

**The effects of volunteering on the
self reported health of people aged 50
years and over in the Vale of Glamorgan**

By David Holtam

Supervisor: Dr Stuart Jones

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**By David Holtam
Enrolment number – 97055271**

Supervisor: Dr Stuart Jones

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DECLARATION

I declare that the work in this dissertation is my own and it has not already been accepted in substance for any degree, and is not being concurrently submitted in candidature for any other degree.

Signed.....

Print Name.....

Abstract

Introduction

This study investigates the relationship between volunteering and health in later life and attempts to replicate studies that have found that volunteering has health benefits for older adults. Through consultation with the Older Peoples Strategy Forum (OPSF) and the Vale Volunteer Bureau (VVB) it is envisaged that the recommendations will be taken forward by these organisations to promote and support volunteering for older people in the Vale of Glamorgan.

Literature Review

The literature reviewed looked at volunteering within the political context of the 'Third Way' and community participation and then focused on the voluntary sector and the relationship between volunteering and health concentrating on older people. The literature identified that there are health benefits to volunteering and these can be greater for older people but that volunteering can also be detrimental to health with a number of different factors affecting this relationship e.g. number of hours volunteered or type of voluntary work.

Method

A quantitative approach was taken using the survey method of a postal questionnaire to explore the relationship between volunteering and self reported health in people aged 50 years and over in the Vale of Glamorgan. This method involved collaboration with the Vale Volunteer Bureau and subsequently, Age Concern and the Older People's Strategy Forum to gain access to the sample required, design the questionnaire with a focus group, then pilot and distribute the questionnaire to the forum membership.

Research Findings and Analysis

The key findings from the research identified that volunteering had the following health benefits; improved sense of well being, increased social contacts and networks, increased sense of being part of the community, increased self confidence, self esteem and sense of self purpose, improved mental health, improved quality of life and to a lesser extent improved physical health. The main reasons given by individuals not currently volunteering were family/caring responsibilities, lack of time and that it affected their health. However, many of those who didn't volunteer wanted to but didn't because of a lack of transport or due to ill health, lack of time or their disability. The research also indicated the importance of training and good management, in particular to avoid the possible detrimental impact on a volunteer's health of excessive demands and working too many hours. The sample was found to be fairly representative of older people in the Vale of Glamorgan.

Conclusions and Recommendations

In conclusion, the findings indicate that volunteering can have health benefits for all people aged 50 years and over in the Vale of Glamorgan although they also highlight that in certain circumstances volunteering can be detrimental to health. It supports the literature that there is a causal relationship between volunteering and health and that this relationship is complex, with a number of different factors that can affect it e.g. the personal circumstances of the individual such as marital status or the voluntary experience itself such as the training and management of volunteers.

Volunteering has a major role to play in healthy ageing and a brief outline of the recommendations are;

1. Ensure that all the professionals involved in supporting older people are fully aware of the health benefits of volunteering and recommend taking up voluntary work as appropriate to their clients.

2. Set up mentoring schemes to support older people to volunteer.
3. Target specific groups of older people where the health benefits of volunteering are the greatest.
4. Conduct clinical research in the form of a pilot scheme which targets older people who are in poor health, and supports them to volunteer whilst measuring the health impacts along the way with the use of medical science.
5. Ensure that volunteer expenses are paid.
6. Tailor volunteer training and management to each individual.
7. Ensure that volunteer managers and volunteers themselves are aware that for a minority of individuals in particular circumstances the risk of negative health impacts of volunteering are significant and need to be identified and addressed.

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Chapter 1

Introduction

There has been a large amount of research demonstrating a causal relationship between volunteering and health in later adult life i.e. volunteering affects health. These studies are as a consequence of the political interest currently attached to volunteering in terms of healthy ageing strategies and its significance because of an ever ageing population. Research supporting the notion that there are health benefits to volunteering is much publicised by voluntary organisations promoting volunteering, in particular through the media.

Evidence suggests that there are health benefits to volunteering in later adult life, examples include lower mortality rates in volunteers (Lum and Lightfoot, 2005), better self reported health (van Willigen, 2000), fewer depressive symptoms (Rietschlin, 1998), longer life satisfaction and higher self esteem (van Willgen, 2000), and improved functioning levels (Shmotkin et al 2003). However, despite many studies demonstrating that volunteering is important for older adults having a real positive outcome, researchers like Wetherington et al (2000) and Warburton (2006) argue that this relationship is far more complex than some initial research indicates and needs further in-depth research exploring the issues from the older person's point of view.

Factors that have been found to effect this relationship include the type of volunteering and whether motivations are met (Young and Glasgow, 1998, and Morrow-Howell et al 2003), the amount of volunteering (van Willigen 2000, Musick et al 1999, and Lum and Lightfoot, 2005) and the issue of volunteers seeing a causal path between their volunteer activities and health, viewing volunteering as being good for you which in reality is not always the case they just think it is (Warburton, 2006).

This study investigates the effects of volunteering on the self reported health of those aged 50 years and over in the Vale of Glamorgan taking a quantitative approach using a postal questionnaire. This approach allows a large amount of structured information to

be gathered to explore the number of factors which research has shown can impact on the relationship. The research aims to reach both those who are not currently volunteering and those that are.

The decision to undertake this study in the Vale of Glamorgan was due to my seeing first hand, in a professional capacity, the impact that the Voluntary Sector has and in particular the valuable service provided by volunteers. It would also be an opportunity to see whether there really are health benefits to volunteering for older people as constantly documented and promoted by numerous organisations and charities.

The following chapters will outline and review the literature on volunteering within the political context, volunteering itself and the relationship between volunteering and health with a focus on older people. The research methodology will be explained and discussed. The remaining chapters will look at the research findings and analysis, followed by the conclusions and recommendations drawn from the analysis, and a critique evaluating the research process and methodology.

Chapter 2

Literature Review

This chapter will explore the context of volunteering in the UK in relation to New Labour's 'Third Way' politics and look at the role and contribution of the voluntary sector.

It will then examine the literature surrounding volunteering and the effects of volunteering on an individual's health with specific focus on older people, considering factors that are associated with this relationship.

2.1 From Thatcherism to New Labour's 'Third Way'

The shift in politics that has placed community involvement and volunteering to the forefront of policy making in the UK will now be examined.

After the Second World War the Labour Government introduced the welfare state. Party devotees in the fifties and sixties believed that through a combination of progressive taxation, state education and the welfare state, the gap between the haves and have nots would narrow – and would do so in a way that would improve society. Little by little there would be a greater sense of freedom and opportunity for the majority, at relatively minor cost or inconvenience to the wealthy minority. Statistics seemed to prove their point as for the best part of the twentieth century the gap between the rich and the poor had been narrowing (Preston, 2008).

In the 1970s the structure of the economy was becoming old, both inflation and unemployment began to rise, whole industries became unviable as the economy struggled and often failed to get into new sectors. As industries became uncompetitive, balance of payments crises became a feature of the British Economy (letto-Gillies, 2006).

When Margaret Thatcher took power in 1979 the underlying assumption of the Government's 'Second Way' was that if the balance of class forces is shifted away from labour, the overall business climate as well as the costs of production will be more favourable to capital and will lead to investment particularly in new industries. Investment opportunities for the private sector would be created by reducing provision of services by the state. However, the economy was in a poor state for many years with high unemployment and the decline in the levels of education and in the health of the labour force undermining productivity. Thatcher's view on society was illustrated by her well known 1987 statement: 'There is no such thing as society. There are individual men and women and their families' (cited in Letto-Gillies, 2006). It can however, be argued that the basic problem was capital itself. Most activities in public ownership by the 1970s had become so because they weren't profitable under private ownership. Many of these companies faced difficulties and needed continuous handouts from the taxpayer; much of which went to shareholders and corporate managers (Letto-Gillies, 2006).

In the late eighties the Thatcher revolution overextended itself. There was an inflationary boom which happened because of the expansion of credit and a belief amongst ministers that, somehow, the old laws of economics had been abolished. Britain was in a virtual spiral of increasing prosperity and increasing centralisation. ".....across the Welfare State swaggering, high-handed centralism continued on steroids, ever grander" (Andrew Marr 2007).

After the 1988 election the Thatcher Government began bullying the professions. England's senior judges came under tighter political control, university lecturers lost their academic tenure and Whitehall grabbed direct control over the running of school curriculums, creating a vast new bureaucracy to dictate what should be taught, when and how, and then to monitor the results. The detail of maths courses was debated in the cabinet!

Whitehall controlled independent state schools specialising in technical subjects, City Technology Colleges were introduced and other schools were persuaded to opt out of

local authority control to become grant maintained and awarded with a small bribe. The aim was to give parents more choice and to scupper trendy-lefty teachers (Marr, 2008). Neither idea worked. Few City Technology Colleges opened and the few schools that opted out found that they had opted in to tight Department of Education and Treasury control.

In the Health Service the Treasury seized control of budgets and contracts and to administer the system nearly 500 National Health Trusts were formed. They were apparently autonomous but staffed by failed party candidates, ex-councillors and party donors. The inclusion of elected local representatives was prevented.

Training may be unglamorous but it is vital to any economy. Again a web of unelected bodies was constructed to allocate Treasury money according to Whitehall rules. The same happened in housing with the establishment in 1988 of unelected Housing Action Trusts to take over the old responsibility of local authorities for providing cheap homes (Andrew Marr 2008).

In her memoirs Mrs Thatcher herself admitted to there being too much centralisation. She wrote about her third government ‘ the root cause of our contemporary social problems.....was that the state had been doing too much’ (cited in Marr 2008; 446).

The development of the ‘Third Way’ was motivated by the need for a political ideology that met the demands of the modern society; to tackle poverty and social exclusion whilst advocating joined up and cohesive policy making across government sectors. A key theme of the ‘Third Way’ is partnership; through policy coalitions, including the voluntary and community sectors to ensure that decision-making is ‘closer to the ground’. It has aimed to re-engage people in the democratic process, where people and the government work in partnership. According to Anthony Giddens (1998) ‘the overall aim of third way politics should be to help citizens pilot their way through the major revolutions of our time: globalisation, transformations in personal life and our relationship to nature’. The philosophy of the third way is to ‘enable’ and ‘empower’

people to help themselves and each other involving re-training, re-educating and re-skilling (National University of Ireland, Galway, 'nd').

The policy of the New Labour Government of 1997 shifted from socialist ideals towards the right and free market thinking, to become this middle or 'Third Way', partnership between public and private sectors, a new association between the citizen and the state (Fraser, 2003; 289-290). "The Third Way would promote opportunity and empowerment instead of dependency" (Fraser, 2003; 290).

The new relationship between the government and its citizens is a central theme; despite the government having the key role in strengthening society and welfare reform, individuals have a responsibility to themselves, their community and society as a whole. Citizens play a vital role in shaping the society that they live in along with government and the private and voluntary sectors.

This attempt by government to increase public engagement in civic institutions and society and respond to societal breakdown by promoting active citizenship and public participation as the responsibility of every individual has significant implications for communities and volunteering. These include; changes to levels and sources of income due to a rise in funding initiatives around volunteering, changes to the number of volunteers across public and private sectors along with increased competition for volunteers, engagement in formal politics and public participation in decision making, increase in employee volunteering and changes in attitudes towards community responsibility. However, it is worth considering if it becomes something that everyone is expected to do, it may change the nature of what it means to be a volunteer (Policies on active citizenship and volunteering, Third Sector Foresight, 2008).

Community Participation is an essential part of New Labour's Third Way policy in decision making. It is seen as a central component to all UK regeneration strategies, for example, its inclusion in the Welsh Assembly Government's Communities First Action Plan Guidelines (2001). There is no all encompassing single definition of participation

just interpretations of and methods on how to obtain community participation. It has been suggested that community participation is 'grassroots community engagement' (Craig et al, 2005: 5) and 'it concerns the engagement of individuals and communities in decisions about things that affect their lives' (Burns et al. 2004:2).

Community participation is widely accepted as a means to empower individuals to influence decisions of policy makers, service providers and stakeholders, giving communities responsibility, ownership and control over their future. Llahir-Dutt, (2004) suggests that 'community participation implies an interactive process between members of the public, individually or in groups, and representatives of a government agency, with the aim of giving citizens a direct voice in decisions that affect them' (Lahiri-Dutt, 2004:14).

The strategy of full commercialisation of public services (private funding and private provision) of the Conservative government failed the private sector which it was supposed to help, the strategy of private provision with public funding by New Labour is helping capital. This is because in the first instance the consumer is paying the bill and in the latter the tax payers foot the bill. So under the 'Third Way' it can be argued that capital is secured at low risk, high demand, high prices provision and thus profitable investment (letto-Gillies, 2006).

However, New Labour's 'Modernization' programme for the public sector and private services has generated much discontent in spite of increased expenditure on providing free public services. These focus on imposing these modernizing changes on public services causing problems around costs (e.g. value for money, expensive solicitors, consultants), complexity and disintegration; quantity and quality of provisions (e.g. less hospital beds, poor cleaning of hospitals, post code lottery) and social cohesion particularly since the private sector is motivated by maximising profit (letto-Gillies, 2006). It could be argued then, that as a result more strain is being placed on the voluntary sector and their volunteers providing much needed services despite increased spending on public services.

2.2 The voluntary sector and volunteering

Volunteering makes an important economic contribution to society, on average between 8% and 14% of a country's Gross Domestic Product. At the same time the participation aspect of volunteering helps citizens become active and engaged in the political process making for a more cohesive and stable society. Volunteering has been used as a tool to integrate socially excluded or marginalised people into society by empowering the unemployed and unemployable by developing and enhancing their employability skills. (UN Volunteers, Expert Working Group 1999: 6-7).

According to the Charities Commission 'The voluntary and community sector has a vital role in society as the nation's 'third sector', working alongside the state and the market. Through its engagement of volunteers, the services it provides and the support it gives to individuals and groups its contribution to community and civil life is immense, invaluable and irreplaceable' (The Promotion of the Voluntary Sector for the Benefit of the Public, 2004, Charity Commission Website, 2008).

Statistics from the Welsh Assembly Government showed that from 2000 to 2002 the Voluntary Sector contributed £2.76 billion to the Welsh economy, through salaries and the value of volunteers, which is equivalent to 7.2% of the Welsh GDP. It is also suggested that the voluntary sector employs at least 30,000 people representing 2.4% of the number of people employed in Wales (Basic Statistics on the Voluntary Sector in Wales, 2005:2 WCVA Website 2006).

In 2005 it was estimated that there were over 30,000 voluntary and community groups operating in Wales. Findings from the 2003 Home Office Citizenship Survey suggest that 54% of adults in Wales volunteered in 2003, equivalent to 1.27 million people. (Basic Statistics on the Voluntary Sector in Wales, 2005:1-2, WCVA Website, 2008). These findings illustrate the importance of the voluntary sector in Wales.

In the Vale of Glamorgan there are approximately two thousand voluntary organisations employing 500 paid staff (Vale Council for Voluntary Service, 2008). It's estimated that there are two thousand volunteers and the value of this voluntary activity is worth £22.6 million (Vale Volunteer Bureau Annual Report 2007-2008).

Voluntary organisations provide valuable services to individuals and communities as a whole. A research report produced for the Welsh Assembly Government in 2004 'Volunteering for Health' found that 'volunteers make a significant contribution to health and social care services in a variety of ways'. The research also highlights how volunteering can play a key role in addressing the current health policy agenda including delayed transfers of care, optimising service delivery, involving people and prevention (Dr Brian Gibbons AM, Minister for Health and Social Services, 2004 cited in Jones, 2004: 1).

From an organisation's point of view there are obvious benefits in involving volunteers. Volunteering is a cost-effective way of providing a range of social and welfare services. However, it is not cost free and requires an effective infrastructure both at a local and national level with Governments having a role to play in funding this infrastructure (UN Volunteers, Expert Working Group 1999: 9). In Wales, there are Volunteer Centres in each of the 22 unitary authorities funded by the Welsh Assembly Government to provide information and advice on volunteering and to match volunteers to appropriate organisations.

Volunteering is also not exclusive to the voluntary or third sector. Many private sector companies are getting involved in terms of their corporate social responsibility with the development of schemes to support their staff in voluntary activities in the community. Evidence suggests that employee supported staff volunteering increases staff skills, morale and loyalty towards the company at the same time enhancing the standing of a business within a community (UN Volunteers, Expert Working Group 1999: 10).

There are numerous roles and organisations that people can volunteer with from large National organisations such as the British Red Cross, Samaritans, BTCV or Age Concern to smaller organisations, community groups or sports clubs. Although evidence does indicate that volunteering can be beneficial to the volunteer, for example; self satisfaction or an improvement in, or development of new skills, it is definitely in the organisations interest to actively promote these benefits in order to recruit more volunteers.

In light of the contribution of the voluntary sector it is no surprise that volunteering has become part of the political agenda and is particularly significant in the development of ageing strategies. For example, the Welsh Assembly Government's Healthy Ageing Action Plan for Wales – A response to Health Challenge Wales (2005) includes plans for the development of policies and programmes amongst others 'promoting community involvement through the establishment of local development centres for volunteering and community participation'.

As a response to the Strategy for Older People in Wales (2003) document the key development in the Vale of Glamorgan has been the creation of the Older People's Strategy Forum operating since December 2004 and officially launched by the Mayor of the Vale of Glamorgan in November 2005. The Forum exists to hear and then represent the views of all older people in the Vale to those bodies and officers responsible for making decisions and devising policy about services. It is open to all people aged 50 and over living or working in the Vale of Glamorgan and is an opportunity to voice their concerns about services provided to them (The Vale of Glamorgan Older People's Strategy Forum, Vale of Glamorgan Council Website, 2008). Evidence from a study by Malin (2005) indicates that older people are an important resource in the Vale of Glamorgan forming nearly 60% of the total volunteer force in the organisations that responded, but only representing 36% of the population (Census 2001).

2.3 Definitions

The 1997 National Survey of Volunteering defines **volunteering** as ‘any activity which involves spending time, unpaid, doing something which aims to benefit someone (individuals or groups) other than or in addition to close relatives, or to benefit the environment’.

The term health can mean different things to different people although the absence of disease is essential. The World Health Organisation (1946) defines **health** as ‘*a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity*’.

This research requires a definite age at which an individual is classed as being an older person or someone who is in their later adult life. Most developed world countries accept the chronological age of 65 years as a definition of ‘elderly’ or ‘older people’ frequently associated with the age at which one can begin to receive pension benefits. Although there are commonly used definitions of old age, there is no general agreement on the age at which someone becomes old. According to the World Health Organisation there is currently no United Nations (UN) standard numerical criterion, but the UN agreed cut off is 60 plus to refer to the older population.

Under the Welsh Assembly Government’s (WAG) Strategy for Older People in Wales (2003), the term older people refers to those over 50 years of age, a wide age range containing a wide diversity of people. There is an important aspect of volunteering, particularly for those between 50 and state retirement age (SRA), which is a means of increasing employability (Malin, 2005). For the purpose of this study then, **an older person** is defined as someone aged **50 years and over**.

2.4 The impact of volunteering on health

Volunteering England commissioned Lampeter University in 2008 to undertake a systematic review of published material in a bid to find out more precisely what impact volunteering can have on health. From 25,000 identified potentially relevant articles they reviewed 87 meeting their inclusion criteria. They found that the data showed a clear link between volunteering and good health both for volunteers and service users. Much of the literature they reviewed on the impact of volunteering activity on the health of volunteers has been informed by social integration theory (Musick and Wilson, 2003, 2003; Li and Ferraro, 2005; Choi and Boham, 2007), the notion that multiple social roles provide meaning and purpose in life, promote social support and interactions and thus contribute to feelings of well-being and offer psychosocial resources that can be drawn on in the face of disease or ill health (Volunteering and Health, What Impact does it really have? Lampeter University, 2008).

Other research supports this, indicating that people with strong social support networks have lower premature death rates, less heart disease, and fewer health risk factors (Fact Sheet: *Volunteering as a Vehicle for Social Support and Life Satisfaction*, Public Health Agency of Canada) and increased opportunities for close interpersonal relationships strengthening a sense of identity (Peer counselling Perspectives, April 2003 *Survival News*, Mary Hemphill, 'Volunteer For Your Health').

Volunteering can improve self-esteem, reduce heart rates and blood pressure, increase endorphin production, enhance immune systems, buffer the impact of stress, and combat social isolation. (Research Summary: FGraff, L (1991). Volunteer for the health of it, Etobicoke, Ontario: Volunteer Ontario).

Since volunteering roles are typically valued by society and subsequently carry positive associations with altruism and contribution, engaging in these roles may be more effective in promoting feelings of self-worth. Volunteering appears to have acquired normative connotations as something 'good' which will do 'good' (Harris and Thresen,

2005; Ronel, 2006). Taking on a socially valued role increases self-esteem thereby producing an increased sense of well-being (Wuthnow, 1991 cited in Musck and Wilson, 2003).

Many studies investigating the relationship between volunteering and health have targeted specific groups of people such as the elderly (60 plus), younger adults or people suffering from mental ill health. Research undertaken by the National Centre for Volunteering (2003) looking at volunteering by people with experience of mental ill health found that their respondents had experienced improvement in their mental health. In particular, giving them structure, direction and meaning to their life, widening their social networks, improving their vocational and interpersonal skills and helping them gain access to employment, education and training.

Piliavin and Siegel (2007) differentiate between hedonic (feeling good about ones situation in life) and eudaimonic (feeling good about oneself) well-being. Social activities and hobbies contribute hedonic, other-orientated activity such as volunteering contributes to eudaimonic, enabling the individual to enjoy the activity but also have a greater sense of satisfaction that they are making a contribution to the wider society (Lampeter University, 2008). It is this focus outside one self they argue that can make the biggest contribution to mental health and well-being, not just as a result of enhanced self-esteem but as 'mattering' i.e. by being a significant part of the world around us. (Rosenberg and McCullough 1981 cited in Piliavin and Siegl, 2007).

Volunteering may replace roles that have been lost when, for instance an older person no longer has the same responsibilities for caring for family members as before. However, multiple roles may compete with one another for individual capacity, and may result in 'role strain' which could counteract the role enhancement effect (Rozario, Morro-Howel et al., 2004; Li and Ferraro, 2006a; Hinterlong, Morro-Howell et al., 2007 cited in Volunteering and Health, What Impact does it really have? Lampeter University, 2008). In certain roles, burnout may be a problem, as examined by Gabassi (2002). It may be that the benefits of volunteering are ameliorated when the activity consumes a large

amount of time, as role strain and burnout become more likely (Van Willigen, 2000, cited in Morrow-Hoell, Hinterlong et al., 2003). Consequently, one might expect different health effects from volunteering (positive or negative), depending on the life circumstances of the volunteer.

Activity theory suggests that remaining active and socially engaged in old age is important for identity and well being (Lemon, Bengtson and Peterson, 1972, Karl and Longino, 1982 cited in Luoh and Herzog, 2002). Much research has focused on the social determinants of health, in particular the impact of social integration, social networks and social support on the status of health (Herzog et al, 2002; Watson and Hall, 2001; Wetherington et al, 2000). More recently however, researchers including Herzog et al (2002) have studied the effect of productive activities on health in later life and demonstrated that, like paid work, volunteering in later life is a productive activity which is said to provide an avenue to maintaining health (Wheeklar et al, 1998). In light of these studies the outlook on volunteering for older people is changing and volunteering is starting to be seen as a possible health promotion and disease prevention measure and activity for older people (Oman et al., 1999) (Volunteering and Health, What Impact does it really have? Lampeter University, 2008).

Adaptation theories (Baltes and Baltes 1990, Brim 1998 cited in Luoh and Herzog, 2002) and continuity theories (GreenField and Marks, 2007) describe how older adults adjust to the declining importance of major life roles by finding alternative productive activities in which they feel competent and give a sense of continuity (Atchley 1998 cited in Luoh and Herzog, 2002) (Volunteering and Health, What Impact does it really have? Lampeter University, 2008).

A number of studies researching the relationship between volunteering and health have found that volunteers demonstrate better health than non-volunteers but that this is particularly evident for older adults (Warburton, 2006). Examples of these include lower mortality rates in volunteers (Lum and Lightfoot, 2005), better self reported health (van Willigen, 2000), fewer depressive symptoms (Rietschlin, 1998), longer life satisfaction

and higher self-esteem (van Wlligen, 2000), and improved functioning levels (Shmotkin et al, 2003).

There is however, a problem with many of these studies in that they lack the ability to predict causality due to their cross-sectional nature (Warburton, 2006). Musick and Wilson (2003) suggest that it is therefore unclear whether volunteering makes people healthy or simply that healthy people volunteer. Recently, there have been some studies using large longitudinal data sets looking at this relationship to combat the perceived problems of causal attribution. Onynx and Warbuton (2003) argue that using broad health outcomes these studies demonstrate a causal relationship between volunteering and health.

A small scale study at Flinders University in Adelaide, Australia (Ziersch, 2004) found that most of those who did voluntary work linked it with a negative effect on their health. Although volunteers accepted there were benefits to the community as a whole, only a few felt that the work was beneficial to their own health, through factors such as the chance to meet new people, learn new skills, and be stimulated by the work itself. Survey respondents were more likely to talk about the negative side of volunteering such as witnessing difficult situations. Dr Anna Ziersch said: ‘This research indicates that the involvement may not be beneficial for individual health and that for the individuals involved there is some evidence that this involvement may in fact be detrimental for their own health. The relationship is complex, and while we were able to consider some of the elements of the relation between civil society group involvement and health, there may be hidden differences between types of civil society’ (volunteering bad for the health, 2004, BBC website 2008).

Celia Richardson, of the Mental Health Foundation speaking to the BBC in 2004 said that ‘The benefits of work and the social inclusion it can bring are well known, volunteering has similar benefits however, volunteering, like paid work, has to be structured and managed to ensure that stress is minimised. If people are feeling overstretched or are witnessing depressing and difficult situations that they are not trained to deal with – and

if they aren't offered appropriate protection or counselling then it is not difficult to imagine they could feel there are negative health consequences attached to volunteering. Volunteering is best in an environment which is planned properly to maximise the benefits to the individual as well as the organisation' (volunteering bad for the health, 2004, BBC website 2008).

The weight of evidence reviewed suggests volunteering can have a positive impact on health, however, when reviewing these sources we need to be aware that it is in the interest of many organisations to highlight and promote the health benefits since they would have the most to gain in terms of recruiting volunteers as a result and not to mention the downside.

2.5 The experience of volunteering

It appears then that the individual volunteer themselves and the volunteer experience and/or management of the volunteer is significant in the relationship between volunteering and health. So despite strong evidence of a relationship between volunteering and good health, there is conflicting evidence suggesting that this cannot be generalised and that not all volunteering is good for the health of all individuals all of the time (Warburton, 2006). The following studies look at other variables including how much volunteering is good for you, the resources of the individual volunteer and the specifics of volunteer-type activity.

Merieke Van Willgen (2000) studying the differential benefits of volunteering across the life course found that older volunteers experienced greater increases in life satisfaction over time as a result of their volunteer hours than did younger volunteers, especially at higher rates of volunteering. These older adults experienced greater positive changes in their perceived health than did younger adult volunteers. He argued that the different type of volunteer work undertaken by these two groups may be part of the reason for these differential effects although the context in which older and young adults volunteer and the meaning of the volunteering to them are more likely explanations. However, he

also argues that researchers should take into consideration volunteer commitment when studying volunteering's effect on well-being, not simply volunteer role.

Research by van Willigen (2000), Lum and Lightfoot (2005) and Musick et al (1999) suggests that the relationship between volunteering and time is curvilinear and that the positive effects taper off as volunteer hours increase. Morrow-Howell et al (2003) found that increased volunteer hours related to greater well-being, but only up to 100 hours per year. However, Luoh et al. (2002) found different results reporting better health for those volunteering more than 100 hours per year, compared with less frequent and the non-volunteering groups. Volunteering for more than one organisation appears to have mixed effects, depending upon the age of the volunteer, number of other commitments, and outcomes being measured (Musick, Herzog et al., 1999; Van Willigen, 2000; Morrow-Howell, Hinterlong et al., 2003).

Some evidence suggests that although volunteering may benefit health, it is fairly well resourced older individuals who benefit the most and Warburn et al (2004) argue that volunteering in later life is associated with higher socio-economic status. This issue of class was looked at in the small scale study in Australia already mentioned suggesting that although volunteering is good for the community, involvement can be stressful, particularly for those with fewer resources and this poses a health risk for some people and can actually be bad for individual health (Ziersch and Baum, 2004).

The National Survey of Volunteering in the UK (1997) found that 29% of volunteers found themselves out of pocket due to their volunteering thus supporting the notion that resources in terms of money can have an effect on the volunteering experience potentially making it stressful. It found that 71% of volunteers said that things could be much better organised and this again is likely to have an effect on the volunteering experience. Also the survey found that there were proportionately more older volunteers and that the older volunteers were putting considerably more hours into their voluntary work.

It has been argued that volunteering isn't simply another productive activity and that something specific about volunteer-type activity provides health benefits. Young and Glasgow (1998) and Morrow-Howell et al (2003) have suggested that health benefits are linked with the type of volunteer work undertaken and whether motivations are met. Musick and Wilson (2003) found that that church-related volunteering had a larger effect on depression than other volunteering, and Librett et al (2005) found that volunteers working on environmental projects were more likely to meet physical activity recommendations.

Warburton (2006) found that individuals see a causal path between their volunteer activities and better health. So from their perspective, volunteering is good for you. It also found that it gave volunteers a positive self identity and sense of purpose, raised confidence and self esteem, gave people an external focus, a sense of control (they could choose to do it) and a sense of community involvement which can combat potential loneliness and social isolation.

Conclusions from a study looking at the health benefits of volunteering found that despite volunteer activity enhancing health in a number of different ways, where volunteering could have its greatest health benefit, the most significant obstacles exist. Certain populations, for example those with disabilities, need extra time and effort in the interview, placement development, placement, orientation, training, and the supervision processes of volunteer management (Graff, 1991).

In light of all the evidence discussed it appears that there is a causal relationship between volunteering and health. However, this relationship is not a simplistic one as suggested by some early research (Warburton, 2006). So despite there being a large amount of research indicating voluntary activity can be good for your health, there is also evidence illustrating that the complexities of volunteering such as the type and amount of volunteering, motivation and age of the volunteer, training and support, can result in the voluntary activity being detrimental to health. We hear a lot about the benefits since these are actively promoted by organisations looking for volunteers and the negative

effects are likely to be ignored, particularly if they are caused by the organisation such as a lack of support, training and poor management.

This chapter has outlined the importance of volunteering in the current political context and the role of the voluntary sector. It has then looked specifically at the relationship between volunteering and health identifying a number of different factors that affect this relationship, focusing on older people. This research aims to take forward these findings and investigate the effects of volunteering on the health of those aged **50** years and over in the Vale of Glamorgan. However, there is no medical science data available to me to review nor a facility to gather such data so I will be exploring the health benefits in terms of reported health. It is worth highlighting that research has found that volunteering has shown to improve reports of self-rated health (Davis, Leveille et al., 1998; Van Willigen, 2000; Piliavin and Siegl, 2007). This will need to be taken into consideration when analysing the results.

The study will also allow for a comparison of results from a study by Malin (2005) looking at the factors that influence participation in volunteering in later life, with a focus on the Vale of Glamorgan, which found that there may be potentially multiple barriers to getting involved in, and continuing in volunteering, recommending that these should be tackled at a local level. In order to achieve this, primary research will be carried out in the Vale of Glamorgan. The next chapter identifies the methodology to be used for this research.

Chapter 3

Methodology

This chapter will explain the aims, objectives and outcomes of the research, including the purpose of the research, the research question and will discuss fully the research method and sample.

The main aim of this research is to investigate the effects of volunteering on the health of older people in the Vale of Glamorgan classified as those who are 50 years and over. However, it is not possible for me to test health benefits from a medical science perspective. Consequently this study will investigate the self reported health benefits of volunteering. The research discussed in the previous chapter indicates that volunteering can lead to improved reports of self related health (e.g. David, Leveille et al., 1998) and that individuals see a causal path between their voluntary activity and better health (Warburton, 2006). This study will indicate whether the conclusions of that research are reflected in the Vale of Glamorgan.

The findings of this research will be used to make recommendations to the Vale of Glamorgan's Older People's Strategy Forum (OPSF) to improve volunteering experiences and promote the contribution to the community made by older people in the Vale of Glamorgan. The research findings will also be made available to the Vale Volunteer Bureau (VVB) based in Barry who can use this feedback with organisations to promote good practice and the value and benefits of volunteering.

3.1 The Research Question

What are the effects of volunteering on the self reported health of people aged 50 years and over in the Vale of Glamorgan?

To tackle this research question in terms of access to the research sample i.e. older volunteers, to address ethical considerations and to ensure a participatory approach, a

meeting with the Director of the VVB in Barry was arranged. The VVB is one of twenty two volunteer centres in Wales core funded by the Welsh Assembly Government. Their remit is to promote volunteering and good practice when working with volunteers, provide support for organisations looking to, or currently using volunteers and to recruit volunteers for organisations registered with the VVB.

In this meeting the research methods being considered (survey, interviews, focus groups) were discussed specifically in relation to the ability to obtain a sample. The VVB was very keen to support this research particularly since the findings could be made available to them and potentially used for their benefit. Since they had commissioned research in 2005 looking at the barriers to older peoples volunteering within the Vale; research that could potentially provide information that may be able to be used as a comparison was very much welcomed. Their contacts and professional reputation was vital in gaining access to key individuals and groups that could be involved in this study. These included the Age Concern Senior Health Shop, the Vale of Glamorgan Older People's Strategy Forum (OPSF), and two Communities First projects at Gibbonsdown and Castlelands. All of these organisations proved to be very enthusiastic about the research and like the VVB by supporting it, saw it as an opportunity to gather information on older people's volunteering in the Vale of Glamorgan which could potentially be used for their organisations benefit.

3.2 Research Method

When considering the research design both quantitative methods, using the traditions of science, and qualitative methods, employing a more reflective or exploratory approach (Davies 2007: 25) were looked at in terms of the type of data, most relevant and suitable to meet the research objective. It has been suggested that quantitative data is mostly collected when measuring variables, questioning or verifying theories or hypotheses, qualitative data is used in understanding beliefs, meanings and experiences. (Wisker, 2001)

A quantitative approach was chosen to investigate this research question since it will allow for a large amount of structured information to be gathered. This scientific research procedure is more likely than any other to produce relevant, reliable and unbiased information (Sellitz et al, 1965, p.2 cited in Davies 2007:10). The literature reviewed suggests that the relationship between volunteering and health is a complex one and taking a quantitative approach will ensure that consistent information around factors that may affect this relationship can be gathered.

The research will use one method of surveying; a questionnaire. The design and distribution of the questionnaire is fundamental for both validity and reliability (Coolican, 1999). At this stage contact was again made with the OPSF to discuss the participatory approach of designing the questionnaire with a focus group of OPSF members and the logistics of distributing the questionnaires to all their members.

The OPSF was more than happy to support the research, be involved in the design and distribution of the questionnaire and in exchange requested an executive summary and a presentation to the OPSF on the key findings of the study. The OPSF were keen to point out that many older people in the Vale of Glamorgan volunteer with organisations or community groups but don't see themselves as volunteers, its 'just something they do' or 'always have done'. This research will be an opportunity to make some of those individuals, as well as the community as a whole, aware, with statistical evidence, of the impact of volunteering on both individuals and the whole community.

There are a number of aspects to consider when designing a questionnaire. These include the structure and type, size and layout, coding of the responses and piloting the questionnaire.

Questionnaires can be classified into three different types; standardised, unstandardised and semi-standardised. With standardised questionnaires the structure is highly rigid, with answers limited to those provided in the questionnaire, with no flexibility and tend to be used in quantitative research. Unstandardised questionnaires are more qualitative in

nature, less rigid and questions are well defined and open providing unstructured answers. The final type of questionnaire is a semi-standardised, and as it suggests is a combination of the previous two types, it uses both open and closed questions and provides both quantitative and qualitative data, and is used in both types of research (Sarantakos, 2005). This was the type of questionnaire finally chosen for the study for the reasons outlined later.

To ensure that there was a sense of robustness, a questionnaire used in a survey as part of the Volunteering for Mental Health project within the National Centre for Volunteering in England (2003) was revised as a basis for the design in this study. This had three main sections; personal information, barriers to volunteering and experience of volunteering focusing on the impacts on health and well being.

Reviewing the literature around the complexities of the relationship between volunteering and health, and literature on questionnaire design (Davies, 2007) it was clear that the questionnaire would need to be semi-structured with closed questions and a small number of open questions adding valuable qualitative data to the research question.

Another factor considered in the questionnaire design included the wording and placement of questions which can add to the collection of usable and relevant data (Blaxter et al. 2001) and specifically the wording around opinion questions since poorly worded questions can elicit different responses (May, 2001). Since posting the questionnaire was the likely method of distribution for this study, things that could improve responses were considered such as the inclusion of; a covering letter clearly stating the purpose and usefulness of the study stressing its anonymity, making the questionnaire easy to read, answer and respond to by including a pre paid SAE and a realistic response date (Sarantakos, 2005). Length of the questionnaire, text type and font size was another key issue considered particularly due to the target audience where sight, concentration and arthritis may be an issue.

The majority of the personal information questions contained within the questionnaire were taken from the 2001 census to allow for comparisons. Additional information asked was in line with the research literature around possible factors that could affect the relationship between volunteering and health and hence needed to be included, for example, household income. Each specific question used in the questionnaire under the headings of barriers to volunteering, getting into volunteering, experience of volunteering and the impacts of volunteering on health and well being were chosen to obtain the required information so as to thoroughly investigate the research question and allow direct comparisons with the reviewed literature. The wording of each question was carefully considered to ensure the correct response would be elicited.

The complexities of the relationship and target being investigated dictated the size of the questionnaire in terms of the number of questions being asked, the inclusion of a section for individuals not currently volunteering, the use of branch questions and the fact that a large font and text size was used (consulted with a member of staff from the Royal National Institute for the Blind Cymru who recommended Arial pt 14). However, it was designed to ensure ease in completion as well as gathering the required information and largely contained closed questions with tick boxes and only a small number of open questions.

Since the questionnaire was to use both open ended and closed or pre-coded questions, the response categories were designed to be accurate, addressing the central point of the question, whilst being relevant and related to the question. The sets were designed to be exhaustive covering all possible options, and mutually exclusive (Sarantakos, 2005).

A focus group of seven members of the OPSF (three male and four female) was arranged to go through the questionnaire and played a vital role in the design of the questionnaire for this study. The process involved participants being given the covering letter and survey to complete, then the group worked through the questionnaire discussing each question and reaching a consensus agreement together.

This process drew out a number of very interesting points. The first one was regarding headed paper for the covering letter. It was pointed out to me by one member that if he received the questionnaire and accompanying letter by post, both would be shredded. This was because he didn't know me and regardless of what it said on the letter, there was no headed paper to authenticate the survey. A vital point since it wouldn't be known how many people would have done a similar thing. If an individual like that who was very active as an OPSF member, as well as being a volunteer, wouldn't complete the questionnaire then would less active members of the forum? The implementation of this research method could be in jeopardy. Hence headed "Forum" paper was used. Other issues with the covering letter were its length and the language used which was subsequently altered in agreement with the group.

Some other interesting things came up including a strong consensus not to have a question on ethnic background which was disappointing since this could have been useful in terms of the sample; looking at the representation of ethnic minorities within the Vale of Glamorgan. They also asked to add a question on 'membership of the OPSF' and 'ideas for areas of development for the OPSF' since many didn't see themselves as members or have an opportunity to voice their opinions. So during the session, some questions were altered slightly in terms of wording or layout e.g. adding 'other' along with a blank text box as an option; many stayed the same, some were removed altogether and a couple were added. This focus group took two hours and proved to be a valuable and enjoyable process.

Following the focus group the amendments were made to the questionnaire and the questions and answers were then coded and input into the statistical computer research software package SPSS. It is essential that the analysis part of the research process allows for thorough investigation of the research question with the ability to draw out information from the study and directly compare it with the research literature. The next stage was to pilot the questionnaire and provide an opportunity to test the analysis process.

The questionnaire was piloted through the Age Concern Senior Health Shop in Barry. The reason for this choice was that it has a diverse range of older people using the shop from volunteers to those seeking advice, plus none of these had previously seen the questionnaire or were aware of the research. Twenty five questionnaires were piloted in total (seven male and eighteen female), fifteen of the respondents were currently volunteers and ten were not. Again this proved to be a valuable process and the major thing that came out of this was that the tick boxes on the grids needed to be moved to the right hand side since being on the left they caused confusion and as a consequence some questionnaires were either being completed incorrectly or with scribbles all over them making them hard to read. Another point highlighted was the need to add page numbers at the top as well as the bottom of the page thus making it easier to answer branch questions. These alterations to the questionnaire were made.

The data obtained from these questionnaires was input into SPSS and statistically analysed. Some slight alterations needed to be made to the set up of the data but the required information could be easily extracted to investigate the research question.

The questionnaire was now ready for distribution. To ensure ownership and increase response the questionnaire was posted out to all 430 members of the OPSF along with the covering letter on OPSF headed paper and a pre-paid SAE (**see appendix one for a copy of the covering letter and appendix two for the questionnaire**).

3.3 Research Sample

This study used a sample of the target population in order to carry out the research since complete coverage of the target population was not possible due to time, labour and financial constraints.

The Vale of Glamorgan is Wales' most southern unitary authority lying immediately west of Cardiff with the main settlements being Barry, Penarth, Llantwit Major, Dinas Powys and Cowbridge (Vale of Glamorgan County Council Website cited 06/04/2008). The

total population of the Vale of Glamorgan is approximately one hundred and twenty thousand with older people making up 36% of the population (2001 Census).

In the Vale of Glamorgan the Older People's Strategy Forum (OPSF) exists to hear and then represent the views of all older people in the Vale to those bodies and officers responsible for making decisions and devising policy about services. It is open to all people aged fifty and over living in the Vale of Glamorgan, giving an opportunity to voice their concerns about services provided to them and currently has 430 members.

In an attempt to structure the sample used in this study and to ensure that there were a range of people involved, questionnaires were posted to all members of the OPSF. Although this sampling was not deliberate, it was structured in a random way. 149 participants took part in this study, 48 were male and 101 female.

Chapter 4

Research Findings and Analysis

This chapter will outline and discuss the findings of this research conducted to investigate the effects of volunteering on the health of those aged 50 years and over in the Vale of Glamorgan.

The data collected will be described and analysed to explore the relationship between volunteering and health, specifically looking at factors identified by the literature as having an impact on this relationship.

Unfortunately, the package used for the graphs and pie charts didn't allow for a clear colour definition in all instances or the ability to select a choice of colours. However, the benefits of using this software outweighed the negatives particularly with regards to the cross tabulated bar charts created through the statistical computer research package SPSS.

QUESTIONNAIRE

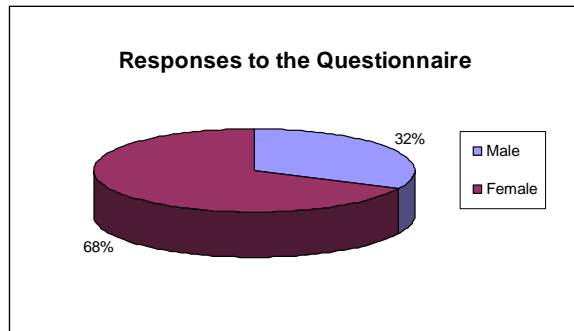
4.1 SECTION 1 - SAMPLE DATA

- From 430 posted questionnaires there were 149 responses; a return rate of 35%

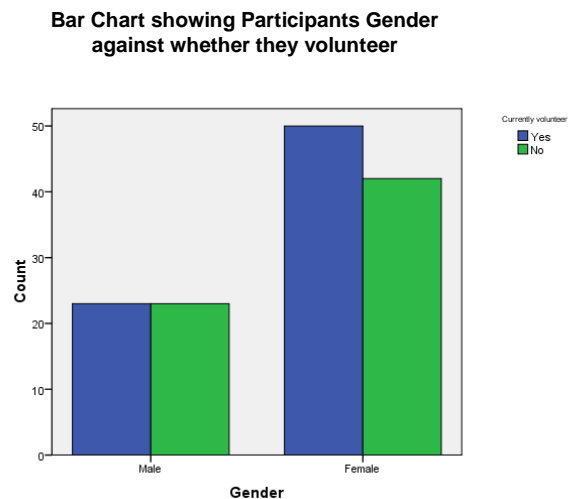
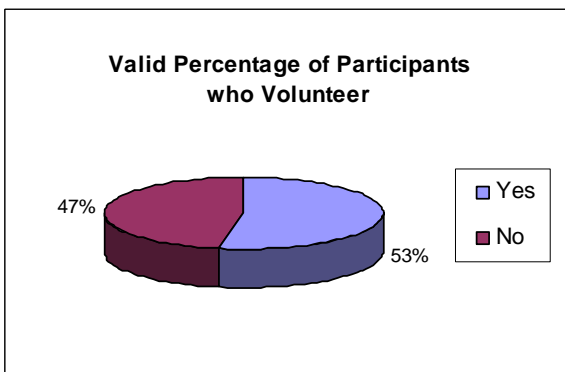
Comment

The reason for this very good postal return rate is likely to be down to the design and distribution of the questionnaire through the involvement of the Older People's Strategy Forum (OPSF) including a pre-paid SAE and a realistic response date (Sarantakos, 2005). In particular the focus group made up of OPSF members who contributed to the design of the questionnaire along with endorsement by the OPSF and distribution to their members. However, such involvement did have its down side as the questionnaire couldn't be totally focused on what the study required but had to take account of their opinions to retain their good will and support.

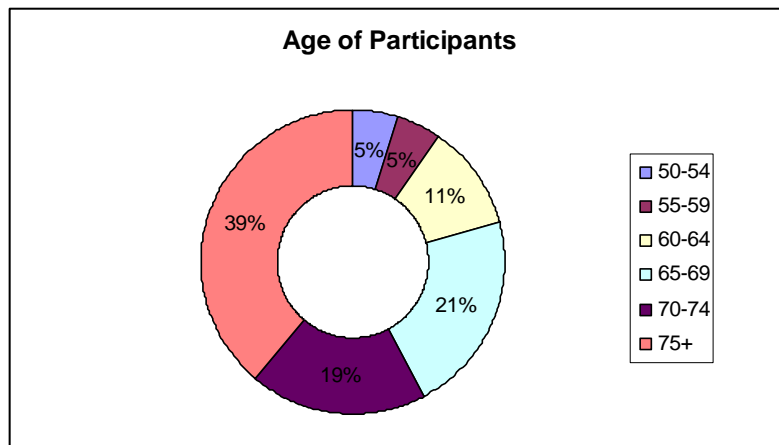
- 149 participants took part in this study, 48 were male and 101 female.



- 73 participants currently volunteer, 65 don't and 11 didn't respond to the question. The pie chart below on the left, shows as a percentage, those who did respond to this question. On the right, is a bar chart illustrating that 50% of the males in this study volunteered and 50% didn't compared with females where more volunteered than didn't.



- As clearly indicated in the pie chart overleaf, the highest proportion of participants in this study were aged 75+ and a total of 79% were aged 65+.



- 87% of respondents were retired (130 participants). 5% were employed full time (7 participants), 4% part time (5 participants) with 2% being unemployed and 2% self employed (3 participants in each case).
- 52% were married and 27% widowed. 9% single and 9% divorced. 2% separated and 1% living with a partner.

Comment

This large number of widowed individuals may be significant in terms of the health benefits of volunteering and will be analysed in further detail later.

- Of those who responded 47% lived alone and 53% didn't.

Comment

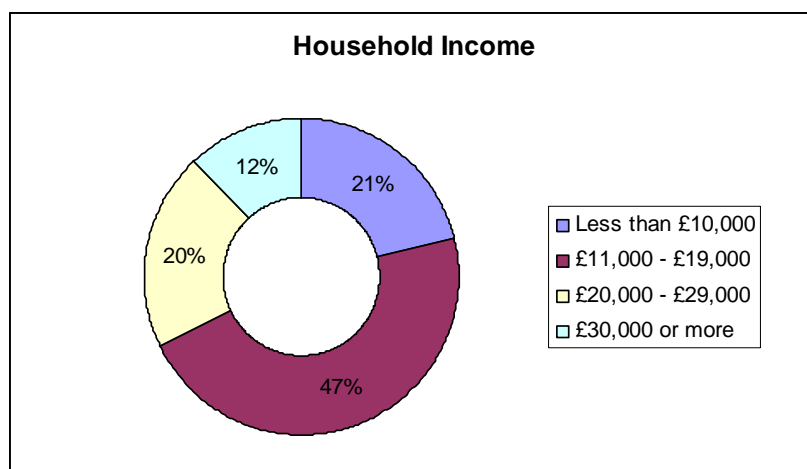
This may be significant in terms of the health benefits of volunteering but will be analysed in further detail later.

- 55% owned their house outright and 25% with a mortgage. 8% rented from local council or housing association, 6% lived in accommodation owned by family, 5% rented privately and 1% lived in a residential home.

- 27%, just over a quarter of participants didn't answer the question on household income.

Comment

This result regarding household income was unsurprising since the question on income was discussed at length with the focus group who decided they were happy for a question on income to be included but it would need to be on household income, and made clear that it could be left blank (along with any question).



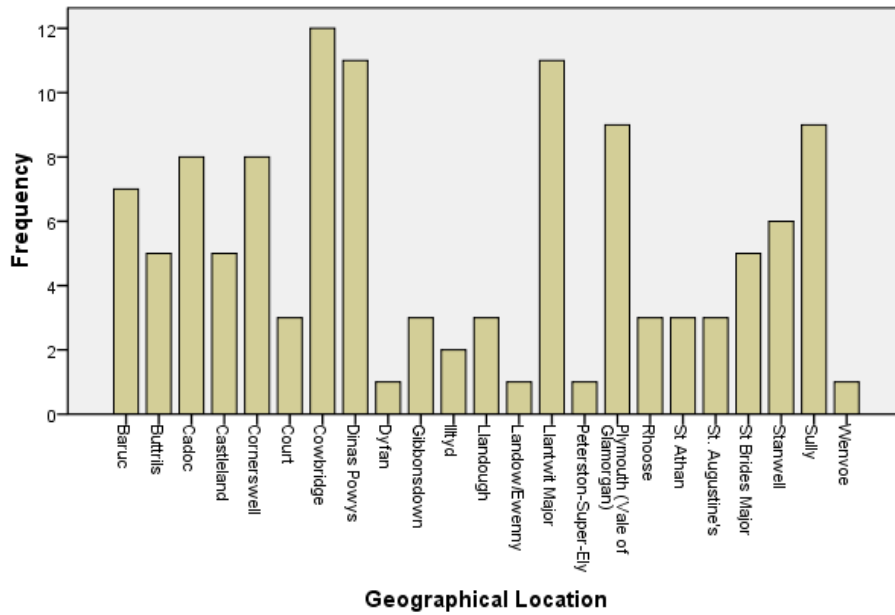
- 68% of respondents' household income was less than £20,000.

Comment

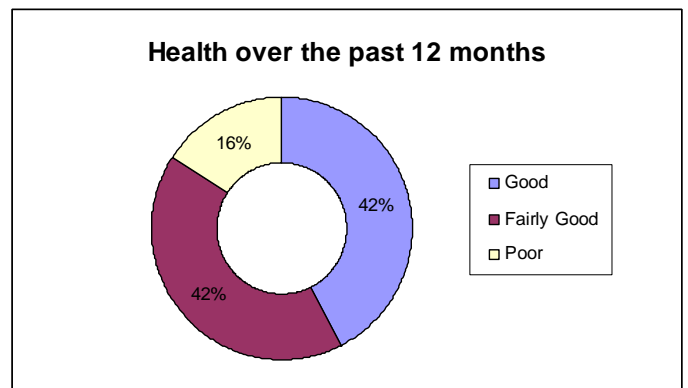
This figure is less than the national average wage and considering this was household income and the fact that a quarter of respondents have to pay a mortgage, indicates that money could potentially be tight and not getting out of pocket expenses for voluntary work may impact on health but will be analysed in further detail later.

- The highest number of older people came from Cowbridge, then Dinas Powys and Llantit Major, Plymouth (in Penarth), Caodc (in Barry) and Cornerswell (Penarth) and then Baruc (in Barry) (see bar chart overleaf).

Distribution of sample across the Vale of Glamorgan



- Of those who responded, 59 participants reported to be in good health, 58 in fairly good health and 22 in poor health over the past 12 months.



- Although 84% who responded reported themselves to be in either good or fairly good health over the past 12 months, 52% reported that they had a long-term illness, health problem or disability.

Comment

In most cases these are likely to be illnesses, health problems and disabilities associated with old age.

Is this sample representative of the Vale of Glamorgan?

To answer this question, we need to compare these statistics with the 2001 Census data for the Vale of Glamorgan. For the 2001 Census, the 23 Electoral wards in the Vale of Glamorgan were split up into 78 Super Output Areas (SOA) to focus concerns towards more homogeneous areas. However, for this study and ease of comparison of the sample, the information gathered was in terms of electoral wards only so will be compared to the 23 electoral wards comprising of the SOA.

According to the Vale of Glamorgan Community Profile (2006), the 2001 census data shows;

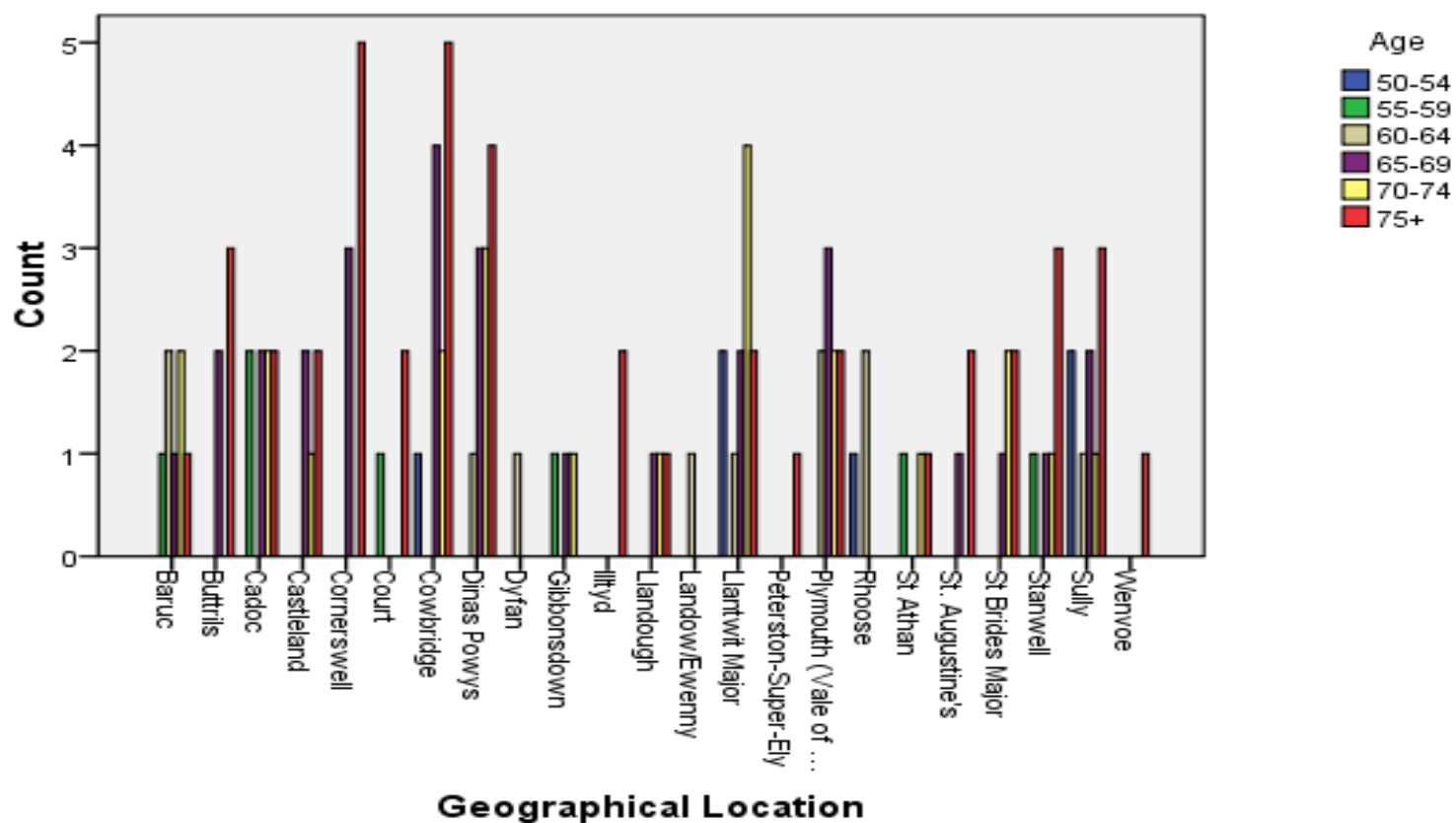
Distribution of older people in the Vale (2001 Census data)

- The largest proportions of both over 60 and over 90 year olds are clustered around Cowbridge.
- Plymouth (in Penarth) however, has the highest proportion of over 60 and over 90 year olds.

Comment

When comparing the age and location of participants, this study mirrors the census data in terms of the largest proportion of respondents lived in Cowbridge, and Cornerswell in Penarth (clearly illustrated by the bar chart overleaf).

Bar Chart



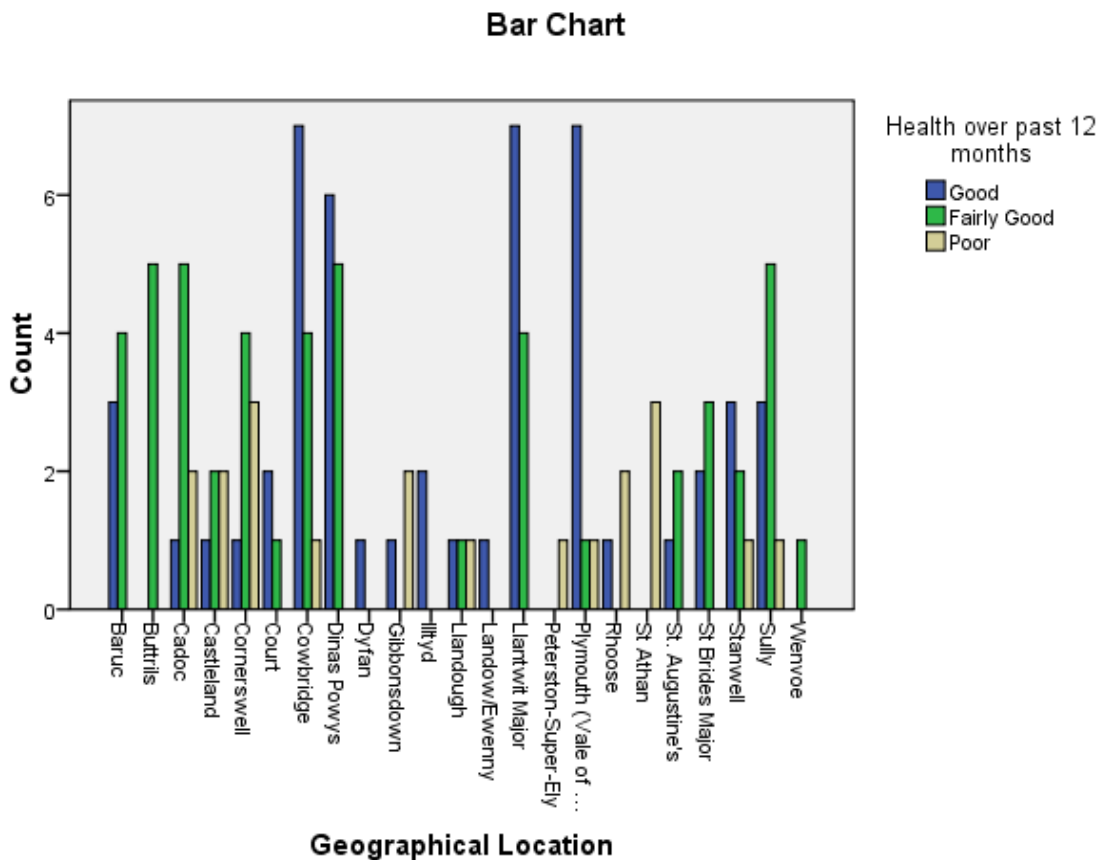
Health (2001 Census data)

- Cowbridge enjoys the best health.
- Northern Vale highest proportion of those in good health.
- Clusters with high proportions not in good health in Barry and Penarth.

When comparing the health and location of participants (see bar chart below), respondents living in Cowbridge, Llantwit Major and Plymouth (in Penarth, Vale of Glamorgan) had the highest number of individuals in good health with Cornerswell (in Penarth), Cadoc, Castleland, and Gibbonsdown in Barry having the highest numbers in poor health along with St Athan and Rhoose.

Comment

Again, this illustrates that the sample tends to mirror the census data.



Accommodation (2001 Census data)

- Wenvoe has the highest proportion of houses owned outright including most of the rural Vale and Penarth.
- Cadoc in Barry have the lowest proportion of houses owned outright.
- This picture is complimented by the data on the proportion of mortgaged houses.

Pensionable Households (Office for National Statistics, 2001 Census data) – Data was only available for houses owned and didn't distinguish between owned outright or owned with a mortgage. The top five areas where the number of houses owned were the highest were:

1. Sully – 97%
2. St Brides Major – 90%
3. Wenvoe – 90%
4. Llandough – 89%
5. Llandow/Ewenny – 87%

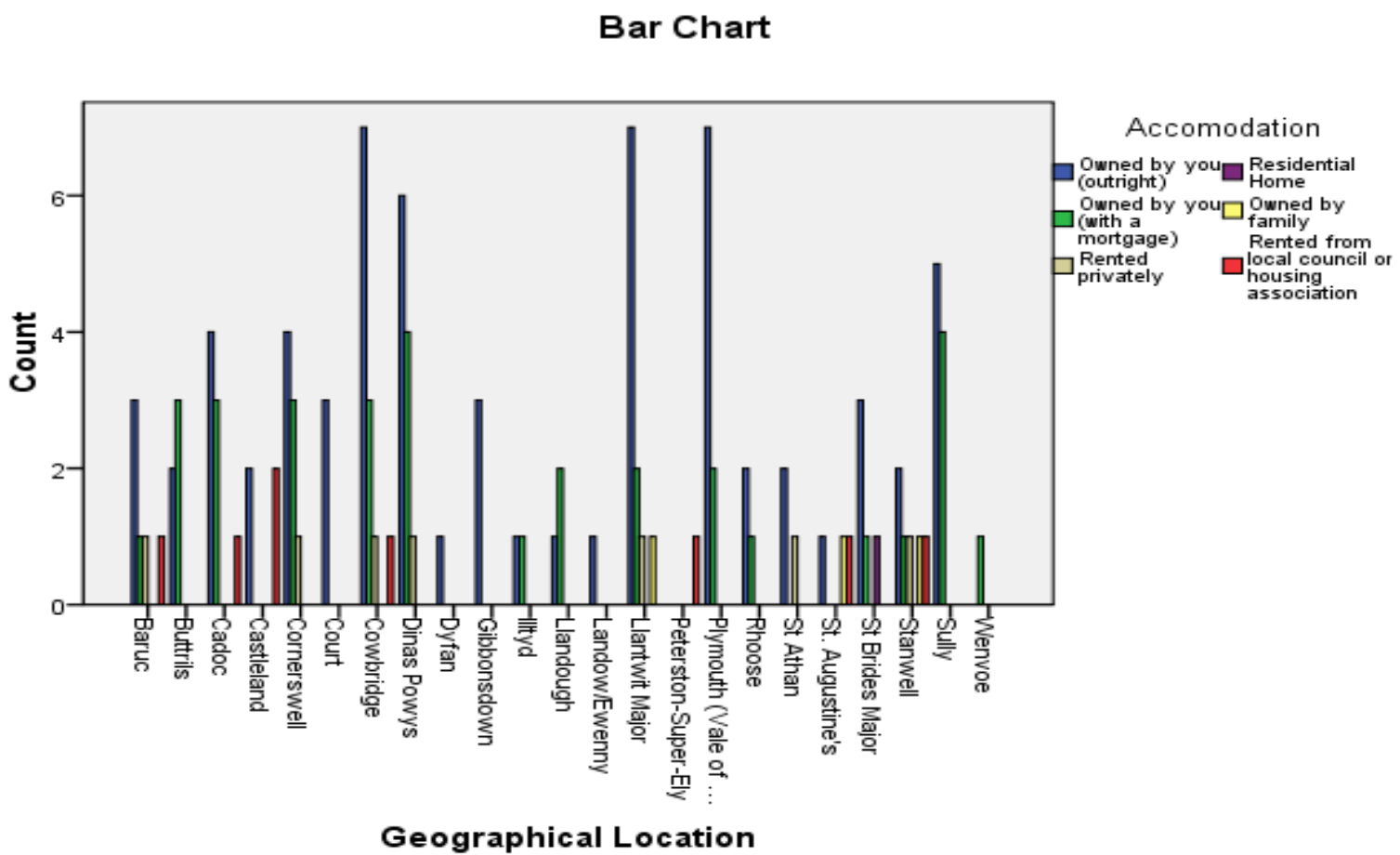
The areas where there was lowest home ownership were;

1. Gibbonsdown – 53% (43% of pensionable population live in Council or Social housing)
2. Castleland – 60%
3. Cadoc – 63%
4. Stanwell – 67%
5. Dyfan – 69%

In this study Cowbridge, Llantwit Major and Plymouth (in Penarth, Vale of Glamorgan) had the largest number of owned properties outright. Highest mortgages were Dinas Powys and Sully. The lowest proportion of houses owned outright was Peterston-Super-Ely although there was only one respondent (therefore not likely to be representative) but the next lowest were Dyfan, Iltyd in Barry, Llandow/Ewenny and St Augustine's and Llandough in Penarth.

Comment

This sample shows some consistency with the census data, for example Sully having high numbers of mortgaged properties and Dyfan having one of the lowest owned outright. However, there are major anomalies such as Peterston Super Ely which has 82% ownership and St Augustine's being at 81%. The bar chart below illustrates accommodation amongst the sample across the Vale of Glamorgan.



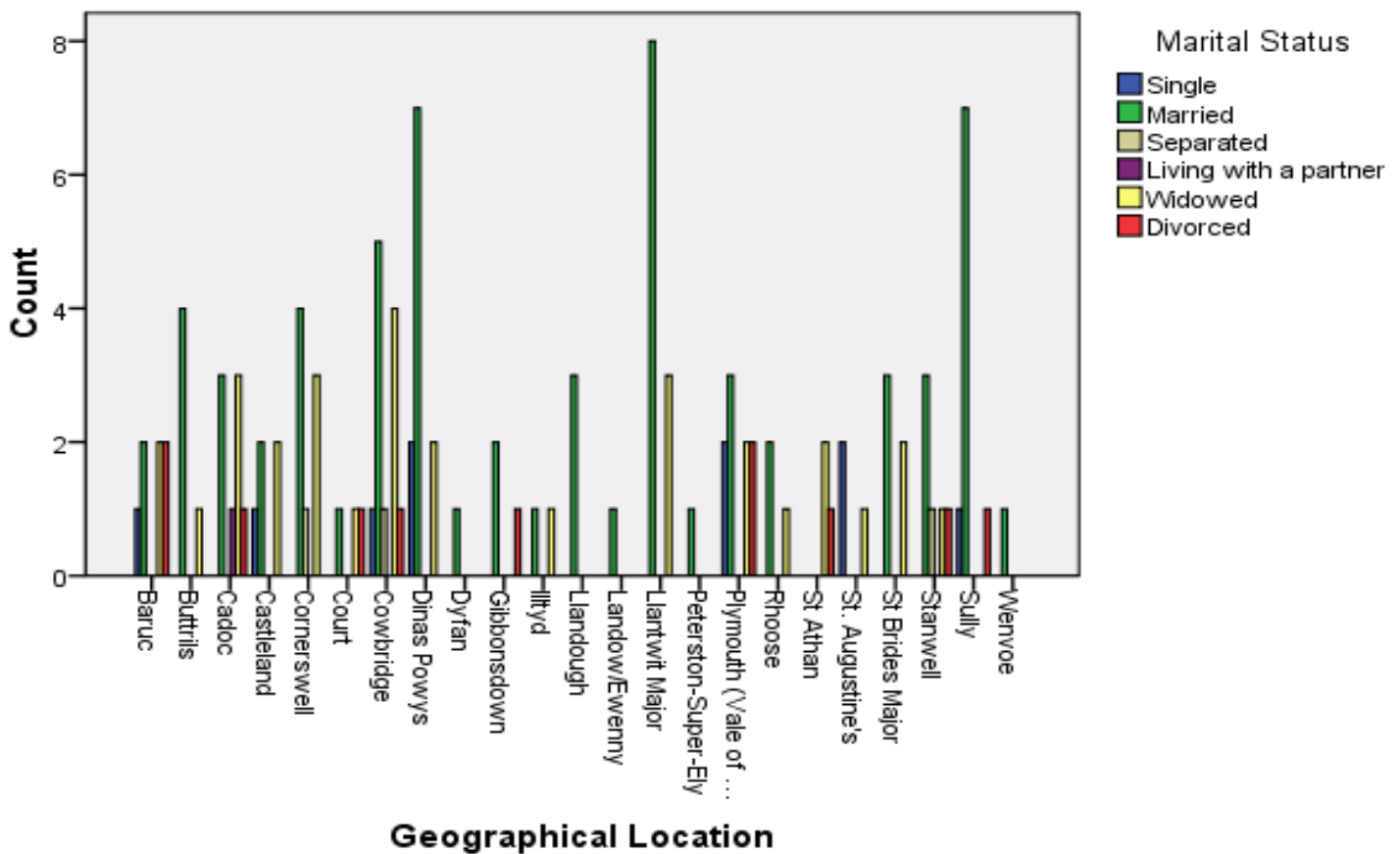
Marital Status (2001 Census data)

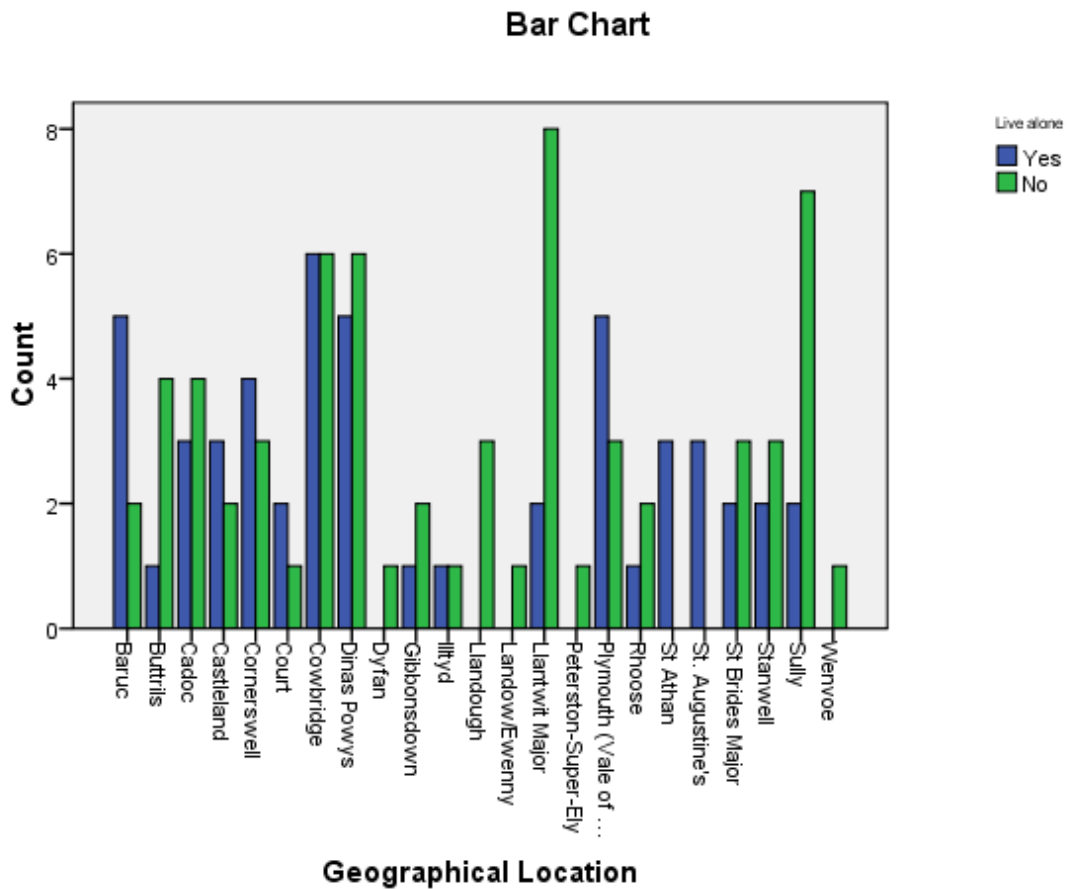
- Larger settlements have the higher proportion of single person households and there are higher proportions of married people in the rural areas.
- Single pensioner households are highest in Cowbridge and St Augustine's (in Penarth).

Comment

The bar chart below, and the one overleaf, illustrate that in this study, the sample tends to mirror that of the census data in terms of marital status (highest proportion in the rural vale e.g. Llantwit Major, Dinas Powys, Sully) and whether someone lives alone (single person households highest in Cowbridge).

Bar Chart





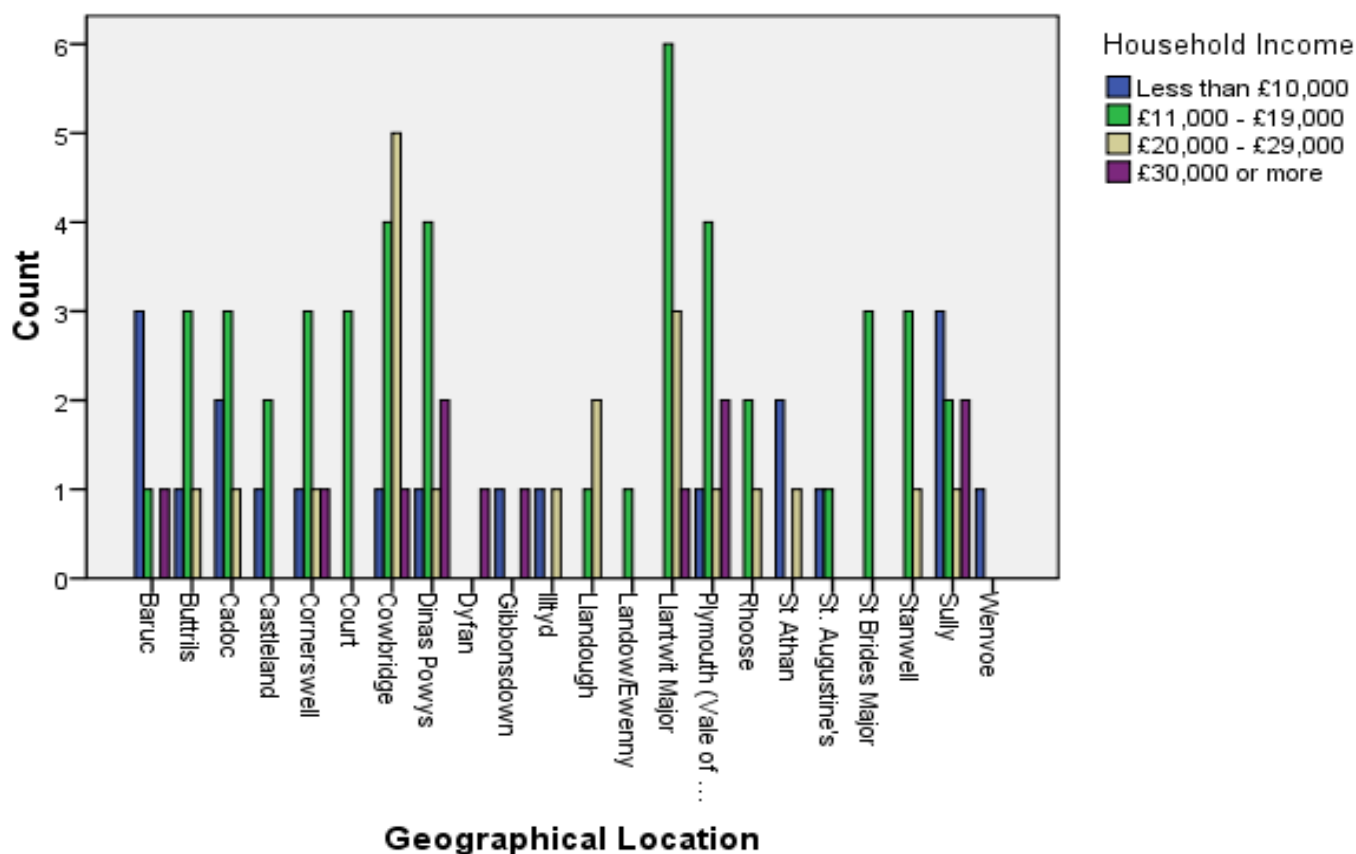
Income (2001 Census data)

- Clusters of the highest proportion of income deprivation are in Barry with Gibbonsdown being the highest.

Comment

The bar chart overleaf clearly indicates that those participants in this study with the lowest household income did indeed come from Barry (Baruc, Buttrils, Cadoc, Castleland, Dyfan, Illtyd and Gibbonsdown) mirroring the census data.

Bar Chart



Comment

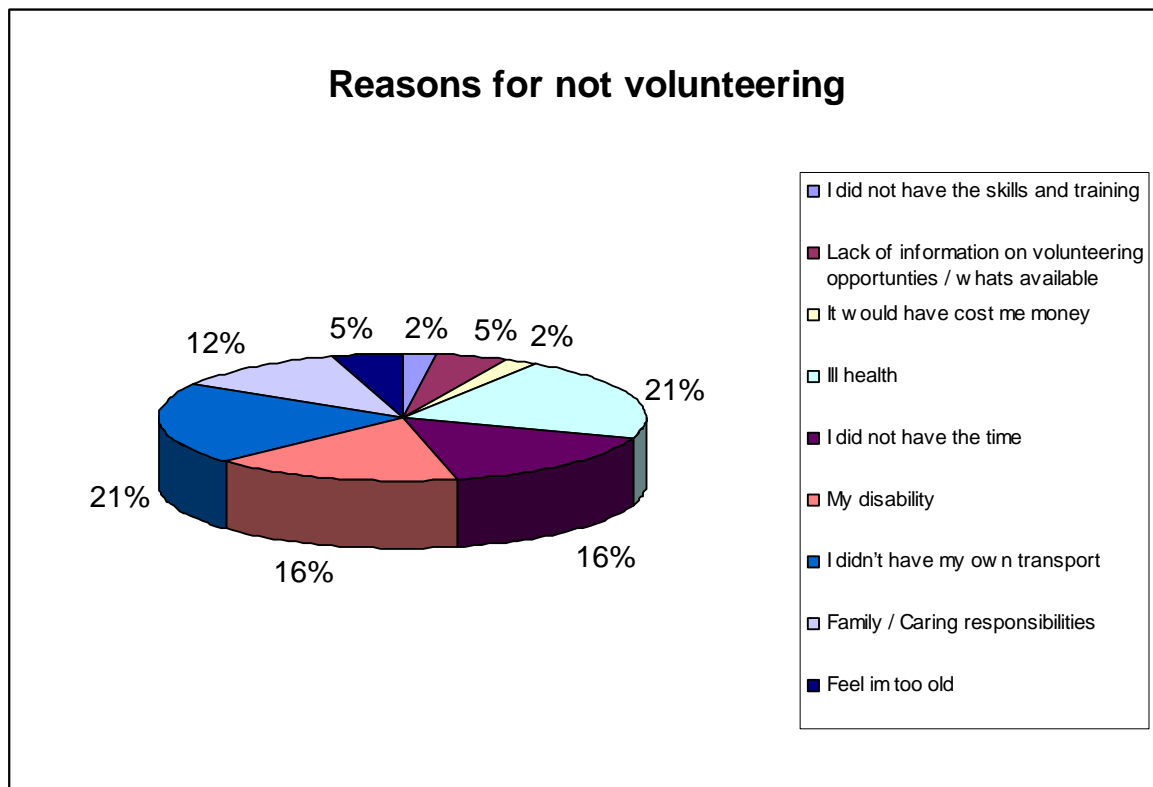
From the comparisons made it is clear that the sample compares favourably with the 2001 census data particularly around distribution of older people in the Vale, health, marital status and income. Since this sample is fairly representative of older people in the Vale of Glamorgan, the findings regarding the effects of volunteering on health could be useful indicators for planning and decision making in the Vale, by Social Services, Local Health Trusts, the OPSF and any organisation working with older people.

QUESTIONNAIRE

4.2 SECTION 2 - PARTICIPANTS NOT CURRENTLY VOLUNTEERING

Information was gathered from the 65 participants who don't currently volunteer to identify any key factors which may have an impact on the relationship between volunteering and health.

- Nearly half (46%) have done voluntary work in the past. With reference to the whole population used in this study, the figures demonstrate that there is a volunteer drop out rate of 29%.
- The main reasons given for not volunteering were 'family responsibilities' (e.g. caring) 'lack of time' and interestingly 'affected my health' clearly illustrated in percentages below.



- 67% said they had never considered volunteering and 33% that they had considered volunteering.
- Of those that had considered volunteering 21% didn't volunteer because 'they didn't have their own transport', 21% due to 'ill health', 16% because they 'didn't have the time' and 16% due to 'my disability'.

Comment

These findings are consistent with Malin (2005) who found that the two main barriers to older people volunteering in the Vale of Glamorgan were that they did not have the time and health problems although transport was not indicated as such an issue coming in ranked fifth. However, this may be due to the fact that their sample had the largest concentration of volunteers aged 60-69 which then decreased with age compared with this study where the number of volunteers increased with age with the 75 plus age group having the largest number of current volunteers. Consequently, it may be the case that more of the volunteers in the study by Malin could drive as opposed to this study and therefore transport was not as big an issue. With the 75 plus age group many may have surrendered their driving license deeming themselves not safe or able to drive. Due to the geographical make up of the Vale of Glamorgan transport is particularly an issue identified by the OPSF that impacts heavily on older people's daily lives in the Vale.

- 21% of those not currently doing voluntary work would like to do so.

Comment

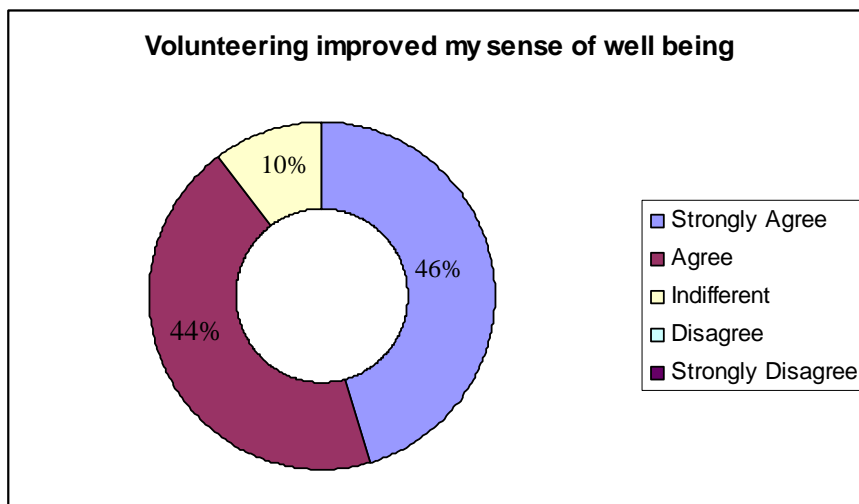
This clearly indicates that there is a role for Social Services, Local Health Trusts, the OPSF and those organisations like the Vale Volunteer Bureau to look at tackling these issues, particularly around transport (due to the geographical make up of the Vale of Glamorgan) and supporting people who are in ill health and/or have a disability to participate in suitable voluntary work. Agencies might consider a less able volunteer shadowing an able volunteer who can provide them with training and support until the less able volunteer becomes confident and capable of completing volunteering tasks

alone when the able volunteer can revert to the role of mentor. Such partnerships could take place in areas like visiting the elderly. From personal experience working for a voluntary organisation I have seen first hand how this can work successfully and the confidence and benefits that it can have for an individual with a disability. This is supported by Malin (2005) who recommended that barriers to older people volunteering in the Vale of Glamorgan should be tackled at the local level and one of the methods suggested included a buddying system (similar to the one discussed above) and 'bring a friend to volunteer day'.

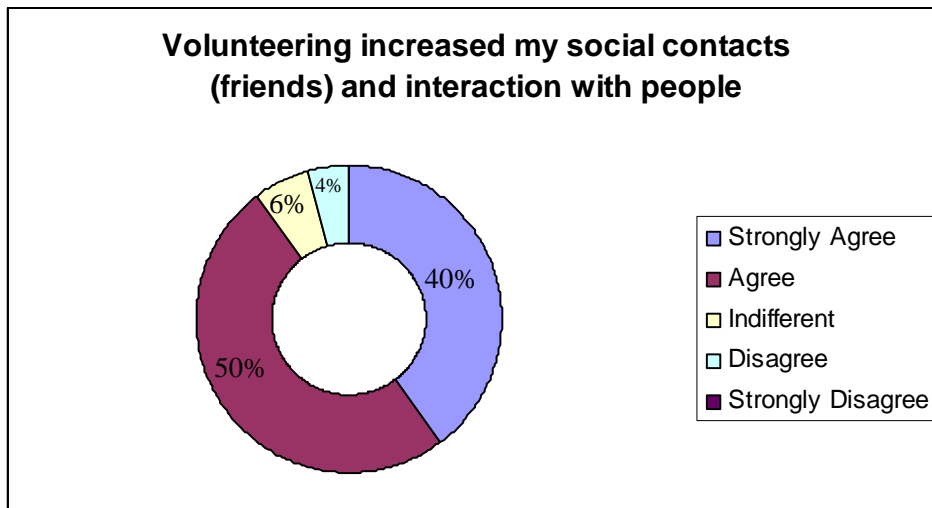
QUESTIONNAIRE

4.3 SECTION 3 – THE IMPACT OF VOLUNTEERING ON HEALTH

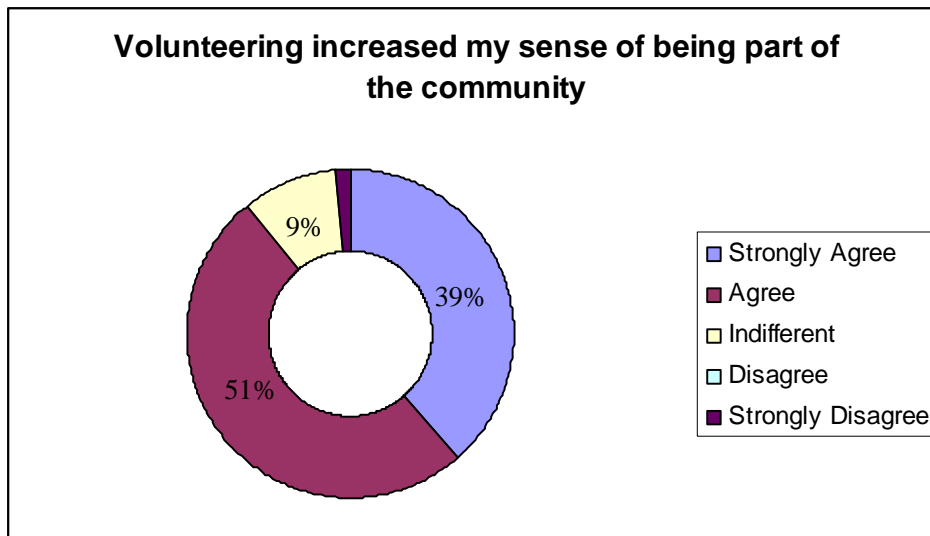
In terms of the self reported impact of volunteering on health, the findings show that significant numbers of the 73 volunteers reported that volunteering improved their sense of well being (90%), increased their social contacts (90%), increased their sense of being part of the community (90%), increased their self confidence, their self esteem and sense of self purpose (82%), improved their mental health (81%) and improved quality of life (70%).



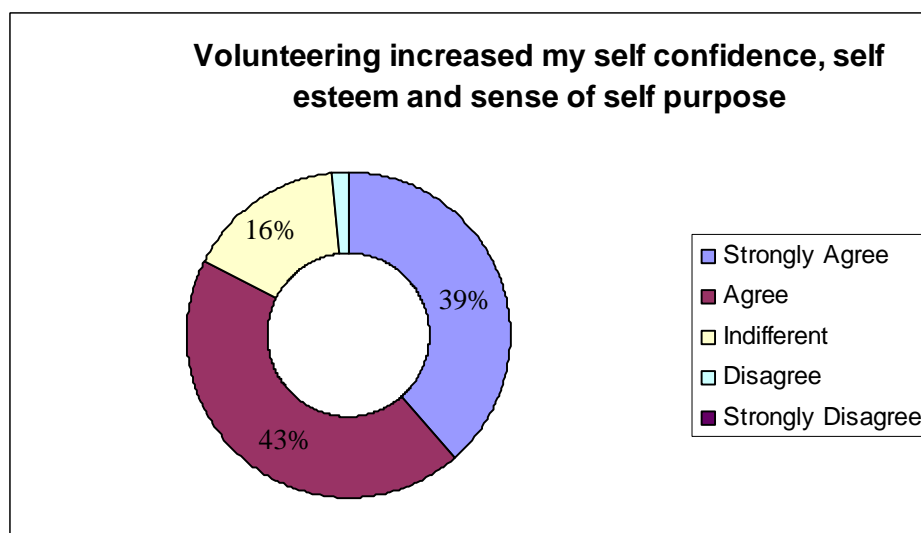
- **90% of respondents either strongly agreed or agreed with the statement that ‘volunteering improved my sense of well being’.**
- 68 out of 73 participants who currently volunteer responded (93%) to this question.



- **90% of respondents either agreed or strongly agreed with the statement that ‘volunteering increased my social contacts (friends) and interaction with people’.**
- 68 out of 73 participants who currently volunteer responded (93%) to this question.

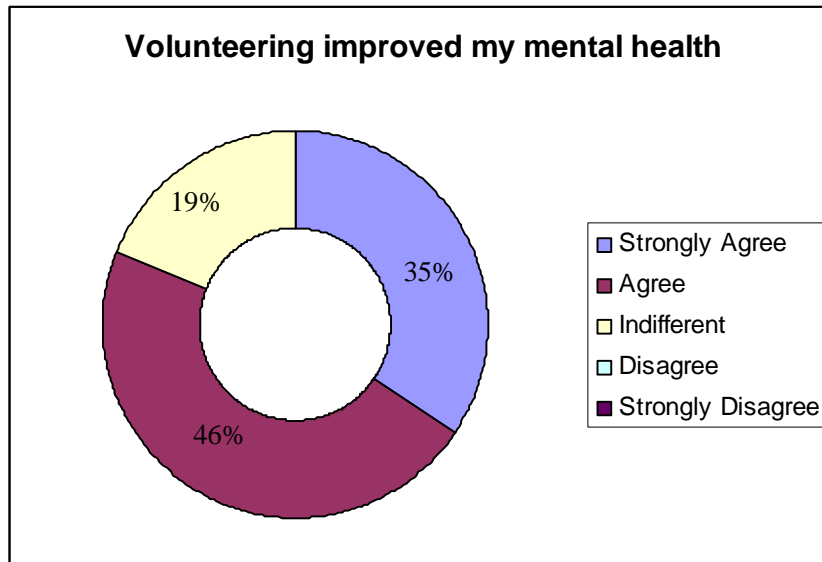


- **90% of respondents either strongly agreed or agreed with the statement that ‘volunteering improved my sense of being part of the community’.**
- 65 out of 73 participants who currently volunteer responded (89%) to this question.

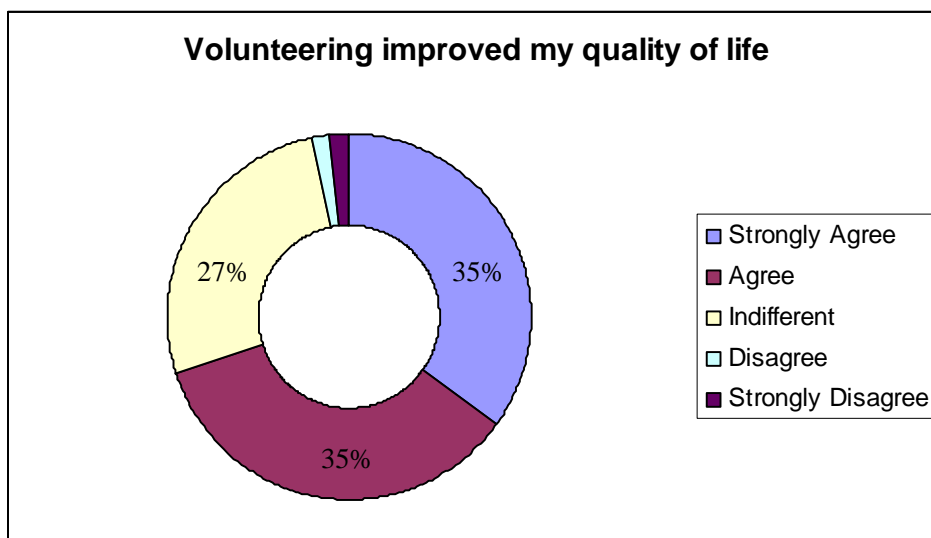


- **82% of respondents either agreed or strongly agreed with the statement that ‘volunteering improved my self confidence, self esteem and sense of self purpose’.**

- 57 out of 73 participants who currently volunteer responded (78%) to this question.



- **81% of respondents either strongly agreed or agreed with the statement that ‘volunteering improved my mental health’.**
- 58 out of 73 participants who currently volunteer responded (79%) to this question.

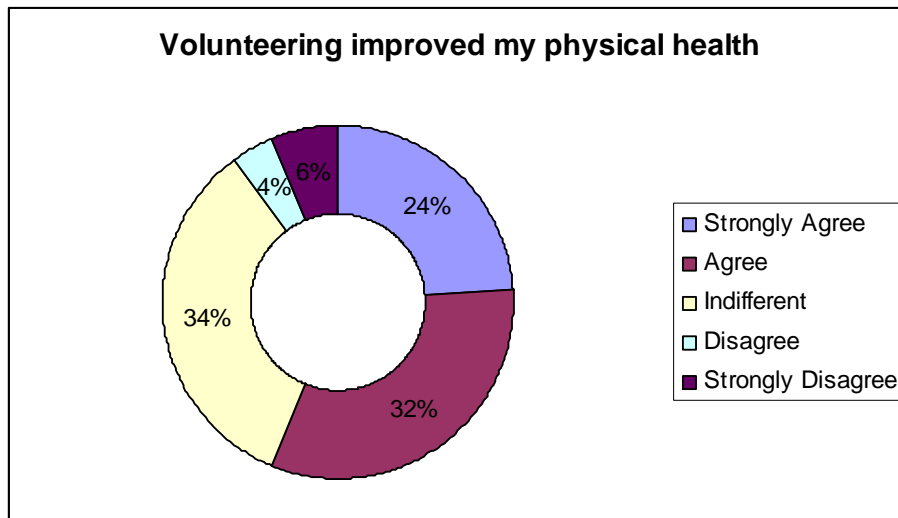


- **70% of respondents either strongly agreed or agreed with the statement that ‘volunteering improved my quality of life’.**
- 60 out of 73 participants who currently volunteer responded (82%) to this question.

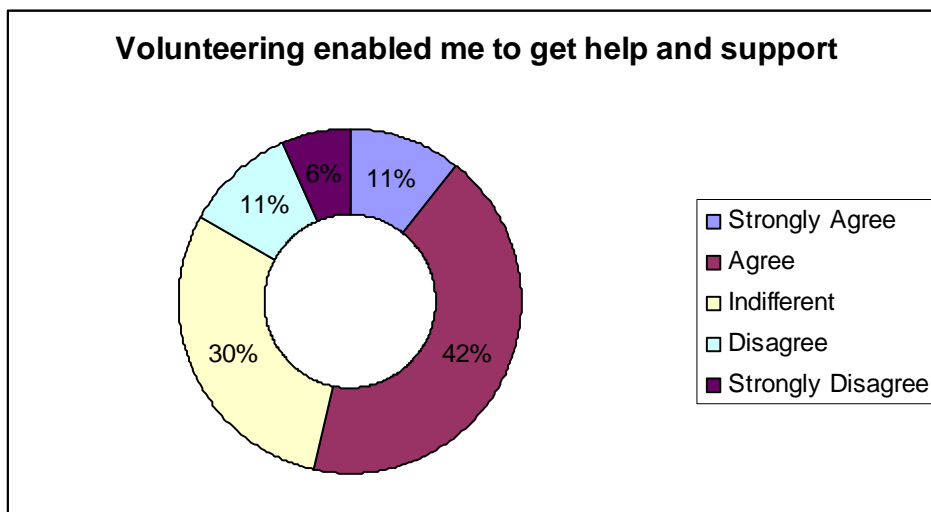
Comment

These findings appear to support the literature that there is a causal relationship between volunteering and health (Onynx and Warburton, 2003), that volunteering in later life is seen as a productive activity which is said to provide an avenue to maintaining health (Wheeklar et al. 1998), that social roles and networks provide a meaning and purpose in life and contribute to feelings of well being (Choi and Boham, 2007), that volunteering is ‘good’ which will do ‘good’ and as such taking on socially valued roles increases self-esteem thereby producing an increased sense of well-being (Wuthnow, 1991 cited in Musk and Wilson, 2003) and adaptation theories, describing how older adults adjust to the declining importance of major life roles by finding alternative productive activities such as volunteering (Atchley 1998 cited in Hezog, 2002).

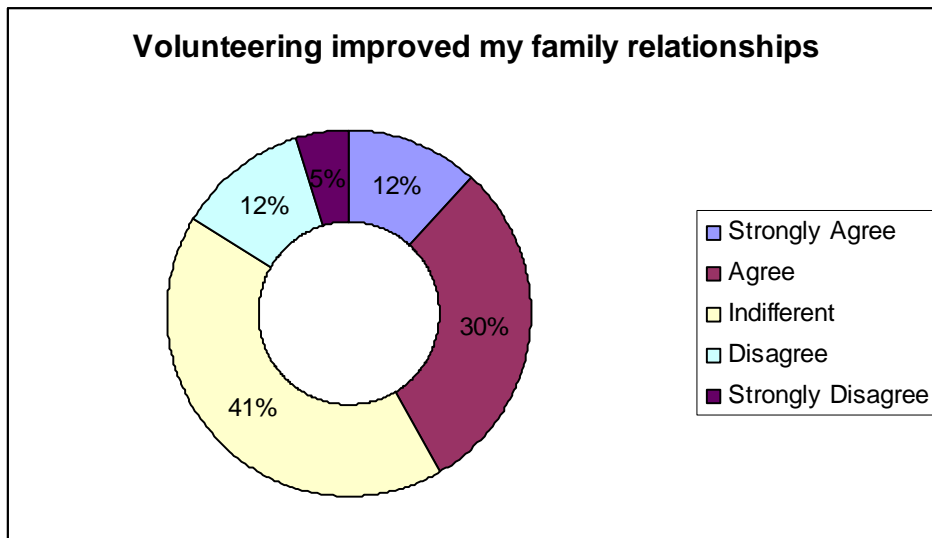
However, the self reported impact of volunteering on the other health and well being statements in this study found lower numbers of volunteers reporting that volunteering improved their physical health (56%), enabled access to help and support (53%), improved family relationships (42%), improved ability to carry out tasks associated with daily living (36%) and cost money that could be ill afforded (16%).



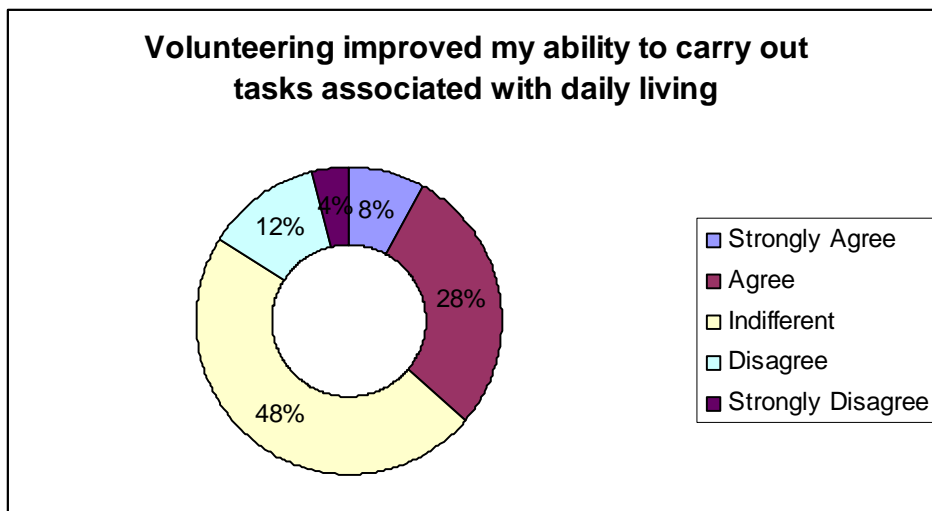
- **56% of respondents either strongly agreed or agreed with the statement that ‘volunteering improved my physical health’.**
- 50 out of 73 participants who currently volunteer responded (68%) to this question.



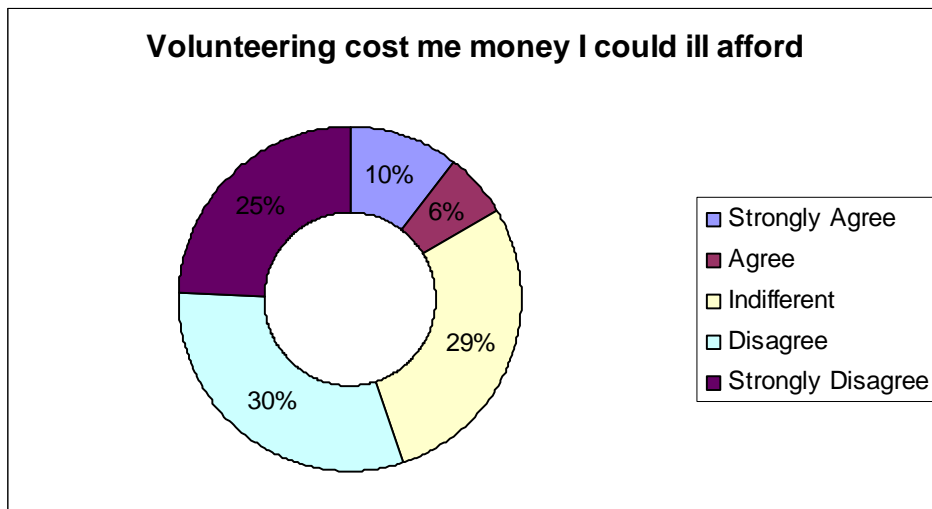
- **53% of respondents either strongly agreed or agreed with the statement that ‘volunteering enabled me to get help and support’.**
- 47 out of 73 participants who currently volunteer responded (64%) to this question.



- **Only 42% of respondents either agreed or strongly agreed with the statement that ‘volunteering improved my family relationships’.**
- Only 43 out of 73 participants who currently volunteer responded (59%) to this question.



- **Only 36% of respondents either strongly agreed or agreed with the statement that ‘volunteering improved my ability to carry out tasks associated with daily living’.**
- 50 out of 73 participants who currently volunteer responded to this question (68%).



- **Only 16% of respondents either strongly agreed or agreed with the statement that ‘volunteering cost me money that I could ill afford’.**
- 49 out of 73 participants who currently volunteer responded (67%) to this question.

Comment

*Possible reasons for these findings could be the natural decline in physical health with age (since the majority of volunteers in this study were 70 years and over), that help and support for older people in the Vale is fairly readily available, contact with family maybe fairly minimal as one OPSF member put it ‘**they only come running when the will is being read**’, and that the majority of volunteer expenses are paid in line with good practice.*

We will now look at the findings relating to respondents’ state of health over the past 12 months, health prior to their voluntary work and whether they have any long term illnesses, health problems or a disability to see how this information affects their self reported health.

Comment

Interestingly, the issue of ‘do healthy people volunteer or does volunteering make you healthy?’ was raised by one participant as a direct question in the comments section of

the questionnaire. This is in line with Musick and Wilson (2003) who suggest that it is unclear whether volunteering makes people healthy or simply that healthy people volunteer.

State of health over the past 12 months

From those who indicated that they had a poor state of health over the previous 12 months, 100% said that volunteering had increased their self confidence, self esteem and sense of self purpose, 89% said that volunteering had improved their sense of well being, 89% volunteering had increased social contacts and 88% said that volunteering had improved their mental health (see appendix three A3.1).

Comment

So despite classifying themselves as being in poor health, they still indicate that volunteering has had a positive health impact reflecting the work of Oynx and Warburton (2003).

State of health before voluntary work

Of those participants who reported to have a poor state of health before their voluntary work, 100% said that volunteering improved their mental health, sense of well-being, improved quality of life and increased social contacts. Those in fairly good health responded 77%, 83%, 75% and 96% respectively (see appendix three A3.2).

Comment

This indicates that volunteering can have a positive impact on the health of people who are in poor health as well as those in fairly good and good health.

However, it is worth noting that in this study there was low number of volunteers who were in poor health before they volunteered (valid percentage of 3).

Comment

This suggests that the majority of older individuals who volunteer are in fairly good or good health and that more support and opportunities need to be made available to individuals who are in poor health since this is a group for which volunteering could have the greatest health impact. This is consistent with (Graff, 1991) who argues that where volunteering could have its greatest health benefit, obstacles exist and that certain populations need extra time and support in volunteer placement, training and management. This is supported by the findings in this study indicating that the majority of volunteers had clearly identified motivations for volunteering and then found the opportunities themselves.

Long term illness, health problem or disability

From the participants who reported having a long-term illness, health problem or disability, 90% said that volunteering improved their sense of well being, 89% that volunteering increased their sense of being part of the community, 88% said that volunteering improved their mental health and 87% said that volunteering increased social contacts (**see appendix three A3.3**). When comparing these figures with those who reported not to have an illness, health problem or disability, the percentage was higher for the first three but lower on the last.

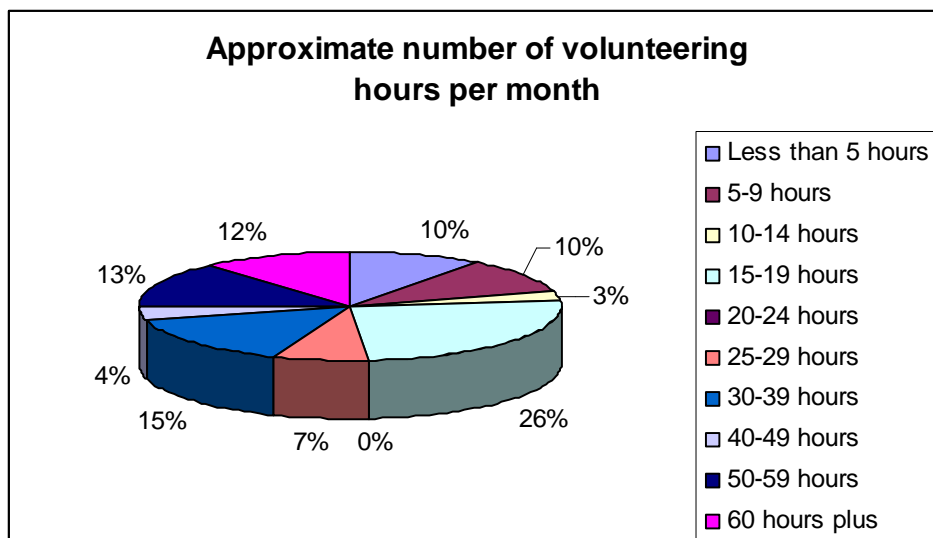
Comment

These findings suggest that it is not just healthy people who volunteer and that volunteering can have a positive impact on any long term illness, health problem or disability. This supports Oynx and Warburton (2003) who argue that studies do show that there is a causal relationship between volunteering and health.

These results clearly indicate that volunteering had self reported health benefits for volunteers. However, as evident by the literature there are a number of different factors which can have an impact on the relationship between volunteering and health. Consequently, the results need further exploration comparing specific statements on health and well being with factors (gathered from respondents) which research has identified can have an impact.

Amount of Volunteering

- 26% of current volunteers reported that they volunteer once a week with 21% more than three times a week.
- 32 % volunteer for 1-2 hour each time with 48% volunteering for 3-4 hours.
- 26% volunteer for 15-19 hours per month with another 25% doing more than 50 hours clearly illustrated in the pie chart below.



- 52% have been volunteering for more than 10 years with 35% more than 20 years.

Comment

The literature research indicates that the relationship between volunteering and time is curvilinear and that the positive effects taper off with time e.g. Lum and Lightfoot (2005). The results from this study did not support this literature.

Results show individuals volunteering 60 plus hours a month and having a 100% response rate agreeing that volunteering improved mental health, sense of well being, and increased self confidence, self esteem and sense of self purpose. Conversely, those volunteering for less than five hours per month had a 100% response rate agreeing that

volunteering improved their social contacts and 83% improved sense of well being (see **appendix three A3.4**).

However, it is worth noting here that 5% said that the worst thing about volunteering was the long hours, as the following statements from participants highlight *‘organisers taking advantage and relying too much on my good will’*, *‘excess demand due to low numbers of volunteers’*, *‘you must be careful it doesn’t take over, everybody needs time for themselves’* and *‘I can’t cut back on hours because I feel guilty’*.

Comments

The results indicate that time can be an issue and excessive demands and too much volunteering can have a negative effect on health. Indeed 26% of those who had concerns about their current voluntary work said that it was the number of hours.

The results from this study do however support the literature that there is an optimum number of hours where the health benefits of volunteering are the greatest. Those volunteering 25-29 hours per month agreed 100% to the statements that volunteering improved physical health, mental health, sense of well being, increased self confidence, self esteem and sense of self purpose, improved family relationships, increased sense of being part of the community, improved quality of life and increased social contacts.

Comment

These findings support Luoh et al. (2002) reporting better health for those volunteering for more than 100 hours per year.

Volunteering alone or with others

- 41% do their volunteer work in a group (3plus), 30% alone, 16% with one other person and 13% said that it varies.

We need to see if there is any relationship between whether the voluntary work is carried out in isolation and self reported health. For example, it could be argued that those who do their voluntary work on their own, are less likely to say that volunteering has

improved their social contacts (associated with good health) than someone who volunteers at a lunch club.

Comment

Looking at the results (see appendix three A3.5), there are no clear findings and this could potentially be due to the way the question was phrased. This was missed in the focus group and pilot study; the question read 'do you volunteer alone, with one other person, in a group (3 plus), or varies / mixture?' On reflection, by 'alone' it was looking for those who do their voluntary work on their own (with no one else around them) rather than volunteer on their own or with a group of individuals for example. In a structured interview this could have been followed up with further questions but using the method of a postal questionnaire alone, has given unclear results and indicates the importance of ensuring that questions asked are phrased so as to give the appropriate response (Blaxter et al. 2001).

Place and area of voluntary work

- The most common places of voluntary work were the church (24%), people's homes / at home (22 %), outside (18%), office (16%), day / community centre (16%) and a charity shop (12%).
- The most popular areas of volunteering were with the elderly (40%), administration and office work (27%), fundraising (20%), caring (19%), befriending (17%) and a charity shop / retail (13%).

Those participants who volunteered with the Church had the highest number agreeing that volunteering improved physical health, mental health, sense of well being, self confidence, self esteem and sense of self purpose, increased sense of being part of the community, increased social contacts (friends) and interaction with people, and improved quality of life and family relationships.

Comment

This is consistent with the literature that church-related volunteering had a larger effect on depression (Musick and Wilson, 2003) and that health benefits are linked with the type

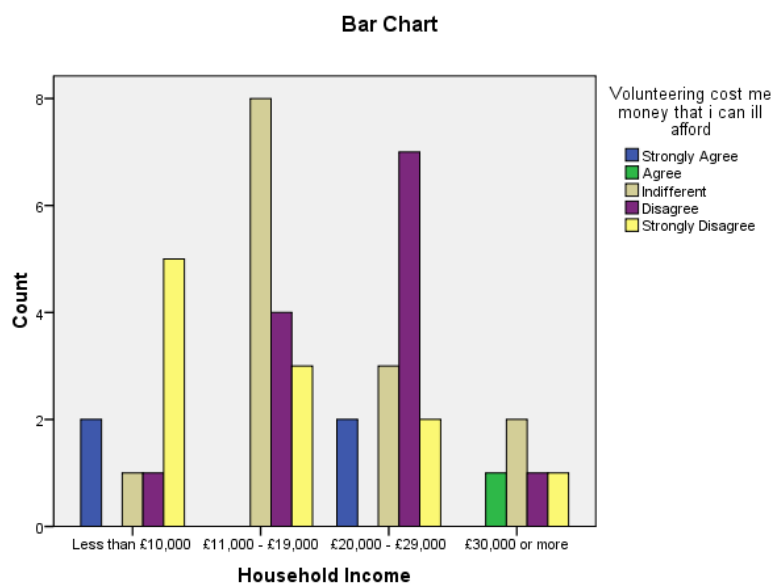
of volunteering and whether motivations are met Glasgow (1998) and Morrow-Howell et al (2003). For example, as one participant put it ‘I’m a Christian and it’s a vocation to serve others any way I can’ and another ‘God has called me to care for people in the community’ hence their motivations are met. A large number of respondents volunteered with the elderly and this suggests that older people are motivated to help and support other older people. They have developed the necessary skills through life, can empathise more with the elderly, don’t need training and at the same time can build friendships.

Household income

There appears to be no correlation in participants’ responses between household income and agreement of any of the health and well being statements including ‘volunteering costing me money I can ill afford’ (see **appendix three A3.6**).

Comment

However, this may be due to the fact that in most cases, as good practice promotes, volunteer expenses are paid although for two volunteers on low income, this was an issue which could potentially cause stress and anxiety possibly having a negative impact on health (this is clearly illustrated in the bar chart overleaf). This is supported by literature suggesting that although volunteering is good for the community, involvement can be stressful particularly for those with fewer resources and this poses a health risk for some people (Zierch and Baum, 2004). In this case ‘some people’ would be those two identified volunteers who made the valid 3%. Malin (2005) highlights the issue of expenses recommending that with limited income older people should know and expect that the payment of out-of-pocket expenses is usual and prompt.



Of those on the lowest household income of less than £10,000, 100% said that volunteering improved their sense of well being, increased self confidence, self esteem and sense of self purpose and increased social contacts (see appendix three A3.6). The majority of volunteers' household income was £11,000 - £19,000 with the lowest number of volunteers' having a household income of £30,000 plus.

Comment

This contradicts Warburton et al. (2004) who suggest that volunteering in later life is associated with higher socio-economic status.

Accommodation

Although the majority of volunteers own their own house, 100% of individuals either strongly agreeing or agreeing with the health and well being statements on physical health, mental health, sense of well being, self confidence, self esteem and sense of self purpose, sense of being part of the community, quality of life, ability to carry out tasks and increased social contacts lived in a residential home or accommodation owned by family (see appendix three A3.7).

Comment

This may be due to some residential homes being depressing places where ill people sit around for much of the day and where volunteering provides a much needed positive activity and opportunity to develop social support networks.

Interestingly, overall in this study respondents indicated in low numbers that volunteering had improved their family relationships although of those who lived in accommodation owned by their family, 100% said that volunteering had improved their family relationships.

Comment

This may be due to the fact that for those volunteers living with their family, their volunteering provides a positive activity with the social support networks thus developed taking away some of the pressure placed on family members.

Marital Status

Those who were either widowed or divorced had the highest percentage either strongly agreeing or agreeing that volunteering improved their mental health, sense of well being, self confidence, self esteem and sense of self purpose, increased sense of being part of the community, improved quality of life and increased social contacts (**see appendix three A3.8**).

Comment

This supports the literature around social integration theory (Li and Ferraro, 2005). Interestingly the results may reflect the fact that single people are very independent and have built up social networks compared with those who are divorced and widowed for whom volunteering appears to have a much greater health benefit.

Those widowed had the highest percentage agreeing with the statement on physical health, mental health, social contacts and getting help and support and the lowest agreeing with the statement 'volunteering cost me money I can ill afford'.

Comment

*This is likely to be due to the sense of isolation, loss and loneliness after bereavement: where individuals have always had company and someone around to do things with and now they don't. As one participant put it **'I have recommended working in the charity shop to others, newly widowed, lonely and seen them blossom. They meet people, hear of other organisations and thus network successfully'**. It would be interesting to perhaps study whether those divorced and widowed are volunteering in groups where they have the company of the opposite sex.*

Living alone

Those respondents who lived alone either strongly agreed or agreed in a higher percentage to the statements that volunteering had improved their mental health, sense of well being, self confidence, self esteem, and sense of self purpose, quality of life, and social contacts and in higher percentages than those not living alone (**see appendix three A3.9**). The percentages of respondents agreeing with the statements on improved physical health and increased sense of being part of the community were the same for individuals living alone or not living alone and were 57% and 89% respectively (**see appendix three A3.9**).

Comment

Again, this suggests that volunteering has a greater health impact on those that live alone compared with those that don't since it can combat social isolation by providing social roles that are associated with good health (Li and Ferraro, 2005).

Reasons for volunteering

- The main reasons identified were commitment to a cause (22%), keeping mind active (19%), to help people (17%), to meet new people (13%), to keep physically active (11%) and to fill some time in the day (7%).
- 25% found voluntary work through their own personal initiative, 20% from a friend and 20% a leaflet, advert or newspaper.

Comment

Research suggests that individuals see a causal path between their volunteer activities and better health (Warburton 2006). As mentioned in the literature it is within the interest of voluntary organisations to promote volunteering as having health benefits in order to get much needed volunteers.

When comparing the main reasons given by participants for volunteering (detailed above) these unsurprisingly agreed in the highest numbers with the statements that volunteering improved physical health, mental health, sense of well being, increased self confidence, self esteem and sense of purpose, increased social contacts, sense of being part of the community and quality of life.

Comment

The findings also suggest that the majority of these respondents were motivated to volunteer for the reasons they identified and subsequently found their own voluntary work.

This suggests the notion of a self fulfilling prophecy that by seeing a causal path and by using self-reported health the respondents volunteering may not have actually improved their health they just think it has. Conversely, for example, an individual may want to volunteer to improve their physical health, and regardless of this motivation the voluntary activity does actually improve physical health although we have no way of knowing for sure as it is just the individuals report/judgement that his/her health has improved. This is supported by Van Willgen (2000) who found that volunteering is associated with better self reported health. So individuals are not in the best position to judge their own health.

To compliment this study and tackle the issue of self reported health, structured interviews, focus groups and consultations with health professionals to use medical science to explore this relationship in more detail could be used. For this study however, this wasn't possible due to financial and time constraints.

Concerns about voluntary work

- Only 14% of volunteers had any concerns prior to their voluntary work with amount of time expected (35%), ‘do I have the skills and training?’ (23%), lack of confidence (15%) and ‘will it cost me money?’ (12%) being the main concerns.
- However, 21% have concerns about their current voluntary work; 30% were concerned about being taken for granted, 26% the number of hours and 22% that it would cost money.

Comment

This finding that just over one fifth of respondents had concerns about their current voluntary work illustrates a potential lack of training and volunteer management which may have a negative health impact.

Those participants whose concerns about their current volunteering were being taken for granted, number of hours, and legal responsibilities had the highest number of respondents disagreeing and strongly disagreeing with the statements that volunteering improved physical health, family relationships, sense of being part of the community and improved quality of life.

Comment

This supports the literature that not all volunteering is good for the health of all individuals all of the time (Warburton, 2006).

Training and management of volunteers

- 82% of respondents either strongly agreed or agreed with the statement that ‘the induction and training I received to do the voluntary work were good’.
- 84% of respondents either strongly agreed or agreed with the statement that ‘the management of volunteers in the organisation is good’.

When comparing those who disagree or strongly disagree that training/induction and management were good with the health and well being statements, the findings were not conclusive.

Comment

It is worth pointing out however, that many volunteers are involved in the training and management and thus their reporting may not be entirely honest or representative.

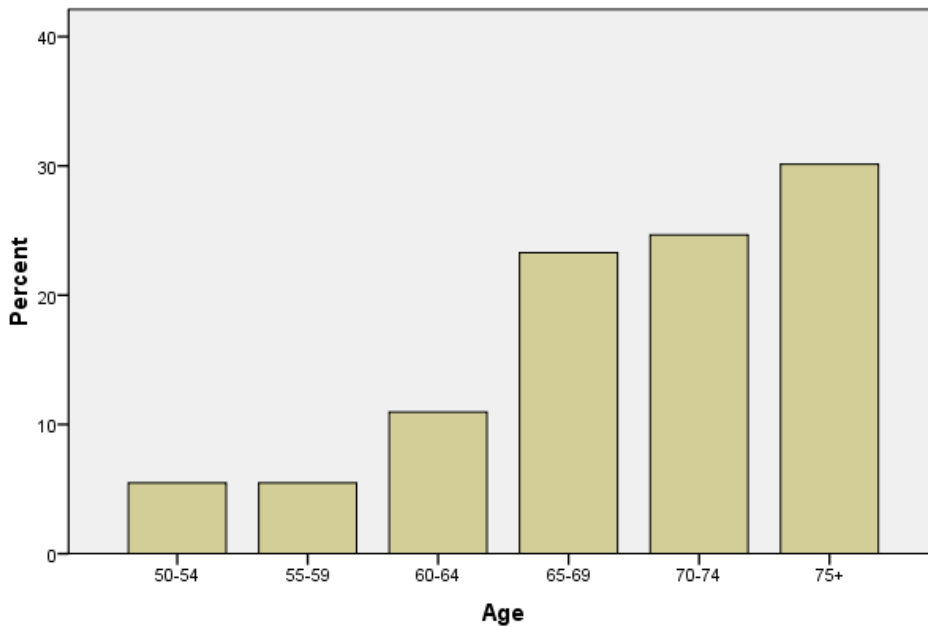
The other issue is that training and management of volunteers varies considerably between groups and organisations and not just the standard but how it is tailored to the needs of the individual volunteer.

*For example, one volunteer said **'the areas in which I volunteer now do not provide any training and no management since there is no formal organisation or management structure'**, another **'both have opportunities for training. It is up to the individual to take advantage of this'**.*

*However, if a volunteer has not got the confidence or skills to identify and ask for training then their experience will be a bad one and could have a negative impact on health. An example of this is that one volunteer commented **'Being concerned I'll make a mistake or being left alone before I am confident'**. This could cause anxiety and stress for that individual and potentially have a negative impact on their health. Other comments included **'small organisation bad training, large organisation good training'** and **'not having adequate training due to lack of resources'**.*

This illustrates the variety of voluntary experiences out there and that the effect to which they have an impact on an individuals health depends upon the individual volunteer themselves again in support of literature that not all volunteering is good for the health of all individuals all of the time (Warburton, 2006).

Age of volunteers



In this study the number of volunteers increased with age with the largest number of volunteers in the age category 75 plus (clearly indicated above). Of these participants, the findings indicate that volunteering increased social contacts (95%), self confidence, self esteem and sense of self purpose, (93%), sense of being part of the community (90%), improved quality of life (88%), sense of well being (84%), and improved mental health (77%) (see **appendix three A3.10**).

Comment

This is consistent with the literature that remaining active and socially engaged in old age is important for identity and well being (Lemon, Bengston and Peterson, 1972, Karl and Longino, 1982 cited in Luoh and Herzog, 2002).

Further information gathered about the voluntary work

Best two things about volunteering (main findings)

- 25% reported that it was rewarding / satisfying helping people.
- 17% making friends / meeting new people and social activities.
- 11% to give something back to the community / help community services /community benefit.
- 7% working for something you believe in.
- 7% keeping physically active / gets me out / structure to the day.
- 5% customers / service users / people volunteer for pleased to see me.
- 4% keeping mind active.

Those that said the best thing about their voluntary work was that it was rewarding / satisfying helping people, meeting new people and giving back to the community had the highest number of responses agreeing that volunteering improved physical health, mental health, sense of well being, increased self confidence, self esteem and sense of purpose, increased sense of being part of the community, improved quality of life, social contacts and enabled access to help and support. Some specific answers given were;

| |
|--|
| <i>'Not wasting skills, appreciation from clients' (participant no. 9)</i> |
| <i>'Friends, trips, visits to the theatre'</i> <i>'I like helping people who without the activity provided would be lonely and sometimes housebound' (participant no. 10)</i> |
| <i>'Helping young people to enjoy life'</i> <i>'Helping participation by the very old' (participant no. 65)</i> |
| <i>'I meet people it makes me go out even if I don't feel like it' (participant no.76)</i> |
| <i>'Cannot cut back on hours because I feel guilty' (participant no. 134).</i> |

Comment

These findings support the literature around activity theory suggesting that remaining active and socially engaged in old age is important for identity and well being (Lemon, Bengston and Peterson, 1972, Karl and Longino, 1982 cited in Luoh and Herzog, 2002).

Worst two things about volunteering (main findings)

- 20% reported that there was nothing.
- 8% reported it was frustration.
- 7% it was lack of commitment of some volunteers.
- 5% long hours / taking up time / tiring.
- 5% going out in the rain / bad weather.
- 5% not always appreciated / taken for granted.
- 5% last minute unexpected demands / having to re-arrange activities.

These figures are consistent with concerns about current work, highlighting being taken for granted and the number of hours. Some specific quotes were;

| |
|---|
| <i>'Unexpected last minute demands' (participant no. 9)</i> |
| <i>'Nothing I can think of I get on well with this' (participant no. 10)</i> |
| <i>'If I didn't like it I wouldn't do it!' (participant no. 23)</i> |
| <i>'Reduced ability due to old age' (participant no. 65)</i> |
| <i>'Being concerned I'll make a mistake or being left alone before I am confident in the job' (participant no. 110)</i> |
| <i>'Organisers taking advantage and relying too much on my good will' (participant no. 131)</i> |
| <i>'Excess demand due to low number of volunteers' (participant no. 132)</i> |
| <i>'Hours, cannot cut back because I feel guilty'(participant no. 29)</i> |

Comment

*These statements above indicate that the individual is key in terms of the health impact of volunteering and what can be fine for one individual can affect another. For example one participant wrote ‘**nothing, if I didn’t like it I’d stop**’ but another ‘**cannot cut back on hours because I feel guilty**’ as previously mentioned when focusing on number of hours of voluntary work. This highlights the need to tailor the voluntary work to an individual to ensure any health impacts of the voluntary work are positive.*

20% of those currently volunteering said that they would like to do more and so must see and/or find it beneficial to them in some way.

Comment

There is a definite role here for voluntary organisations and those like the Vale Volunteer Bureau to support individuals and tackle barriers such as ill health and transport, to encourage and get older people volunteering.

Other comments by respondents (main findings)

- Only 25% of current volunteers responded to this question.
- 20% reported that volunteering had resulted in them meeting new people / lots more friends, improved social life.
- 20% reported that through volunteering and the subsequent networking they found help and the services needed.
- 13% wanted to say that they enjoy it.
- 13% noted that it gives them a need and structure.

Since this was an opportunity for participants to have their say, the findings above pick up some of the key issues previously discussed regarding the health impact of volunteering. However, there were also some other interesting statements and these were;

| |
|---|
| <i>'You must be careful it doesn't take over, everybody needs time for themselves' (participant no. 10)</i> |
| <i>'I actually think we have a social duty to volunteer – but I don't impose this view it's a personal choice' (participant no. 23)</i> |
| <i>'Due to the burden of legal responsibilities threat on volunteers / directors by national and local statutory bodies, it is harder to get volunteer 'risk' commitment in our litigious world' (participant no. 73)</i> |
| <i>'Lack of simplicity. Rules / litigation are crippling efforts and detracting from the point of the original work' (participant no. 82)</i> |
| <i>'I have reduced ability in the last five years due to operations. I have lived alone and can only remain here with the kindness of my neighbours' (participant no 49)</i> |
| <i>'I'm a Christian and it's a vocation to serve others any way I can' (participant no. 95)</i> |
| <i>'Volunteering is a two way thing – it also is a learning curvature about you as a person, and makes you aware of your own strengths and weaknesses' (participant no. 109)</i> |
| <i>'Concerns – organisation adopted big brother commercial attitudes. Expect too much of volunteers and not enough of paid employees' (participant no. 139)</i> |
| <i>'Concerned some voluntary work is replacing former paid jobs' (participant no. 24)</i> |
| <i>'Organisers taking advantage and relying too much on my good will' (participant no. 131)</i> |
| <i>'My physical and mental health was good before I commenced voluntary work. It still is? Is this because I am a volunteer? Or is this because I am fit I continue to do voluntary work?' (participant no. 140)</i> |

Comment

Again these statements highlight issues already discussed particularly around the number of volunteer hours and expectations/pressures to do more. They also give an insight into respondents views about the voluntary sector specifically identifying the lack of resources and measures to combat these (i.e. the need for more volunteers, pressure on existing volunteers to do more, voluntary work replacing paid work) and the litigious world they now operate in making it more difficult to recruit for roles with responsibility such as trustees and detracting away from the reasons why people volunteer. These issues need to be addressed by organisations and groups using volunteers since the findings suggest that they can have an affect on the relationship between volunteering and health. This

may result in ill health for individuals and ultimately the loss of a volunteer for an organisation or group.

Therefore, organisations/groups need to ensure that their focus is on the individual volunteer and not just on what the volunteer can provide for them. For example, charities are quick to advocate the benefits of volunteering since it is in their interest to recruit volunteers and are less likely to make people aware that it can also be detrimental to ones health. Particularly, since in many cases, the negative impact of volunteering is down to the organisation or charity themselves in terms of poor training, management and too much pressure including too many hours imposed on volunteers as the findings from this study suggest.

The last statement (by participant no.140) is an interesting question and was explored earlier on in this chapter with the findings illustrating that there are self-reported health benefits of volunteering for older people regardless of their state of health before or during their voluntary work.

Suggestions of areas for the Older Peoples Strategy Forum OPSF to target

- 11% transport (joint highest number of responses).
- 11% set up local geographical subgroups.
- 6% set up a community transport scheme in the western Vale.

The inclusion of the above question is to highlight that transport is an issue that is identified generally by older people in the Vale of Glamorgan that needs to be tackled and isn't just a barrier to volunteering.

Chapter 5

Conclusions and Recommendations

5.1 Conclusions

This study set out to investigate the effects of volunteering on the self reported health of people aged 50 years and over in the Vale of Glamorgan. The research findings have been discussed and conclusions will now be drawn out from this.

The findings suggest that volunteering has health benefits for the majority of individuals although they also indicate that volunteering can be detrimental to health. The benefits identified were that volunteering improves sense of well being, increases social contacts and support networks associated with good health, increases sense of being part of the community, increases self confidence, self esteem and sense of self purpose, improves mental health, quality of life and to a lesser extent physical health.

Despite the majority of individuals currently volunteering in the Vale being in good health prior to their voluntary work, and identifying improvements in their health as a consequence of volunteering, those in poor health before volunteering, or with a long term illness, disability or other health problem also identified improvements in their health as a result of their volunteering. This suggests that volunteering can have health benefits for all individuals and should be a vital part of healthy ageing strategies.

However, it also illustrates that only a small number of current volunteers were in poor health before they volunteered (3%) and that for these individuals volunteering had the greatest health benefit. Consequently, this highlights the need for volunteer mentor schemes, facilitating and supporting these individuals to find suitable voluntary work and that organisations such as the Local Health Trust, Social Services, the Older Peoples Strategy Forum (OPSF), voluntary organisations and other voluntary support agencies like the Vale Volunteer Bureau (VVB) have a vital role to play where volunteering can have the greatest health benefit. The significance of providing help and support for individuals in poor health is backed up by the fact that 'ill health' and 'my disability'

were identified as two of the main reasons (along with 'lack of time' and 'lack of transport') why those who had considered volunteering didn't do so.

To study this in more detail, individuals who were in poor health before volunteering would need to be targeted, or in partnership with the relevant agencies and the local health trust a pilot volunteering scheme could be set up (or use an existing one if applicable) providing help and support to individuals in poor health. Health could then be measured and include the use of medical science which would combat the issues associated with self reported health and potentially give more conclusive findings.

Despite illustrating that volunteering has health benefits, the results also indicate that the relationship between volunteering and health is complicated and that not all volunteering is good for all people all of the time, which supports the findings of Warburton (2006). Factors found to affect this relationship were the personal circumstances of the individual volunteers themselves, in terms of their accommodation, whether they live alone, marital status and whether they saw a causal path between volunteering and health. The other factors were more specifically to do with the voluntary experience namely the payment of expenses, the number of hours volunteered, the type of voluntary work, whether motivations were met, and the training and management of volunteers.

Those living in accommodation owned by family or in a residential home showed greater health benefits from their volunteering. Similarly those people who lived alone, were divorced or widowed had greater health benefits from their voluntary work with those widowed showing the greatest improvements in physical health, mental health, social contacts and getting help and support as a result of their voluntary work. This highlights the importance of the medical profession, Social Services and other support agencies advocating and supporting volunteering for individuals who fit into these categories where the health benefits can be the greatest.

The results indicate that some volunteers see a causal path between their volunteering and health again reflecting the findings of Warburton (2006). By using the method of self reported health, this notion of a self fulfilling prophecy could have been extenuated. Consequently respondents' answers may not have been a true reflection of the actual

clinical effects of volunteering on their health. To tackle this issue and for further research, a combination of questionnaires, structured interviews, focus groups and the use of medical science to judge health could be implemented.

The cost of volunteering was found to be of concern to some individuals on a low household income illustrating the importance of ensuring that volunteering doesn't cost any money and that out of pocket expenses are paid and paid promptly. In terms of the number of hours volunteered, there were an optimum number of hours of 25-29 per month where the health benefits were found to be the greatest. Conversely, too many hours and significantly the demands and pressure for the volunteer to work long hours were clearly identified as concerns by individuals that were detrimental to health. So despite a possible lack of resources, organisations or groups must ensure they don't expect, or pressurise individuals to volunteer excessive hours and that volunteering long hours are truly the choice of the individual.

There were no significant findings in the relationship between who the voluntary work was carried out with (i.e. in isolation or with others) and the health benefits. This is likely to be due to the failure of the question getting the required information and would need to be rephrased if the study was to be repeated. The use of structured interviews, or focus groups would also allow for this to be explored in more detail. In terms of type of voluntary work, the findings show that those volunteering with the church reported the highest health benefits along with those volunteering with the elderly also suggesting that the greatest health benefits lie where motivations about their voluntary work are met.

The findings indicate that training and management of volunteers is important in terms of the health impact of volunteering and that this varies considerably between organisations and groups. It also identifies the need to tailor the volunteering opportunity to an individual since what can be stressful, difficult or too much for one individual might be fine for another. It is important that charities and organisations are aware that it is not just about promoting that volunteering can be good for ones health, but ensuring that for their volunteers, the health impacts are positive.

So despite the issues relating to self reported health, the findings indicating that volunteering can have health benefits for older volunteers highlights the vital role that volunteering can play in healthy ageing and that volunteering is essential in any healthy ageing strategy. However, it also needs to be recognised that the relationship between volunteering and health is complicated and that there are many factors that have to be considered when involving older volunteers which can have a negative as well as a positive impact on health.

5.2 Recommendations

There is a clear role for Social Services, the Local Health Trust and voluntary organisations like the Vale Volunteer Bureau or those working with older people and older volunteers in the Vale of Glamorgan to take forward the following recommendations;

1. Ensure that all the professionals involved in supporting older people and those with disabilities and ill health and the bereaved e.g. doctors, nurses, social workers etc. are fully aware of the health benefits of volunteering for the various categories identified and recommend taking up voluntary work as appropriate to their clients. Volunteering should take its place alongside taking exercise and healthy eating as a means of staying healthy and be central to any healthy ageing strategy.
2. Set up mentoring schemes to support older people to volunteer, providing transport where necessary.
3. Target specific groups of older people where the health benefits of volunteering are the greatest namely those in poor health, living alone, living with family or in a residential home, divorced or widowed and encourage them to volunteer.
4. Obtain more detailed information on the effects of volunteering by conducting proper clinical research in the form of a pilot scheme which targets older people who are in poor health, and supports them to volunteer whilst measuring the

health impacts along the way with the use of medical science. This will produce clinical evidence to support the self reported research.

5. Ensure that volunteer expenses are paid and that volunteers are clear that they will be paid and when.
6. Tailor volunteer training and management to each individual with the focus being placed on the needs of the volunteer and not just the needs of the organisation or group. A volunteer requires the same respect, consideration and support as a member of the paid workforce.
7. Ensure that volunteer managers and volunteers themselves are aware that for a minority of individuals in particular circumstances, that if they work too many hours, volunteer work can have an opposite effect to that desired and can damage the health of those individuals. Mechanisms must be put in place to safeguard against and recognise this.

Chapter 6

Critique

6.1 Evaluation of the research process and methodology

The research involved collaboration with the Vale Volunteer Bureau (VVB) with whom I already had contacts from previous employment and subsequently with the Older Peoples Strategy Forum (OPSF) in the Vale of Glamorgan. Extensive work was undertaken with the OPSF which included a number of meetings, a focus group and the distribution of the questionnaire through the forum membership.

Whilst there were considerable advantages obtained from this collaboration there were some drawbacks in terms of having to ensure that the questionnaire included two questions for the forum to gather information which I did not require for my study and having to ensure that their opinions and views were represented within the questionnaire so as to retain their goodwill.

However, the advantages of this approach greatly outweighed the disadvantages. They were:

- Distribution through the OPSF membership ensured that there was a good postal response rate and that the sample was representative.
- The distribution was funded by the OPSF.
- The involvement of a focus group of OPSF members in the design of the questionnaire ensured ownership, ethical issues were overcome and added to the reliability and validity of the questionnaire.
- Consulting with the OPSF ensured that research was undertaken that could be used for the benefit of the community and not just for the dissertation.

Expanding on the above, placing the covering letter on OPSF headed paper as suggested by the focus group and changing some of the wording potentially contributed to the high postal return rate. Following the completion of this dissertation, there is still further

work that will take place including the production of an executive summary for the OPSF. An initial meeting will be held with David Craig from the Vale of Glamorgan Council to discuss the findings and how to take these forward, and then a presentation will be delivered to the OPSF members to give an overview of the research findings, conclusions, recommendations and the way forward. It will also be an opportunity to thank everyone personally for their help and support with this study.

It is vital that these findings are also cascaded throughout the voluntary and health sector and as such meetings will be arranged with Alison Steere, Vale Volunteer Bureau, Nona Hexter, Age Concern and discussions will take place with the Welsh Council for Voluntary Action (WCVA) about making this study available (Executive Summary) on the research element page of their website. This may give me an opportunity to further develop this study and my interest around the health impacts of volunteering in the future.

On reflecting upon the questionnaire, it was clear that the question regarding whether an individual volunteered alone was ambiguous and that the question should have been phrased 'Do you do your voluntary work? i. Completely on your own, ii. With one other person, iii. In a group (3 plus) (please tick more than one if applicable)'. The use of branch questions caused some confusion for a small number of participants for example, a couple completed both sections two and three of the questionnaire and another said they didn't currently do any voluntary work but then went on to complete the section giving details about their current volunteering. When the questionnaire was piloted with individuals from the Age Concern Senior Health Shop in Barry, these two issues were not highlighted.

The use of an anonymous questionnaire in isolation meant that there was nothing that could be done when these errors were discovered after the questionnaires had been returned and analysed. It illustrates that no matter how careful one tries to be, that despite designing it with the focus group and piloting it through volunteers with Age Concern, errors can be made. Using a combination of approaches e.g. structured interviews and focus groups would allow for issues gathered from the questionnaires to be explored in more detail in a longitudinal study.

The use of the statistical computer research package SPSS although very time consuming initially to set up the data set correctly, and then input all the data, proved to be very useful and allowed for full exploration and cross referencing of the data. The other advantage is that the data set is still available and can be manipulated further if required.

The number of questionnaires returned provided a wealth of information which allowed the relationship between volunteering and health for those individuals, to be thoroughly explored and analysed. The main limitation of my research is that the information given about health is self reported and with the lack of clinical evidence there are questions surrounding how accurate this reporting is. The study however, provides some interesting findings and the basis for further research into the relationship between volunteering and health for people aged 50 years and over in the Vale of Glamorgan.

Chapter 7

References

Burns. D, Heywood. F, Taylor. M, Wilde. P & Wilson. M (2004) *Making community participation meaningful*, Policy Press, Bristol

Blaxter L, Hughes C and Tight M, 2001, *How to Research*, Second Edition, Open University Press, Maidenhead

BBC (2004) *Volunteering 'bad for the health'*. [online]. Available from: <http://news.bbc.co.uk/1/hi/health/3715119.stm> [accessed 01/11/2008].

Casiday, R., Kinsman, E., Fisher., C and Bamba., C. (2008) *Volunteering and Health: What Impact Does it Really Have?* Commissioned by Volunteering England and carried out by the University of Wales Lampeter

Charity Commission (2004) RR13 – The Promotion of the Voluntary Sector for the Benefit of the Public (Version September 2004) [online]. Available from: <http://www.charity-commission.gov.uk/publications/rr13.asp> [accessed 01/11/2008]

Coolican, H. (1999) *Research Methods and Statistics in Psychology 2nd Edition*, Hodder and Stoughton

Craig. W J, Harris. T M, and Weiner D (2002) *Community Participation and Geographic Information Systems*, Taylor & Francis, London

Davies, M. (2007) *“Doing a successful research project : using qualitative or quantitative methods”*, Palgrave Macmillan , New York

Fraser. D (2003) *The Evolution of the British Welfare State – A history of social policy since the industrial revolution, Third Edition*, Palgrave Macmillan, Hampshire

Fischer, L and Schaffer, K (1993) *Older Volunteers. A Guide to Research and Practice*. Sage:London

Giddens, Anthony (1998) *The Third Way. The Renewal of Social Democracy*. Cambridge Polity press

Graff, L. (1991) '*Volunteer for the health of it*' *Report of the findings from a health promotion grant funded by the Ontario Ministry of health*
Volunteer Ontario, the Centre for Volunteerism

Graff, L. (1998) '*Opportunities for all*' *Literature Review: Supported Volunteering*
Graff and Associates, Consultants.

Harris, A. H. S. and C. E. Thoresen (2005). '*Volunteering is associated with delayed mortality in older people: analysis of the Longitudinal Study of Aging*'. *Journal of Health Psychology* 10(6): 739-752.

Howlett, S. (2004). '*Volunteering and mental health: a literature review*'. *Voluntary Action* 6(2): 55-72.

Institute for Volunteering Research (2008), *National Survey of Volunteering in the UK 1997*. [online]. Available from: <http://www.ivr.org.uk/nationalsurvey.htm> [accessed 01/11/2008].

Institute for Volunteering Research (2003) *Volunteering for Mental Health Survey*. [online]. Available from: <http://www.ivr.org.uk/mentalhealth.htm> [accessed 01/11/2008].

Jones, H. (2004) *Volunteering for Health, A research report produced for the Welsh Assembly Government by Wales Council for Voluntary Service*.

Lahiri-Dutt. K, 2004, '*I plan, you participate*': A southern view of community participation in urban Australia, *Community Development Journal*, 39 (1), Oxford University Press, Oxford

letto-Gillies, G (2006) *Is New Labours 'Third Way' the new way or just hot air in old bottles?* Post-autistic economics review
Issue no. 39. article 4

Lewis, T. (2005) *The Scope of the Volunteering for People with Mental Health Problems.* Research report produced as part of the Valuing Volunteers initiative managed by Wales Council for Voluntary Action as part of the DEEP Project.

Li, Y. and K. F. Ferraro (2006a). 'Volunteering in Middle and Later Life: Is Health a Benefit, Barrier or Both?' *Social Forces* 85(1): 497-519.

Luks, A (1991) *The Healing Power of Doing Good. The Health and Spiritual Benefits of Helping Others.* With Payne, P. Fawcett Columbine: New York

Lum, T. Y. and E. Lightfoot (2005). 'The effects of volunteering on the physical and mental health of older people'. *Research on Aging* 27(1): 31-55.

Luoh, M.-C. and A. R. Herzog (2002). 'Individual consequences of volunteer and paid work in old age: health and mortality' *Journal of Health & Social Behavior* 43(4): 490-509.

Lyons, M; Wijkstrom, P and Clary, G (1998) 'Comparative Studies of Volunteering: What is Being Studied?' *Voluntary Action* 1(1):45-54

May T, 2001, *Social Research Issues, Methods and Process*, Third Edition, Open University Press, Buckingham

Malin, E. (2005) ".....because they Enjoy it" *A study of the factors that influence participation in volunteering in later life, with a focus on the Vale of Glamorgan.* Vale Volunteer Bureau

Marr, A, (2008) *A History of Modern Britain*.
Macmillan

Morrow-Howell, N; Kinnevy, S and Mann, M (1999) '*The Perceived Benefits of Participation in Volunteer and Educational Activities*'. *Journal of Gerontological Social Work* 32:65-80

Musick, M and Wilson, J (2003) '*Volunteering and Depression: The Role of Psychological and Social Resources in Different Age Groups*'. *Social Science and Medicine* 56(2):259-269

Morrow-Howell, N., J. Hinterlong, et al. (2003). '*Effects of volunteering on the wellbeing of older adults*'. *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 58(3): S137-45.

Musick, M. A., A. R. Herzog, et al. (1999). '*Volunteering and mortality among older adults: Findings from a national sample*'. *Journals of Gerontology - Series B Psychological Sciences and Social Sciences* 54(3): S173-S180.

National University of Ireland Galway (nd) Third Way. [online]. Available from: <http://www.nuigalway.ie/soc/notes/intropol/thirdway.doc> [accessed 03/03/2009]

Office for National Statistics (2001) Census data [online]. Available from: <http://www.statistics.gov.uk/census2001/profiles/00pd.asp> [accessed 01/11/2008].

Oman, D., C. E. Thoresen, et al. (1999). '*Volunteerism and Mortality among the Community-dwelling Elderly*'. *Journal of Health Psychology* 4(3): 301-316 (16 pages).

Onyx, J. and J. Warburton (2003). '*Volunteering and health among older people: A Review*'. *Australasian Journal on Ageing* 22(2): 65-69.

Peterson, R (2008) *Who Runs Britain?* Hodder

Piliavin, J. A. and E. Siegl (2007). '*Health benefits of volunteering in the Wisconsin longitudinal study*'. *Journal of Health and Social Behavior* 48(4): 450-464.

Sarantakos, S, 2005, *Social research*, Third Edition, Palgrave Macmillan, Hampshire

Tang, F. (2006) *What Resources Are Needed for Volunteerism? A Life Course Perspective* *Journal of Applied Gerontology*, November 1, 2006; 25(5): 375 - 390.

Third Sector Foresight (2008) *Policies on active citizenship and volunteering*. [online]. Available from: <http://www.3s4.org.uk/drivers/policies-on-active-citizenship-and-volunteering> [accessed 01/11/2008].

Third Sector Foresight (2008) *Policies on active citizenship and volunteering*. [online]. Available from: <http://www.3s4.org.uk/drivers/policies-on-active-citizenship-and-volunteering> [Cited 01/11/2008]

Thoits, P. and L. Hewitt (2001) '*Volunteer Work and Social Well-being*' *Journal of Health and Social Behavior* 48:174-187

Vale Centre for Voluntary Service (2008) [online]. Available from: <http://www.host-bcsd.co.uk/> [accessed 02/12/2008].

Vale of Glamorgan County Council: *Facts and Figures* (2006). *Community Profile Report*. [online]. Available from: http://www.valeofglamorgan.gov.uk/our_council/council/vale_facts_figures.aspx [accessed 06/04/2008].

Vale Volunteer Bureau Annual Report (2008) [online]. Available from: <http://www.vvb.org.uk/vvbnews.html> [accessed 02/12/2008].

Van Willigen, M. (2000) *Differential Benefits of Volunteering Across the Life Course* *The Journal of Gerontology Series B: Psychological Sciences and Social Sciences* 55B:308-S318.

Volunteering and Mental Health: A Review of the literature (2003)

Prepared for the Social Exclusion Unit by the Institute for Volunteering Research

Volunteering England Information Team (2006). Volunteering England Information Sheet: Definitions of Volunteering.

Wales Council for Voluntary Action (2006) Basic Statistics on the Voluntary Sector in Wales, 2005 [online]. Available from:

www.wcva.org.uk/all/dsp_PUB_infosheet_detail.cfm?publicationid=326&display_sitextid=167&display_sitedeptid=6

[accessed 01/11/2008]

Warburton, J. (2006) '*Volunteering in Later Life: Is it good for your health?* Voluntary Action: The Journal for the Institute of Volunteering Research 8 (2) p3-15.

Warburton, J. Terry, D. J. Rosenman, L. S. & Shapiro, M. (2001).

Differences between Older Volunteers and Non volunteers: Attitudinal, Normative, and Control Beliefs Research on Ageing, September 1, 2001; 23(5): 586 - 605

Welsh Assembly Government (October 2005) *Healthy Ageing Action Plan for Wales – A Response to Health Challenge Wales.*

Welsh Assembly Government (2001) *Communities First Action Plan Guidance*

Welsh Assembly Government (2003) *The Strategy for Older People in Wales*

Wilson, J and Musick, M (1999) '*The Effects of Volunteering on the Volunteer*'. Law and Contemporary Problems 62(4):141-168

Wisker. G, (2001), *The Postgraduate Research Handbook*, Palgrave Macmillan, Hampshire

World Health Organisation (2008) Definition of an older or elderly person. [online]. Available from: <http://www.who.int/healthinfo/survey/ageingdefnolder/en/index.html> [accessed 01/11/2008].

World Volunteer Web (1999) *Expert Working Group Meeting on Volunteering & Social Development*, New York 29-30 November 1999, UN Volunteers. [online]. Available from: <http://www.worldvolunteerweb.org/resources/policy-documents/international/doc/on-volunteering-and-social.html> [accessed 01/11/2008].

Chapter 8

Appendices

APPENDIX ONE

Copy of the Covering letter sent out to the OPSF



12th February 2009

Dear Forum Member

As part of a Degree Course in Community Regeneration I am studying the effects of volunteering on the health of people aged 50 years and over in the Vale of Glamorgan.

A focus group of representatives from the Older People's Strategy Forum in the Vale of Glamorgan has already helped me design a questionnaire. The questionnaire is anonymous. There is no way of tracing the information back to the provider. It will be used and analysed solely for this study. The Older People's Strategy Forum will have a copy of the results.

I would be grateful if you would complete the questionnaire by ticking the answer most relevant to you for each question. If, however, you don't want to answer a question or are not sure of the answer, then leave it blank.

Once you have completed the questionnaire please return it in the SAE provided **by Tuesday 3rd March 2009**.

If you have any queries relating to the questionnaire please contact Vale Social Services Health Social Care and Wellbeing Team on 01446 704851.

Thank you for taking the time to complete this questionnaire. Your involvement is much appreciated.

Yours faithfully

David Holtam
Student
Pursuing Degree in Community Regeneration

APPENDIX TWO

Volunteering and Health Survey

Volunteering and Health Survey

As part of a Degree Course in Community Regeneration I am studying the effects of volunteering on the health of people aged 50 years and over in the Vale of Glamorgan. I would be grateful if you would complete this questionnaire by ticking the answer most relevant to you for each question. If, however, you don't want to answer a question or are not sure of the answer, then leave it blank. The questionnaire is anonymous and the information provided will be used and analysed solely for this study with a summary report of the results being made available to all participants upon request.

Section 1. (To be completed by everyone)

Personal Information

- a. Are you? Male Female
- b. What was your age on your last birthday?
- 50-54 55-59 60-64 65-69 70-74 75+
- c. Are you?
- Employed Full Time Employed Part Time Retired
- A Student Unemployed Self Employed
- d. Are you?
- Single Married
- Separated Living with a partner
- Widowed Divorced
- e. Is the accommodation you live in?
- Owned by you (outright) Owned by you (with a mortgage)
- Rented privately Residential Home Owned by Family
- Rented from the local council or a housing association

f. What is your household income?

- Less than £10,000 £11,000 - £19,000
 £20,000 - £29,000 £30,000 or more

g. Do you live alone?

- Yes No

h. What electoral ward in the Vale of Glamorgan do you live in?

| | | |
|---|-------------------------|-----------------|
| Baruc | Dyfan | Rhoose |
| Buttrills | Gibbonsdown | St Athan |
| Cadoc | Illtyd | St. Augustine's |
| Castleland | Llandough | St Brides Major |
| Cornerswell | Llandow/Ewenny | Stanwell |
| Court | Llantwit Major | Sully |
| Cowbridge | Peterston-Super-Ely | Wenvoe |
| Dinas Powys | Plymouth (Vale of Glam) | |
| If unsure please specify area or postcode | | |

i. Over the last 12 months how would you say your health has been?

- Good Fairly Good Poor

j. Do you have any long-term illness, health problems or disability which limits your daily activities or the work that you can do?

- Yes No

k. Do you currently do any voluntary work?

i.e. any activity not paid, aimed to benefit someone (individuals or groups) other than close relatives e.g. charity shop work, coffee mornings, church groups, lunch clubs, hospital visiting, fundraising, charity collections etc.

- No Please complete **section 2 only** – Go to Page 3
 Yes Please complete **section 3 only** – Go to Page 5

Section 2.

(To be completed by those not currently doing voluntary work)

Barriers to volunteering

a. Have you ever done voluntary work?

Yes No

b. If yes, why did you stop?

| | | | |
|---|--|--|--|
| Affected my health | | Cost too much money | |
| Family responsibilities e.g. caring | | Obtained employment | |
| Lack of time | | Poorly managed | |
| Work pressure | | Felt under valued | |
| Didn't have the skills required and insufficient training given | | Transport difficulties / lack of transport | |
| Other (Please Specify) | | | |

c. If no, have you ever considered volunteering?

Yes No

d. If yes, what prevented you from doing it?

| | | | |
|--|--|--|--|
| I did not have the skills and training | | Lack of information on volunteering opportunities / what's available | |
| It would have cost me money | | Ill health | |
| I did not have the time | | My disability | |
| I didn't have my own transport | | Process of being accepted too complicated e.g. CRB clearance | |
| Other (Please Specify) | | | |

e. Any other comments you wish to make if your reasons have not been covered above?

.....

f. Would you like to do some volunteering?

Yes No

If yes, the Vale Volunteer Bureau in Barry have lots of opportunities you might be interested in. Contact Janine on 01446 421782

g. Are you a member of the Older People's Strategy Forum in the Vale of Glamorgan?

Yes No

If no and you are interested in finding out more about what the Forum does please contact Shirley on 01446 704857

If yes, do you have any ideas about issues and activities that you would like the Older People's Strategy Forum to develop around health, challenging age discrimination, transport, housing, continuing to learn, the environment and/or any other?

E.g. setting up a sub group for 'the environment' or 'continuing to learn'

.....

.....

.....

Section 3.

(To be completed by those currently doing voluntary work)

3.1 Experience of Volunteering

a. On average how often do you volunteer? (please include all voluntary work)

| | | | |
|--|--|------------------------------|--|
| Once a week | | Three times a week | |
| Twice a week | | More than three times a week | |
| Other (please specify) e.g. once a month, twice a year | | | |

b. On average, for how long do you volunteer each time?

| | | | |
|------------------------|--|--------------|--|
| Less than an hour | | 5-6 hours | |
| 1-2 hours | | 7 hours plus | |
| 3-4 hours | | | |
| Other (please specify) | | | |

c. Roughly how long have you been volunteering for?

| | | | |
|------------------------|--|---------------|--|
| Less than a month | | 3 – 5 years | |
| 1 - 6 months | | 6 – 10 years | |
| 7 -11 months | | 11 – 20 years | |
| 1 - 2 years | | 21 years plus | |
| Other (please specify) | | | |

d. Do you volunteer?

- Alone
 With one other person
 In a group (3 plus)
- Varies / mixed

e. What was your state of health before you began volunteering?

- Good
 Fairly Good
 Poor

f. Where do you do your voluntary work?

| | | | | | |
|------------------------|--|--------------------------|--|--------------------|--|
| Charity Shop | | Office | | Church | |
| Car / Vehicle | | Outside | | Sheltered Housing | |
| School | | People's Homes / At home | | Hospital / Hospice | |
| Library | | Day / Community Centre | | Cafe | |
| Other (please specify) | | | | | |

g. In which area do you do your voluntary work?
(please include all your voluntary work)

| | | | | |
|------------------------------|--|-----------------------------------|-------------------------------|--|
| Administration & office Work | | Education & Literacy | Mental Health | |
| Advocacy | | Elderly | Overseas Activities | |
| Animals | | Employment | Practical & DIY | |
| Befriending | | Environment | Prisoners & Ex-Offenders | |
| Campaigning & Lobbying | | Management & Comm Work / Governor | Race / Ethnicity & Refugees | |
| Caring | | Fundraising | Sports / Recreation & Leisure | |
| Charity Shop & Retail | | Gender & Sexuality | Teaching & Training | |
| Children & Families | | Homelessness & Hous | The Arts / Culture & Heritage | |
| Community Safety | | Trustees | Hospitals & Hospices | |
| Community Work | | Human & Civil Rights | Women's Groups | |
| Computing & Technology | | Languages | Youth Work | |
| Disability & Health | | Legal Work | Church | |
| Driving | | Marketing / PR / Media | Catering | |
| Drugs & Addictions | | | | |
| Other (please specify) | | | | |

3.2 Getting into Volunteering

a. What were your reasons for volunteering?

| | | | | |
|------------------------------|--|--|--|--|
| To help people | | Look at a career change | To keep mind active | |
| To meet new People | | To fill some time in the day (too much spare time) | To keep physically active | |
| To gain practical experience | | To gain confidence & self esteem | Recommended by professional e.g. Doctor, Social worker | |
| To enhance my CV | | Loneliness | Commitment to a cause you believe in | |
| | | Moved to a new area | | |
| Other (please specify) | | | | |

b. How did you find out about your current voluntary work?

| | | |
|---------------------------|--|--|
| From a friend | Personal initiative e.g. called into charity shop | |
| Family | Leaflet / Advert | |
| Volunteer Centre in Barry | Doctor / Health Professional | |
| Work | Service user | |
| Other (please specify) | | |

3.3 Barriers to volunteering

a. Did you have any worries or concerns before you started your voluntary work?

Yes No

If so what were they?

| | | |
|-----------------------------------|--|--|
| Do I have the skills and training | Access – transport getting to the place to volunteer | |
| Will it cost me money | Lack of information on volunteering opportunities | |
| Amount of time expected of me | Lack of confidence | |
| Other (please specify) | | |

b. Do you have any concerns about your current voluntary work?

Yes No

If so what are they?

| | | |
|------------------------|--|--|
| Costing me money | Being taken for granted / what is expected of me | |
| Number of hours | Lack of training and support | |
| Other (please specify) | | |

c. What are the best two things about your voluntary work?

1.

2.

d. What are the two things you least like about your voluntary work?

1.

2.

e. Please tick the box most appropriate to how you feel about the organisation you volunteer with

| | Strongly Agree | Agree | Indifferent | Disagree | Strongly Disagree |
|---|----------------|-------|-------------|----------|-------------------|
| The induction / training I received to do the voluntary work was good | | | | | |
| The management of volunteers in the organisation is good | | | | | |

If you volunteer for more than one organisation please give details of how you feel about the organisation in terms of training/induction and volunteer management

.....

.....

f. Would you like to do more volunteering?

Yes No

If yes, the Vale Volunteer Bureau in Barry have lots of opportunities you might be interested in. Contact Janine on 01446 421782

3.4 The Impacts of volunteering on health and wellbeing

a. Please tick the box that is most relevant to you for the following statements.
Voluntary work has

| | Strongly Agree | Agree | Indifferent | Disagree | Strongly Disagree |
|---------------------------------|----------------|-------|-------------|----------|-------------------|
| Improved my physical health | | | | | |
| Improved my mental health | | | | | |
| Improved my sense of well Being | | | | | |

| | Strongly Agree | Agree | Indifferent | Disagree | Strongly Disagree |
|---|----------------|-------|-------------|----------|-------------------|
| Increased my self-confidence self esteem and sense of self purpose | | | | | |
| Improved my family relationships | | | | | |
| Increased my sense of being part of the community | | | | | |
| Improved my quality of life | | | | | |
| Cost me money that I can ill afford | | | | | |
| Improved my ability to carry out tasks associated with daily living | | | | | |
| Increased my social contacts (friends) and interaction with people | | | | | |
| Enabled me to get help and support | | | | | |

b. Are there any other benefits that voluntary work has had for you or any other comments you would like to make?

.....
.....

c. Are you a member of the Older People’s Strategy Forum in the Vale of Glamorgan?

Yes No

If no, and you are interested in finding out more about what the Forum does please contact Shirley on 01446 704857

If yes, do you have any ideas about issues and activities that you would like the Older People’s Strategy Forum to develop around health, challenging age discrimination, transport, housing, continuing to learn, the environment and/or any other?
E.g. setting up a sub group for ‘the environment’ or ‘continuing to learn’

.....
.....

.....
.....

Thank you for taking the time to complete this questionnaire.
Please return the questionnaire in the SAE provided **by Tuesday 3rd March 2009.**

APPENDIX THREE

Cross referenced results tables

A3.1 State of health over the last 12 months

| Those who strongly agree and agree that voluntary work has; | Valid percentage of | | |
|--|---------------------|-------------|------|
| | Good | Fairly Good | Poor |
| Improved my physical health | 65 | 56 | 17 |
| Improved my mental health | 81 | 78 | 88 |
| Improved my sense of well being | 91 | 89 | 89 |
| Increased my self confidence self esteem and sense of self purpose | 74 | 86 | 100 |
| Improved my family relationships | 42 | 42 | 33 |
| Increased my sense of being part of the community | 91 | 91 | 75 |
| Improved my quality of life | 62 | 80 | 70 |
| Cost me money I can ill afford | 13 | 17 | 40 |
| Improved my ability to carry out tasks associate with daily living | 36 | 35 | 29 |
| Increased my social contacts (friends) and interaction with people | 88 | 92 | 89 |
| Enabled me to get help and support | 46 | 63 | 50 |

A3.2 State of health before volunteering

| Those who strongly agree and agree that voluntary work has; | Valid percentage of | | |
|--|---------------------|-------------|------|
| | Good | Fairly Good | Poor |
| Improved my physical health | 57 | 57 | 50 |
| Improved my mental health | 82 | 77 | 100 |
| Improved my sense of well being | 93 | 83 | 100 |
| Increased my self confidence self esteem and sense of self purpose | 81 | 84 | 50 |
| Improved my family relationships | 48 | 27 | 50 |
| Increased my sense of being part of the community | 88 | 91 | 50 |
| Improved my quality of life | 66 | 75 | 100 |
| Cost me money I can ill afford | 18 | 13 | 0 |
| Improved my ability to carry out tasks associate with daily living | 38 | 33 | 50 |
| Increased my social contacts (friends) and interaction with people | 86 | 96 | 100 |
| Enabled me to get help and support | 45 | 73 | 0 |

A3.3 Any long-term illnesses, health problems or disability which limits daily activities or the work that you can do?

| Those who strongly agree and agree that voluntary work has; | Valid percentage of | |
|--|----------------------------|-----------|
| | Yes | No |
| Improved my physical health | 47 | 60 |
| Improved my mental health | 88 | 75 |
| Improved my sense of well being | 90 | 89 |
| Increased my self confidence self esteem and sense of self purpose | 77 | 83 |
| Improved my family relationships | 24 | 54 |
| Increased my sense of being part of the community | 89 | 89 |
| Improved my quality of life | 70 | 68 |
| Cost me money I can ill afford | 15 | 19 |
| Improved my ability to carry out tasks associate with daily living | 25 | 41 |
| Increased my social contacts (friends) and interaction with people | 87 | 91 |
| Enabled me to get help and support | 47 | 52 |

A3.4 Approx. number of volunteer hours per month

| Those who strongly agree and agree that voluntary work has; | Valid percentage of | | | | | | | | | |
|--|---------------------|--------|----------|----------|----------|----------|----------|----------|----------|------------|
| | < 5hrs | 5-9hrs | 10-14hrs | 15-19hrs | 20-24hrs | 25-29hrs | 30-39hrs | 40-49hrs | 50-59hrs | 60hrs plus |
| Improved my physical health | 40 | 75 | 0 | 40 | N | 100 | 50 | 0 | 86 | 83 |
| Improved my mental health | 60 | 100 | 100 | 91 | O | 100 | 67 | 50 | 88 | 100 |
| Improved my sense of well being | 83 | 86 | 100 | 93 | N | 100 | 80 | 100 | 100 | 100 |
| Increased my self confidence self esteem and sense of self purpose | 67 | 60 | 100 | 100 | E | 100 | 63 | 0 | 100 | 100 |
| Improved my family relationships | 50 | 25 | 0 | 46 | | 100 | 40 | 0 | 67 | 40 |
| Increased my sense of being part of the community | 67 | 100 | 100 | 92 | | 100 | 75 | 100 | 100 | 86 |
| Improved my quality of life | 57 | 67 | 0 | 77 | | 100 | 34 | 50 | 86 | 86 |
| Cost me money I can ill afford | 0 | 0 | 0 | 20 | | 0 | 0 | 0 | 50 | 25 |
| Improved my ability to carry out tasks associate with daily living | 29 | 20 | 0 | 20 | | 50 | 29 | 0 | 67 | 67 |
| Increased my social contacts (friends) and interaction with people | 100 | 83 | 50 | 86 | | 100 | 86 | 50 | 100 | 86 |
| Enabled me to get help and support | 57 | 40 | 100 | 38 | | 67 | 20 | 0 | 80 | 80 |

A3.5 Volunteering alone or with others

| Those who strongly agree and agree that voluntary work has; | Valid percentage of | | | |
|--|---------------------|---------------------------------|-------------------------------|--------|
| | Volunteer Alone | Volunteer with one other person | Volunteer in a group (3 plus) | Varies |
| Improved my physical health | 67 | 60 | 41 | 67 |
| Improved my mental health | 95 | 86 | 70 | 80 |
| Improved my sense of well being | 100 | 100 | 86 | 80 |
| Increased my self confidence self esteem and sense of self purpose | 95 | 100 | 61 | 100 |
| Improved my family relationships | 53 | 25 | 33 | 50 |
| Increased my sense of being part of the community | 95 | 100 | 88 | 67 |
| Improved my quality of life | 70 | 86 | 63 | 75 |
| Cost me money I can ill afford | 18 | 0 | 11 | 43 |
| Improved my ability to carry out tasks associate with daily living | 42 | 20 | 37 | 29 |
| Increased my social contacts (friends) and interaction with people | 86 | 86 | 93 | 89 |
| Enabled me to get help and support | 59 | 25 | 44 | 72 |

A3.6 Household income

| Those who strongly agree and agree that voluntary work has; | Valid percentage of | | | |
|--|---------------------|--------------------|--------------------|-----------------|
| | Less than £10,000 | £11,000 to £19,000 | £20,000 to £29,000 | £30,000 or more |
| Improved my physical health | 57 | 60 | 57 | 0 |
| Improved my mental health | 88 | 76 | 88 | 67 |
| Improved my sense of well being | 100 | 83 | 88 | 100 |
| Increased my self confidence self esteem and sense of self purpose | 100 | 74 | 77 | 60 |
| Improved my family relationships | 75 | 86 | 36 | 25 |
| Increased my sense of being part of the community | 93 | 86 | 93 | 100 |
| Improved my quality of life | 92 | 55 | 73 | 67 |
| Cost me money I can ill afford | 22 | 0 | 14 | 20 |
| Improved my ability to carry out tasks associate with daily living | 63 | 32 | 23 | 20 |
| Increased my social contacts (friends) and interaction with people | 100 | 86 | 94 | 67 |
| Enabled me to get help and support | 67 | 47 | 46 | 40 |

A3.7 Accommodation

| Those who strongly agree and agree that voluntary work has; | Valid percentage | | | | | |
|--|-------------------------|--------------------------------|------------------|------------------|-----------------|--|
| | Owned by you (outright) | Owned by you (with a mortgage) | Rented privately | Residential Home | Owned by Family | Rented from local council or housing association |
| Improved my physical health | 48 | 50 | 100 | 100 | 100 | 50 |
| Improved my mental health | 81 | 64 | 100 | 100 | 100 | 50 |
| Improved my sense of well being | 91 | 83 | 80 | 100 | 100 | 100 |
| Increased my self confidence self esteem and sense of self purpose | 78 | 79 | 100 | 100 | 100 | 100 |
| Improved my family relationships | 42 | 40 | 33 | 0 | 100 | 50 |
| Increased my sense of being part of the community | 97 | 75 | 80 | 100 | 100 | 67 |
| Improved my quality of life | 66 | 64 | 80 | 100 | 100 | 67 |
| Cost me money I can ill afford | 17 | 18 | 0 | 0 | 50 | 0 |
| Improved my ability to carry out tasks associate with daily living | 39 | 15 | 33 | 100 | 100 | 50 |
| Increased my social contacts (friends) and interaction with people | 92 | 88 | 75 | 100 | 100 | 75 |
| Enabled me to get help and support | 48 | 64 | 0 | 100 | 50 | 100 |

A3.8 Marital Status

| Those who strongly agree and agree that voluntary work has; | Valid percentage of | | | |
|--|---------------------|--------|----------|---------|
| | Married | Single | Divorced | Widowed |
| Improved my physical health | 56 | 57 | 40 | 70 |
| Improved my mental health | 77 | 75 | 80 | 92 |
| Improved my sense of well being | 91 | 75 | 100 | 94 |
| Increased my self confidence self esteem and sense of self purpose | 78 | 63 | 100 | 93 |
| Improved my family relationships | 41 | 40 | 40 | 44 |
| Increased my sense of being part of the community | 89 | 71 | 100 | 94 |
| Improved my quality of life | 58 | 57 | 80 | 93 |
| Cost me money I can ill afford | 27 | 43 | 0 | 17 |
| Improved my ability to carry out tasks associate with daily living | 35 | 17 | 20 | 89 |
| Increased my social contacts (friends) and interaction with people | 88 | 75 | 100 | 95 |
| Enabled me to get help and support | 64 | 17 | 25 | 78 |

A3.9 Do you live alone?

| Those who strongly agree and agree that voluntary work has; | Valid percentage of | |
|--|---------------------|----|
| | Yes | No |
| Improved my physical health | 57 | 57 |
| Improved my mental health | 84 | 78 |
| Improved my sense of well being | 90 | 89 |
| Increased my self confidence self esteem and sense of self purpose | 83 | 79 |
| Improved my family relationships | 41 | 38 |
| Increased my sense of being part of the community | 89 | 89 |
| Improved my quality of life | 81 | 61 |
| Cost me money I can ill afford | 5 | 28 |
| Improved my ability to carry out tasks associate with daily living | 26 | 38 |
| Increased my social contacts (friends) and interaction with people | 90 | 89 |
| Enabled me to get help and support | 39 | 61 |

A3.10 Age of volunteers

| Those who strongly agree and agree that voluntary work has; | Valid percentage of | | | | | |
|--|---------------------|-------|-------|-------|-------|---------|
| | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75 plus |
| Improved my physical health | 75 | 25 | 57 | 67 | 40 | 60 |
| Improved my mental health | 100 | 100 | 75 | 80 | 79 | 77 |
| Improved my sense of well being | 100 | 100 | 88 | 88 | 94 | 84 |
| Increased my self confidence self esteem and sense of self purpose | 100 | 100 | 100 | 82 | 46 | 93 |
| Improved my family relationships | 75 | 50 | 43 | 44 | 20 | 44 |
| Increased my sense of being part of the community | 75 | 100 | 89 | 94 | 83 | 90 |
| Improved my quality of life | 75 | 75 | 56 | 79 | 46 | 88 |
| Cost me money I can ill afford | 25 | 25 | 13 | 0 | 9 | 36 |
| Improved my ability to carry out tasks associate with daily living | 25 | 25 | 38 | 40 | 8 | 67 |
| Increased my social contacts (friends) and interaction with people | 100 | 75 | 78 | 94 | 87 | 95 |
| Enabled me to get help and support | 100 | 33 | 38 | 40 | 50 | 73 |