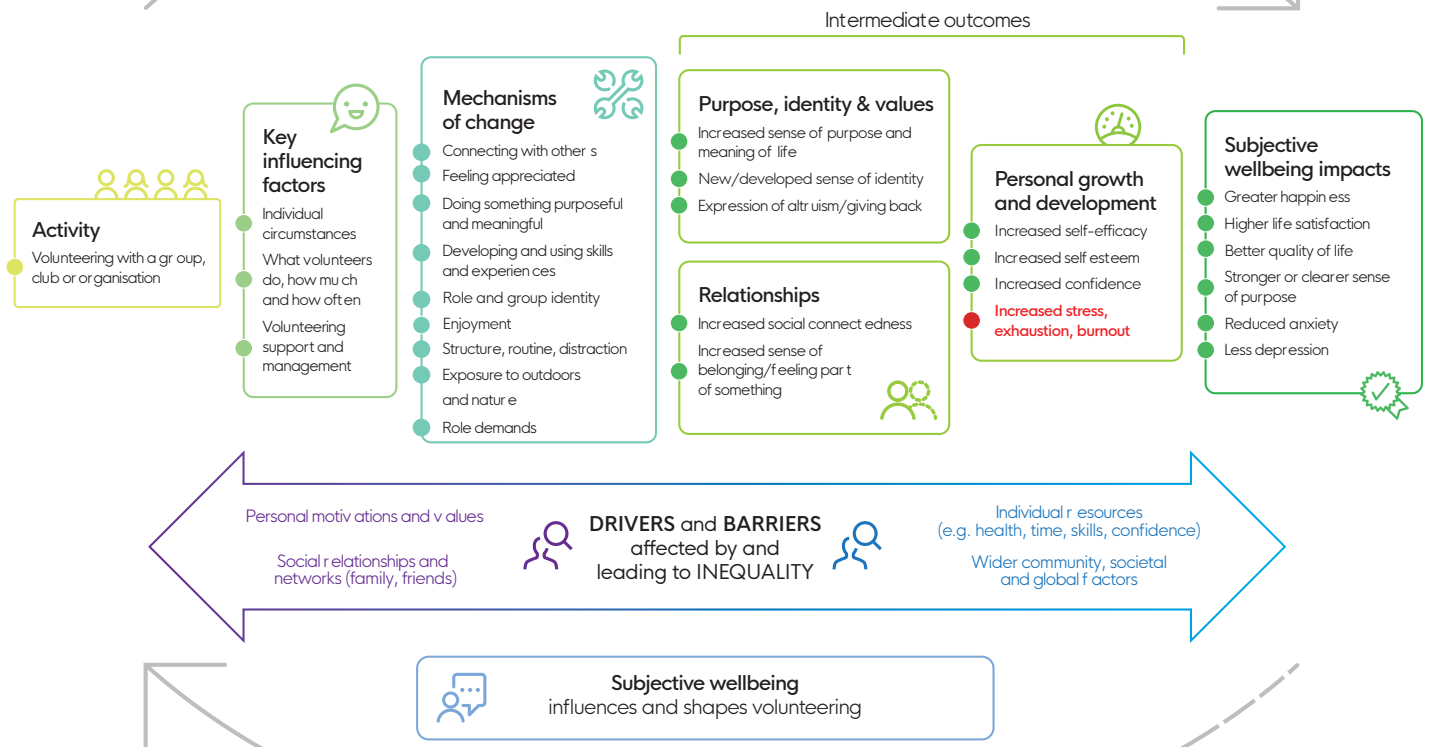
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# Appendix A: Theory of Change

## Theory of Change for volunteer wellbeing



Our **assumptions** include the following:

- Volunteering is diverse and multifaceted – it is not a single intervention
- Wellbeing may be both an effect of volunteering and a cause – it is not a simple linear, causal model
- Volunteering can have positive and negative outcomes on wellbeing
- Volunteers are only **one** of a number of stakeholders who volunteering can have an impact on - volunteering may or may not be mutually beneficial
- Enhancing the wellbeing of volunteers is generally not the direct, intended outcome of volunteering, but may be a latent benefit
- Other factors and dimensions (not just volunteering) will also affect the subjective wellbeing of volunteers
- Inequality can influence all elements of the theory of change, including subjective wellbeing

## Appendix B: REA Methodology

### Inclusion criteria

To be included in the review, studies needed to meet all of the inclusion criteria outlined in the table below (Table A1). Only studies published from 2008 were included in the review to ensure the study built on existing work and did not duplicate previous studies including Cassidy et al's (2008) review of health and volunteering and Kamerade's review of volunteering and wellbeing (Kamerāde, 2009).

**Table A1: Inclusion criteria for REA**

	Inclusion criteria	Exclusion criteria
Population	Unpaid volunteers Volunteers aged 16 and older	Paid volunteers Compulsory volunteering (e.g. community service, work programmes) Children volunteering (under 16s) unless they are participating in family volunteering with adults Other stakeholders (e.g. service users/ beneficiaries of volunteering)
Intervention	Unpaid formal volunteering (i.e. volunteering through a club, group or organisation)	Paid volunteering and service Informal volunteering
Comparison	No volunteering/inactive comparator	
Outcomes	Changes in subjective wellbeing (positive and negative) for volunteers themselves as a result of volunteering	Descriptions of inputs, activities and outputs with no assessment of outcomes Outcomes for stakeholders other than volunteers themselves
Study dimension	Existing primary research, including quantitative, qualitative and mixed methods studies and evaluations Published from 2008 English language studies Evidence from the UK, Europe, North America, Australia and New Zealand Studies where a full report, paper, report is available Studies where the author, individual or organisation is stated Existing reviews on volunteering and wellbeing (these were used for the references only and not included in data extraction)	Studies published before 2008 Studies based beyond the specified countries/regions Articles not available in English

### **Search strategy**

Drawing on the draft Theory of Change search strings were developed by combining key words which were piloted and then adapted depending on the database to be searched. The primary search string reflected the different ways studies might explore and understand volunteering:

#### **Primary search string:**

volunteer\* OR voluntarism OR “voluntary action” OR “volunt\* work” OR “social action” OR “civic service” OR “unpaid help” OR “community help” AND wellbeing OR well-being OR “well being” OR happ\* OR unhapp\* OR “life satis\*” OR “quality of life” OR “purpose in life” OR autonomy OR depress\* OR anxiety

#### **Secondary search string**

volunteer\* OR voluntarism OR “voluntary action” OR “volunt\* work” OR “social action” OR “civic service” OR “unpaid help” OR “community help” AND “social connect\*” OR network\* OR belong\* OR “sense of community” OR trust\* OR exclu\* OR isolat\* OR empath\* OR confiden\* OR “self-esteem” OR “self-efficacy” OR mindset OR resilien\* OR anger OR tension OR stress OR pressure OR burnout OR identit\* OR empower\* OR worthwhile\* AND outcome\* OR impact\* OR benefit\*

The **search of evidence** involved a search of the following groups of sources:

- Evidence lists and databases held by the research team (these included reference lists, spreadsheets of references and reports/papers)
- Intelligence and evidence held by WWCW, Spirit of 2012 and panel of experts
- Academic literature via databases, search engines and online journals
- Grey published and unpublished literature (this included literature which was publicly available and any reports/papers which were not publicly available and sent to via the call for evidence)

Existing reviews of evidence were scanned where relevant.

### **Academic literature**

The search of databases included Sociological Abstracts, Social Services Abstracts, PsycINFO, ASSIA, International Bibliography of the Social Sciences, Scopus, Web of Science, ERIC, PubMed, Social Science Premium Collection and Google Scholar.

The research team cross checked whether the above databases included the key voluntary and community sector journals and wellbeing journals and undertook individual searches where needed. The following journals were therefore included in the search.

**Voluntary and community sector journals:** Voluntas, Non-profit management and leadership, Voluntaristics Review , NVSQ, International Journal of Non profit and Voluntary Sector Marketing, Voluntary Sector Review, Journal of Community Practice , Work, Employment and Society, Journal of Civil Society, Journal of Sociology and Social Welfare , Social Indicators Research , Sociological Perspectives, European Sociological Review and Social Forces.

**Wellbeing journals:** International Journal of Qualitative Studies on Health and Well-being, International Journal of Well-being, Journal of Happiness Studies, Applied Research in Quality of Life, Psychological bulletin and Journal of Health and Social Behaviour.

**Other Journals:** Journal of Ageing Studies, Disability and Society, Journal of Youth Studies  
Gender and Society

### Grey literature

The search of grey literature included:

- Search engines and database searches including Google; British Library Social Welfare Portal; OpenSIGLE, Open Grey database, Social Care Online
- Search of relevant organisations and government body website including OCS, DWP, DoH, Gov.uk NCVO, NPC, RVS, Volunteer Scotland, WCVA, Volunteer Now, Mental Health Foundation, Big Local, Volunteering Matters, Spirit of 2012, Nesta, Jump, Helpforce
- Requests via relevant practitioner and academic networks including the Voluntary Sector Studies Network (VSSN)
- Call for evidence on the WWCW website

### Screening

Once the initial search identified articles and reports, researchers screened the title and key words (if available) for an initial assessment of relevance. Full abstracts were then reviewed to ensure the article met the inclusion criteria and were relevant to the research questions. These were then uploaded into Eppi Reviewer. Full papers were then retrieved and screened on the following criteria. Studies were excluded if they:

- Measured wellbeing by proxy (i.e. subjective wellbeing was not reported by volunteers but by another stakeholder e.g. member of staff member)
- There was no clear statement(s) about the aims of the research
- Cross sectional AND based on general population adult samples (all adults aged 16/18+) AND used very general volunteering measurements (volunteer/does not volunteer)
- Compared the wellbeing of volunteers to non-volunteers, without taking into account any other characteristics that differentiate them

### Quality appraisal, data extraction and synthesis

Quality criteria for the different types of studies (quantitative, qualitative, mixed methods, evaluations and economic studies) were developed. These were adapted from existing quality checklists including the WWCW guidance for evidence reviews and NICE guidance. In general, the criteria included the following:

- Whether there was a clear rationale for the data collection approach, methods, techniques
- Whether the recruitment strategy was appropriate for the aims of the research
- Adequacy of the sample size to test for the desired impact (in quantitative studies)
- Whether the methodology mitigated against bias
- Whether the measures used were valid and reliable

- Rigorousness and appropriateness of analysis methods
- Clarity and validity of the research findings
- Generalisability of the research findings
- Contribution of the study to knowledge and understanding

A sample of studies was verified by another reviewer across the different types of studies. An overall rating of high, medium, low and very low were assigned for each study.

Data from the studies was extracted using Eppi Reviewer Web. Data extracted included the publication type (academic, grey, government), research design (quantitative, qualitative, mixed, evaluation, economic), research methods, details of where the study took place, study sample of interest (where relevant), measurement of wellbeing (validated scales), details of volunteering (where available) and findings relating to the key research questions.

Following extraction, the evidence was narratively synthesised, identifying key themes for the review shaped by the research questions. The synthesis primarily drew on the high and moderate quality evidence. However, for some areas of the review (e.g. the section on mechanisms) there was less available evidence so the researchers have drawn on lower quality research where relevant.

## Appendix C: Summary of high-rated studies

Study	Country/ Area	Pop. of interest	Measure of wellbeing	Methods	Summary of findings
Baines and Hardill (2008)	UK	Adults	General wellbeing	Interviews (n = 24)	Examines the experiences of 24 volunteers living a deprived community of England using a life history approach. Findings relate to how volunteering leads to sense of purpose, gaining a role and personal wellbeing.
Binder (2015)	UK	Adults (16+)	Life satisfaction Mental wellbeing	Longitudinal panel, 7 waves (65,384 observations)	Volunteering at least monthly significantly positively impacts on life satisfaction of all volunteers, but its impact is much stronger for people with the lowest levels of life satisfaction.
Binder and Freytag (2013)	UK	Adults (16+)	Life satisfaction	Longitudinal panel, 5 waves (57, 223 observations),	Regular volunteering (at least once a week) is positively related to subjective well-being. Other frequencies of volunteering have no effect on well-being. This effect seems to be driven by reducing the unhappiness in regular volunteers who are least satisfied with their lives but there is no effect of volunteering on the volunteers who had higher levels of life satisfaction.
Croezen (2015)	Europe (not UK)	Older adults (50+)	Depressive symptoms	Longitudinal panel 3 waves (n = 9068)	Social participation is associated with depressive symptoms, but the direction and strength of the association depends on the type of social activity. Voluntary and charity work was related to depressive symptoms, but this relationship became non-significant when time-varying variables were controlled for. There are short term benefits from voluntary work but they diminish over time.
Fang et al (2018)	Canada	Young/middle aged adults (22 –43 yrs)	Happiness	Longitudinal cohort, 4 waves (n = 690)	Study finds that the association is from higher happiness to higher future civic engagement measured as volunteering. There was no support for the path from volunteering to future happiness, nor for bidirectional associations. This study questions the assumption that volunteering increases happiness.
Fujiwara et al (2012)	UK	Adults (16+)	Life satisfaction	Wellbeing valuation, longitudinal, 4 waves (31,170 observations)	Estimates the value of volunteering to the volunteer. Calculates the value frequent volunteers place on volunteering to be approximately £13,500 per year (2011 prices). This is the monetary equivalent of the wellbeing benefit derived from volunteering.

Gimenez-Nadal and Molina (2015)	US	Adults (21 – 65 yrs)	Daily Happiness (feeling happy, stressed, sad, tired)	Time diaries (n = 8,746)	Those who devote any time to voluntary activities during the day report higher levels of daily happiness than those who do not. Comparing the happiness obtained from a range of activities, the study finds that volunteering is among the most enjoyable. Study registers whether individuals have volunteered on that particular day and the subjective well-being on the same day too, making results more reliable than retrospective surveys.
Gray and Stevenson (2019)	UK	Adults (18 – 74yrs)	General wellbeing	Qualitative, interviews (n = 40)	Explores the role of group identities in the motivations and experiences of volunteering, including how group-based and collective volunteering affects wellbeing.
Griep et al (2015)	Sweden	Adults	Psychological wellbeing including life satisfaction and depressive symptoms	Longitudinal cohort, 2 waves (n = 717)	Found no buffering effect of volunteering during unemployment on psychological well-being outcomes (such as life satisfaction and depressive symptoms). Engaging in more hours of-voluntary work per week in times of unemployment does not seem to negate the detrimental health and well-being effects of being unemployed.
Hansen et al (2018)	Europe (not UK)	Older adults (50+ yrs)	Depressive symptoms	Longitudinal panel, 2 waves (n = 18,559)	Life satisfaction is higher among longer-term (volunteering in both waves), recent (started volunteering in wave 2), and former volunteers (volunteered in wave 1 but not in wave 2) than among stable (long-term) non-volunteers. However, similar levels of life satisfaction are observed among people who have increased and decreased their frequency of volunteering. Suggests it is the experience and not the dynamics (i.e., change or persistence) of volunteering that is associated with life satisfaction.
Hao (2008)	US	Older adults (55 – 66 yrs)	Depressive symptoms	Longitudinal panel, 4 waves (27,341 observations)	Adults who volunteered at least 100 hours per year generally had better mental health than adults who volunteered less (including not volunteering at all) at the beginning of the study. Low-level volunteering (<100 hours) had independent protective effects against decline in psychological well-being (measured as levels of depression). Joint participants of both productive activities (volunteering and paid work) experienced a slower rate of mental health decline than single-activity participants.

Hong et al (2009)	US	Older adults (70 +)	Depression	Longitudinal panel, 3 waves (n = 5,294)	Volunteering was associated with lower levels of depression to start with and with lower likelihood of developing depression over time. Study controls not only for health status, insurance, and socio-demographics but also for involvement in many other wellbeing related activities, such as exercise and social activities.
Hong and Morrow-Howell (2010)	US	Older adults (50 +)	Depressive symptoms	Quasi experimental (non randomised) (n = 167 and matched comparison group)	Evaluates the effects of Experience Corps, a high-commitment US volunteer program, that brings older adults into public elementary schools. Compared to the comparison group (a group of matched adults from a nationally representative sample), the EC group reported fewer depressive symptoms during two years of volunteering
Lawton et al (2019)	UK	Adults (16+)	Life satisfaction, Happiness, anxiety, worthwhile life, mental health problems	Longitudinal panel, 4 different UK datasets with multiple waves	Volunteering is related to improved life satisfaction, sense that life is worthwhile and better mental health. More frequent volunteering is associated with higher wellbeing. The results can be reliably generalized to the adult population of the UK. The study takes into account previous well-being trends of volunteers.
Lawton et al (2020)	UK	Adults (16+)	Life satisfaction Mental health problems	Longitudinal panel, 10 waves (245,203 observations)	People who volunteered in the past 12 months had higher life satisfaction and less mental health problems than non-volunteers. Volunteering is associated with significantly higher well-being for respondents aged 16–24 and 55–74 and for the most low and high income respondents.
Magnani and Zhu (2018)	Aus	Adults (21 – 65 yrs)	Life satisfaction Mental wellbeing	Longitudinal panel, 14 waves (117,278 observations)	Volunteering has a significantly positive impact on life satisfaction and mental health. Evidence that the causal difference might be going from volunteering to well-being, not vice versa. People with lower levels of well-being to start with gain greater benefits of well-being from volunteering than people with higher levels of well-being. Evidence that the beneficial effect of voluntary work on well-being is transient and disappears in 12 months after volunteering.
Muller et al (2014)	Germany	Middle age and older adults (45 – 84 yrs)	Life satisfaction Positive Affect Negative Affect	Longitudinal panel, 2 waves (n = 5,564)	Volunteering is related to positive and negative affect three years later, but not to life satisfaction. The mediating role of self-related self-efficacy (analysed cross-sectionally) (e.g. ability to find a solution to a problem) differed between age groups: While volunteering affected self-efficacy only in the older age

					groups (aged 55 and over), self-efficacy affected subjective well-being in the younger age groups (under age of 75). Hence, indirect effects of volunteering on SWB with self-efficacy as mediator were found for the two age groups around retirement only (55–64, 65–74 years). Volunteering is beneficial for SWB not only directly, but also indirectly via self-efficacy.
Payne et al (2020)	Not stated	Adults with traumatic brain injury	Life satisfaction Flourishing Psychological distress Purpose in life	Randomized control trial (n = 38 intervention and n = 36 control group)	Tested the effects of a volunteering intervention for people with at least 1-year post traumatic brain injury. The intervention programme involved orientation/training and a 3-month volunteer placement for the participant (min 3hrs of volunteering per week). Found significantly greater improvements in life satisfaction and self-perceived success in the intervention group (volunteers) compared to the control group (non-volunteers).
Pettigrew et al (2020)	Aus	Older adults (60 + yrs and retired)	WEMWBS Depressive symptoms Quality of life Purpose in Life	Randomized control trial (n = 201 intervention and n = 244 control group)	Found that volunteering for at least 1 hour a week in volunteer chosen formal volunteering for six months had no significant effect on a range of subjective well-being indicators (depressive symptoms, psychological well-being and quality of life) in the group of individuals who had not volunteered before.
Potocnik and Sonnenta (2013)	Europe (not including UK)	Older adults (50+)	Depressive symptoms Quality of Life	Longitudinal panel, 2 waves (n = 2,813 retirees and 1,372 older employees)	Volunteering (in last month) at the baseline (wave 1) improved retired individuals' quality of life over a period of 2 years. No direct effects of volunteering were found for employed individuals. In retirees with higher depression at baseline, participation in religious organisations was associated with a greater decrease in depression at follow-up than in those who had lower levels of depression at baseline.
Russell et al (2019)	US	Adults (25 -75 yrs)	Life satisfaction Belonging	Longitudinal panel, 2 waves (n = 976 and 501)	Participation in volunteering mitigates the negative effects of adults' low self-esteem on their life satisfaction. It found positive evidence for the moderating influence of volunteering on the relationship between negative self-esteem and life satisfaction. Conclusions suggest that volunteering acts as a buffer for ageing adults.
Son and Wilson (2012)	US	Adults (25 – 74 yrs)	Hedonic (e.g., positive mood), eudemonic	Longitudinal panel, 2 waves (n = 3257)	Volunteering (yes or no) enhances eudemonic and social well-being but not hedonic well-being. The number of hours contributed makes no

			(e.g., purpose in life) Social (e.g., feeling of belonging to the community).		difference. Conversely, people who have greater hedonic, eudemonic, and social well-being are more likely to volunteer and, in the case of hedonic and eudemonic well-being, volunteer more hours.
Steptoe and Fancourt (2020)	UK	Older adults (50 +)	Feeling that life is worthwhile	Longitudinal panel, 3 waves (n = 5,694)	Volunteering at least once a month predicts higher feeling that life is worthwhile two years later. At the same time, this study also found that change in the feeling life is worthwhile did not predict changes in volunteering 2 years later, indicating that the causality might be from volunteering to well-being, not the other way around.
Yang (2020)	US	Un-employed older adults (50 +)	Depressive symptoms	Longitudinal cohort, 6 waves (n = 4,787 to 7,675)	Unemployed older adults aged 50 and over who participated in volunteering experienced a decrease in depressive symptoms compared to unemployed adults who did not volunteer. A moderate level of volunteering (less than 100 hours per year, equivalent to two hours a week) is associated with a decrease in depressive symptoms amongst unemployed older adults. The protective effect disappears when volunteers participate over 100 hours a year.
Zaninotto et al (2013)	UK	Older adults (52 – 64 yrs)	Quality of life Depressive symptoms	Longitudinal cohort, 2 waves (n = 4052)	Feeling appreciated matters in the relationship between volunteering and well-being (measured as quality of life and presence of depressive symptoms). Higher reciprocity (feeling appreciated) in volunteering was associated with higher quality of life and lower odds of being depressed for both men and women.