



The Contribution of Volunteering to Scotland's Health and Wellbeing

Challenges, Opportunities and Priorities 2020 - 2040

Summary Report, October 2019

Matthew Linning
Debbie Maltman

Contents

1. Rationale and scope	1
2. Methodology	4
3. Challenges	6
4. Opportunities	7
5. Priorities	11
6. Recommendations	14

Acknowledgements

Volunteer Scotland would like to thank all those who supported this research, particularly the sub-group of the Scottish Volunteering Forum. We are indebted to everyone who read and guided the development of the draft report, providing very helpful observations and suggestions for improvement. Also, to NHS Greater Glasgow and Clyde and NCVO for access to their datasets. The full list of all contributors is given on page 1 of the [Full Report](#)

1. Rationale and scope

1.1 Rationale for the study

The genesis of this study was Volunteer Scotland's literature review on 'Volunteering, health and wellbeing: what does the evidence tell us?'.¹ This research presented convincing evidence on the merits of volunteering for individuals (see Figure 1.1), but it also identified the variability of such impacts and the problem of evidence gaps.

Figure 1.1 – Health and wellbeing benefits from volunteering²



¹ [Volunteering, Health and Wellbeing: What does the evidence tell us?](#) – Volunteer Scotland, Dec 2018

² [The contribution of volunteering to a healthier and happier Scotland: How organisations can help to influence policy and practice in Scotland](#): Scottish Volunteering Forum, Volunteer Scotland, Nov 2019

Since the publication of Volunteer Scotland's literature review, the University of Stirling completed its systematic review of the research literature on volunteering to help inform the development of the new National Volunteering Outcomes Framework.³

Their chapter on the 'Outcomes and benefits of volunteering' reinforced the evidence base developed by Volunteer Scotland, identifying physical health, mental wellbeing and social benefits in addition to instrumental benefits: see Figure 1.2.

Figure 1.2 – The benefits of volunteering⁴



However, these findings from the research of Volunteer Scotland and the University of Stirling were based on evidence drawn primarily from UK and international sources and were not Scotland-specific. Both studies also identified similar evidence gaps. These limitations were the trigger for this research study, which has attempted to supplement the evidence base, fill in some of the gaps where possible and contextualise the health and wellbeing findings for Scotland.

1.2 Scope of the study

This report highlights the major challenges facing our society in terms of demographic change, labour market and skills shortages, mental and physical ill-health, social isolation and loneliness, and poorly connected and engaged communities. However, it also presents wide-ranging evidence on the extraordinary contribution of volunteering in helping to address these challenges and in improving the health and wellbeing of Scotland's people. It achieves this through:

³ [Literature Review to Inform the Development of Scotland's Volunteering Outcomes Framework](#) – University of Stirling; April 2019

⁴ Ibid

- Improving the health and wellbeing of volunteers
- Supporting activities and sectors which foster the health and wellbeing of the wider population such as physical activity and sport
- Supporting Scotland's health and social care sector.

Volunteering also fosters social connectedness and is embedded in communities for the benefit of those communities. It is inextricably linked to the health and wellbeing of engaged communities and resilient neighbourhoods. However, the greatest health and wellbeing impact from volunteering is for those who are most disadvantaged and excluded in society, and this applies both to the volunteers themselves and those who they are supporting.

This is a really 'good news' story for volunteering and for Scotland's health and wellbeing. It is also a strong foundation upon which to further develop the contribution of volunteering. There are big societal challenges facing Scotland and it is vitally important that volunteering is responsive, adaptable and focused in managing this change.

This report describes these challenges, identifies the opportunities and gives clear priorities for how volunteering can optimise its contribution to Scotland's health and wellbeing over the next 20 years. This includes a list of 10 key recommendations which support the implementation of Scotland's 'Volunteering for All: Our National Framework' and the attainment of health and wellbeing indicators in the 'National Performance Framework'.⁵

⁵[Volunteering for All: Our National Framework](#) – Scottish Government, April 2019 and [National Performance Framework](#) - Scottish Government

2. Methodology

2.1 Evidence gathering

The primary focus for the study was the collection and analysis of evidence relating to:

- The health and wellbeing of Scotland's population
- The characteristics of volunteering participation in Scotland and its relationship to health and wellbeing.

Hence, the study was focused on secondary data pertaining to Scotland – both quantitative and qualitative. The most extensively used data sources were:

- Scotland's Population 2017 – The Registrar General's Annual Review of Demographic Trends (published August 2018)
- The Scottish Health Survey 2017: Volume 1, Main Report (published September 2018)
- The Scottish Household Surveys 2016, 2017 and 2018 (published September following of the following year)

However, numerous additional sources of evidence were drawn upon relating to Scotland, but also some from the rest of the UK and overseas, to supplement the Scottish data. A full bibliography is presented in the Annex to the Full Report.

2.2 Data analysis

Volunteer Scotland has also undertaken its own quantitative analysis exploring the relationship between volunteering and relevant health and wellbeing indicators. This has provided a vitally important source of evidence to supplement the extensive evidence base on the health and wellbeing of Scotland's population. Three data sources have been analysed

Scottish Household Survey (SHS), 2016 – cross-sectional analysis

Volunteer Scotland has undertaken cross-sectional analysis of the volunteering data (Chapter 11) with other important fields such as the composition and characteristics of households in Scotland (Chapter 2); neighbourhoods and communities (Chapter 4); physical activity and sport (Chapter 8); and culture and heritage (Chapter 12).⁶ This provides evidence on the relationship between volunteering and important variables linked to health and wellbeing such as sport, culture and demographic characteristics.

⁶ [Scottish Household Survey 2016 - Volunteering cross-sectional analysis](#) – Volunteer Scotland, Oct 2019

NHS Greater Glasgow and Clyde Health and Wellbeing Survey 2017-18

This is a major triennial survey of health and wellbeing conducted by NHS Greater Glasgow and Clyde (NHSGGC).⁷ For the 2017/18 survey 7,834 face-to-face in-home interviews were conducted with adults (aged 16 or over) across Greater Glasgow and Clyde. The survey encompasses a wide range of questions relevant to the health and wellbeing research, and it also includes an identical question on formal volunteering participation to that used by the SHS.

NHSGGC granted Volunteer Scotland access to their dataset to enable a similar cross-sectional analysis of data to that conducted for the SHS 2016 dataset. This work was completed during the course of this research and the data quality assured by the NHSGGC team. Publication is not scheduled till January 2020, but the NHSGGC team kindly agreed that relevant evidence can be drawn upon for this report. When Volunteer Scotland's NHSGGC analysis is published a link will be provided on the webpage next to the link for this report.

NCVO – 'Time Well Spent' – A survey on the volunteer experience in Great Britain

'Time Well Spent' is a major report into the volunteering experience published by NCVO in January 2019.⁸ It is the result of a national survey carried out through YouGov's panel (10,000+ respondents aged 18+). The survey focuses on volunteering through groups, clubs and organisations and includes data on recent volunteers, but also lapsed volunteers and non-volunteers. Their research provides important data on health and wellbeing indicators from the volunteer's perspective; data which is not available from other sources, but is complementary to the SHS and NHSGGC datasets.

NCVO granted Volunteer Scotland access to the Scottish dataset of 877 respondents out of the total GB sample size of 10,103. The Scottish sample size is sufficiently large to enable analysis of questions which are applicable to the total sample and for cross-tabulations which are binary. Analysis of sub-sets of the population and multiple response cross-tabulations can run into problems of statistical significance and have therefore had to be omitted from the results.

Volunteer Scotland's main analyses of the NCVO data were completed during the course of this research. Publication of the NCVO Scottish dataset is not scheduled till February 2020, but the NCVO team have kindly agreed that relevant evidence can be drawn upon in this report. When Volunteer Scotland's analysis of the 'Time Well Spent' data is published a link will be provided on the webpage next to the link for this report.

⁷ [NHS Greater Glasgow and Clyde 2017/18 adult health and wellbeing survey main report](#) – Traci Leven Research, Jan 2019

⁸ Time Well Spent - A national survey on the volunteer experience – NCVO; Jan 2019

3. Challenges

3.1 Demographic and labour market challenges

Scotland's population is ageing, and this is projected to continue. We are living longer but not healthier lives. It is projected that there will be an additional 428,000 people aged 65+ by 2041, comprising 25% of the population (up from 19% in 2017). In contrast, the working age population aged 16 – 64 is projected to decline by 144,000 in the same timeframe. These demographic trends will have major implications for:

- *Our economy* – a vibrant economy depends on a growing and skilled workforce. Scotland is projected to have fewer people of working age, which may act as a constraint for our future growth. Furthermore, the increased proportion of retired people will act as a fiscal constraint on Government, due to lower tax revenues and increased costs.
- *Our health sector* – an ageing population which is living longer, combined with advances in medicine and science, will exacerbate the unrelenting upward trend of increasing demands on the very hard-pressed NHS.
- *Our society* – the change in age structure will have implications both for our older people and the challenges they face relating to their health and wellbeing, and for inter-generational engagement across our society.

3.2 Health and wellbeing factors

Despite people living longer, we are not living healthier lives and there are worrying trends in mental health and the linked issue of social isolation and loneliness. Scotland is facing major health and wellbeing challenges, which are growing in significance. These health and wellbeing issues are particularly important for the most deprived communities in Scotland.

3.3 Community engagement

'Community engagement' is a complex term to define let alone evidence. However, research suggests that we are becoming less neighbourly – many people don't know their neighbours or speak to them and this breakdown in neighbourliness has been getting worse over the last 20 years. We are also poorly engaged with our local community with many people having limited involvement. Contributory factors include more people living alone; the major growth in online communication at the expense of face-to-face communication; and problems of disadvantage and exclusion in society through, for example, mental ill-health and disability.

The omnipresent and inherent flexibility of volunteering is such that many of the challenges outlined in this report can be addressed by volunteering if we adopt an innovative and proactive approach. Volunteering cannot solve the health and wellbeing problems facing society, but it can certainly make an important contribution in reducing or mitigating many of them. It can best achieve this by integrating volunteering into wider social policy responses to societal change.

4. Opportunities

4.1 Demographic and labour market opportunities

Our ageing population is likely to result in a major shift in the age profile of our volunteers. It is projected that there will be 102,000 more volunteers aged 65+, but with a reduction of 41,000 volunteers aged 16 – 64 by 2041. This will result in a net additional 8 million volunteer hours per annum. It will also provide increased opportunities for volunteering in:

- Supporting our ageing population
- Inter-generational opportunities
- Improving the supply of skilled adults.

4.2 Improving physical and mental health

Volunteering already provides a major contribution to Scotland's health and wellbeing but, given the seriousness of the health challenges facing our society, it is essential that we optimise its contribution. There are three 'delivery channels' we need to focus on:

- **Capitalising on the health and wellbeing benefits for volunteers:**
 - *Physical health* – encouraging the adoption of healthy lifestyles and practices; increasing the level of physical activity through volunteering; helping older people to maintain their functional independence; and helping people to cope with personal illness.
 - *Mental health* – volunteering can improve the mental health of volunteers through increasing their social connectedness; providing them with a sense of purpose linked to task satisfaction and sense of fulfilment; enhancing their skills, building confidence and improving resilience and self-efficacy; increasing self-esteem and self-respect; and just by having fun and being happy – referred to as the 'Helper's High'.
- **Maximising the health and wellbeing benefits from physical activity and sport:** there are c. 280,000+ volunteers who help to deliver sport and physical activities across Scotland's 13,000 sports clubs and c. 900,000 members.^{9, 10} They undertake a myriad of roles including administration, event organisation, coaching, refereeing and governance.

⁹ [Volunteering in Scotland: Trends from the SHS 2007 - 2017](#) – Volunteer Scotland, 2018; and [Young People Volunteering in Scotland](#) – Volunteer Scotland, 2016

¹⁰ [Sport 21 2003 - 2007: The National Strategy for Sport](#) – **sportscotland**; March 2003

- They in turn are supporting the health and wellbeing of the 2.3 million adults in Scotland who are involved in physical activity or sport (51% of the population aged 16+ have participated in physical activity or sport in the last four weeks, excluding walking). If walking is included these figures rise to 3.5 million adults or 79% of the adult population.¹¹
- **Supporting the NHS and health charities** – 200,000+ people volunteer in the health and social care sector in Scotland. Volunteers help to inform, educate, manage and support the population on a wide range of health conditions. They fulfil an invaluable role in helping to prevent illness, support early diagnosis, assist in the recovery of patients and provide an all-important aftercare support role.

4.3 Tackling social isolation and loneliness

A lot of volunteering is by its very nature a social activity, which is often conducted in clubs, groups and societies. It is about engaging with others to support and help others. This is one of the key attributes of volunteering – it improves our social connectedness. This helps to address problems of social isolation and loneliness in three main ways through:

- The engagement of volunteers who are isolated and lonely and improving their social connections, allowing them to make friends and feel more integrated in society;
- The provision of services such as befriending which are targeted at those who are experiencing, or susceptible to, social isolation and loneliness; and
- The prevention of social isolation and loneliness for those who are already volunteering.

The strong bi-directional linkages between mental health and social isolation and loneliness must also be recognised. Preventing, alleviating or mitigating problems of social isolation and loneliness can have a direct beneficial effect on people's mental health and vice-versa – improving mental health can help people to become more integrated in society.

4.4 Community engagement

A key goal of the Scottish Government is to foster more engaged and sustainable communities where people feel they are part of their local neighbourhood and are contributing to it. Volunteering is central to the achievement of this goal due to its unique characteristics:¹²

- **Local delivery** – volunteering is usually embedded within a community for the benefit of that community. The local nature of volunteering is a key factor.

¹¹ [Scottish Household Survey 2016: Chapter 8 - Physical Activity and Sport](#) – Scottish Government, Sept 2017

¹² [Volunteering, Health and Wellbeing: What does the evidence tell us?](#) – Volunteer Scotland, Dec 2018

- **Social capital** – volunteering builds social relationships between volunteers, beneficiaries, staff and other voluntary bodies and organisations located in the community.
- **Reciprocity** – when a volunteer helps someone in the community the beneficiary is more likely to respond with another positive action. This leads to a virtuous circle of community members helping each other – this mutuality and sharing are important.
- **'Spillover' effects** – for people who live in a community with high levels of volunteering, even if they do not volunteer, their subjective wellbeing will still tend to be increased by the goodwill and social capital building around them.
- **Co-production and empowering individuals** – the involvement of people in shaping and delivering their local services fosters a sense of responsibility and community activism where people take control of their own lives and local services, create and develop social networks and galvanise resources for the local community.

Digital and online communication facilitates the contribution of volunteering not just to communities of place but also to communities of interest. This improves the 'reach' of volunteering especially where the 'community' is geographically dispersed. This enables volunteering to confer health and wellbeing benefits that would not otherwise be achievable. This is especially important for those who are housebound through for example a as it enables them to overcome the barriers to their engagement in volunteering.

4.5 Engaging those experiencing disadvantage

The strongest message which stands out from all this research is that the more disadvantaged a person is the more important the potential contribution of volunteering is likely to be. The evidence is compelling on two counts:

- Firstly, the much higher incidence of health and wellbeing problems for those who experience disadvantage. Using the Scottish Index of Multiple Deprivation (SIMD) as a proxy for 'disadvantage' it is clear that Scotland's physical and mental health problems are much more prevalent in quintile 1 (the most deprived 20% of areas in Scotland) compared to quintile 5 (the least deprived 20% of areas in Scotland); and
- Secondly, the higher positive impact of volunteering on people's health and wellbeing if they are living in deprived areas and/or are subject to aspects of disadvantage, including mental and physical ill-health, disability, refugee or asylum seeker status, loneliness, etc.

However, the irony is that those who can benefit most from volunteering are the people least likely to be volunteering. New evidence also points to a 'tipping point' issue whereby there is a step-change in the decline in volunteering participation once a health and wellbeing factor becomes acute. For example, in Greater Glasgow and Clyde the adult volunteering participation rate for those who feel lonely 'some of the time' is 21%, which declines to 9% for those who are lonely 'all the time or often'. Interestingly, volunteering participation for those who are 'rarely or never' lonely is 18%, which is lower than those who are lonely some of the time.¹³

Engaging the disadvantaged is not just a key challenge, but also a key opportunity. If we want to achieve a fairer and more equal society in Scotland, then volunteering has a crucially important role to play.

¹³ 'NHSGGC Health and Wellbeing Survey 2017/18' – Cross-sectional analysis by Volunteer Scotland – due for to be published January 2020

5. Priorities

To facilitate the prioritisation process the study has identified three pervading themes from the evidence which stand out as having a disproportionately significant impact on the nature and extent of people's health and wellbeing: age, sector and geography.

5.1 Demographic focus ¹⁴

- *Young (aged 16 – 24)* – young people have the worst General Health Questionnaire mental health score of any age group, the worst statistics for anxiety and self-harm, and the second highest attempted suicide rate. Although they are the most socially connected age group nearly one in four young people are likely to have experienced feelings of loneliness in the last week.
- *Early mid-life (26 – 44)*: some of the health and wellbeing issues affecting the young also flow through to the 26 – 44 year old age group, but to a less severe extent, particularly for mental ill-health and loneliness for those aged 35 – 44.
- *Later mid-life (45 – 64)*: there is a noticeable increase in physical ill-health and limiting long-term conditions in this age group. Early intervention is much better than cure, so there needs to be earlier engagement to encourage the adoption of healthy behaviours, and leverage other health and wellbeing benefits from volunteering, before the health conditions present themselves.
- *Younger old (aged 65 – 74)* – in contrast to the wide-ranging support for volunteering amongst the young in Scotland, older people have not received the same focus and encouragement. This is a missed opportunity, particularly for the 'younger old' given their characteristics:
 - Second highest volunteering participation rate
 - Highest volunteering hours of any age group
 - More available time for volunteering
 - Increasing physical ill-health
 - 15% increase in population to 650,000 by 2041
- *Older old (aged 75+)* – they have the worst health and wellbeing indicators of any age group:
 - 56% of this age group have limiting long-term health conditions, by far the highest of any age group
 - The highest proportion of people who experience loneliness and the second most socially isolated age group

¹⁴ The evidence for 'demographic' data sub-section is drawn from:
[Scottish Household Survey 2018 - Annual Report](#) – Scottish Government; Sept 2019
[Scottish Health Survey - 2017 edition](#) – Volume 1, Main Report - Scottish Government, Sept 2018
[Scotland's Population: The Registrar General's Annual Review of Demographic Trends - 2017](#)
 National Records of Scotland, Aug 2018
[Volunteering in Scotland: Trends from the SHS 2007 - 2017](#) – Volunteer Scotland, Jan 2019

- Absence of role identities such as not having a job, partner dying, no parental responsibilities in the household, etc.
- 76% increase in population to 790,000 by 2041, an additional 342,000 people.

5.2 Sector focus

All volunteering can, in principle, deliver important health and wellbeing benefits for volunteers. In that sense all volunteering sectors are equally important. However, if one examines not just to benefits to volunteers but to wider society, four characteristics of volunteering's contribution stand out as being central to the realisation of health and wellbeing benefits:

- **Age focus** – volunteering supporting the specific health and wellbeing needs of different age groups – from younger to older
- **Health and wellbeing focus** – volunteering directly supporting the health and wellbeing of Scotland's population through activities which impact on people's physical and mental health, and through support to health and social care services
- **Community focus** – volunteering fostering stronger local communities and neighbourhoods
- **Social capital focus** – volunteering facilitating social engagement and connectedness.

Each sector's contribution to Scotland's health and wellbeing varies according to its characteristics and focus. Some are particularly strong in community engagement; others have a direct impact on health and wellbeing through, for example, sport and physical activity; others are particularly good at facilitating social connectedness with mental health and social inclusion benefits; and for others it is due to their focus on specific age demographics. The report reviews each of the 'sectors' classified in the Scottish Household Survey, examining how they contribute to Scotland's health and wellbeing.

Volunteering sectors in Scotland (Total volunteer numbers in brackets)	
Children's activities within schools (311,000)	Environmental protection (95,000)
Children's/youth activities outside schools (310,000)	Education for adults (76,000)
Sport and exercise (287,000)	Safety, first aid (63,000)
Local community & neighbourhood groups (258,000)	Wildlife groups (58,000)
Hobbies, recreation, arts, social clubs (249,000)	Political groups (54,000)
Health, disability and social welfare (215,000)	Citizens groups (51,000)
Religious groups (200,000)	Domestic animal welfare (45,000)
Older people (155,000)	Justice and human rights (41,000)
Sources:	
Scottish Household Survey 2017 - Annual Report – Scottish Government; Sept 2018	
Young People Volunteering in Scotland (YPiS) – Volunteer Scotland, 2016	

5.3 Geographic focus

Indicators of physical and mental ill-health are often much higher in the most deprived areas in Scotland as measured by the Scottish Index of Multiple Deprivation (SIMD). This is not unexpected given that health is one of the seven domains of deprivation in the SIMD. However, the SIMD encompasses a much wider scope of deprivation which is helpful when trying to encompass other aspects of disadvantage in society. We also know from our research that the contribution of volunteering is most significant for those experiencing disadvantage and exclusion, whatever the cause.

So, when considering the contribution of volunteering, geography does matter. SIMD data is helpful in providing a proxy for comparing between areas of high disadvantage and low disadvantage, identifying where volunteering can have a greater and lesser impact respectively. However, there are three caveats to this overarching assessment:

- Firstly, deprivation can be very location specific and hence it can be important to drill down to more precise geographic zones such as deciles (10% most deprived areas) and virgintiles (5% most deprived areas).
- Secondly, not everyone who is deprived lives in a deprived area; and vice-versa not everyone living in a deprived area is deprived. For example, there are no deprived data zones (representing the 15% most deprived areas of Scotland) in any of the Western Isles, Shetland or Orkney islands, but there are still people experiencing deprivation in these remote island communities.
- The final and most important caveat is that there are many aspects of disadvantage which are not linked to deprivation, such as disability, gender orientation, conditions of mental health, etc. which are prevalent across society irrespective of geography and deprivation areas. Yet volunteering has an equally important role to play in supporting the health and wellbeing of these people.

6. Recommendations

Those responsible for volunteering policy and practice in Scotland need to be aware of and act upon, where appropriate, the following recommendations to enhance the contribution of volunteering to Scotland's health and wellbeing:

1. **Manage demographic change** – consider what impacts the projected increase of c. 430,000 people aged 65+ and the projected contraction of c. 145,000 people aged 16 – 64 by 2041 will have on volunteering services and beneficiaries.
2. **Optimise volunteer engagement** – reflect on the implications for volunteer recruitment of the projected c. 100,000 additional volunteers aged 65+ (giving an additional 13 million hours p.a.) and the projected contraction of c. 40,000 volunteers aged 16 – 64 (giving 5 million fewer hours p.a.) by 2041.
3. **Understand health and wellbeing by age** – target and customise volunteering to address the health and wellbeing needs of different age groups.
4. **Develop volunteering roles which optimise health and wellbeing** – consider the types of volunteering roles and activities which are most likely to generate health and wellbeing benefits:
 - Socially engaged volunteering roles where volunteers are working in teams and where face-to-face engagement is the norm – this facilitates social connectedness, helping to minimise the risk of loneliness, and with potential spin-off benefits for mental health and wellbeing.
 - Volunteering involving sport and exercise and/or activities demanding physical activity which can result in physical and mental health benefits.
 - Volunteering roles which involve the outdoors and our engagement with the natural and historic environment – again providing physical and mental health benefits.
 - Volunteering roles which involve creativity, arts and culture – providing mental and physical health benefits through, for example, dance and music – and also social engagement.
 - Volunteering roles which give sufficient engagement (frequency and hours of volunteering) to enable the potential health and wellbeing benefits to flow through – referred to as the 'dose-response' effect.
5. **Ensure volunteering 'sectors' play to their strengths** – volunteering's sectoral contribution to Scotland's health and wellbeing varies according to the specific focus of each sector. Those with sectoral responsibilities should understand their sectoral strengths to optimise health and wellbeing benefits.

- 6. Facilitate community engagement** – 81% of volunteering is locally based in Scotland and the evidence shows that volunteering is good for community wellbeing and communities are good for volunteers' wellbeing.¹⁵ It is important that people feel that they belong to their community, feel valued, and where they can influence decisions in their community. Volunteer engagers and community organisations have a key role to play in facilitating this community engagement process through social clubs, associations, religious groups and community groups.
- 7. Support communities of interest** – in addition to communities of place, volunteering should support the health and wellbeing of people through communities of interest. Digital and online communication is important where the 'community' is geographically dispersed. Virtual volunteering is also good at facilitating volunteering engagement with those subject to exclusion and isolation: for example, those who are housebound through a health condition or are isolated.
- 8. Target support to the disadvantaged and excluded** - the strongest message which stands out from all this research is that the more disadvantaged a person is the more important the contribution of volunteering is likely to be to their health and wellbeing. However, the irony is that those who can benefit most from volunteering are the people least likely to be volunteering. This is not just a key challenge, but also a key opportunity. If we want to achieve a fairer and more equal society in Scotland, then volunteering has a crucially important role to play. Using volunteering as a means of reaching and supporting those experiencing disadvantage in Scotland should be a top strategic priority in the roll-out of the 'Volunteering for All: National Framework'.
- 9. Adopt good practice in engaging and supporting volunteers** – it is important that volunteer involving organisations and those involved in Employer Supported Volunteering understand the contribution of volunteering to the health and wellbeing of volunteers and local communities and how best to optimise these benefits. Detailed practical guidance is presented in this accompanying resource: [Optimising health and wellbeing benefits from volunteering: Good practice for engaging and supporting volunteers](#).¹⁶

¹⁵ 'Time Well Spent' – NCVO; January 2019 – analysis of the Scottish dataset by Volunteer Scotland; publication due early 2020

¹⁶ [Optimising health and wellbeing benefits from volunteering: Good practice for engaging and supporting volunteers](#) – Scottish Volunteering Forum and Volunteer Scotland, Nov 2019

10. 'Influencers' to provide leadership in policy and practice – this includes national and local government, national bodies (such as SCVO, Volunteer Scotland, Voluntary Health Scotland, etc.), NHS Boards and Health and Social Care Partnerships, Scottish Volunteering Forum members, Cross Party Group on Volunteering members, the Third Sector Interfaces (TSIs) and others with a vested interest in collaborating to maximise the contribution of volunteering for the benefit of Scotland. Guidance for these influencers is presented in this accompanying resource: [The contribution of volunteering to a healthier and happier Scotland: How organisations can help to influence policy and practice in Scotland.](#)¹⁷

¹⁷ [The contribution of volunteering to a healthier and happier Scotland: How organisations can help to influence policy and practice in Scotland](#) - Scottish Volunteering Forum and Volunteer Scotland, Nov 2019