*A literature search was conducted to understand how VCSE organisations working with the older population demonstrate their impact, which returned 70 articles of which 48 were from academic journals and 23 were from VCSE literature.*

*It was found that VCSE literature often reported on outputs, namely audit or descriptive data (i.e., number of befriending calls made) to evidence impact alongside qualitative evidence (i.e., case studies). Peer reviewed articles reported on outcomes, concepts such as wellbeing which are more subjective, using validated well-being instruments and measurements. Knowing which measurements to use and how can be problematic in the VCSE sector when there are time and financial constraints, conversely researchers have the time and expertise to understand which tools and approaches to use for evaluative purposes. These key differences led to the development of a ‘Holistic Evaluation Framework’ model (figure 3), which encompasses 3 main areas:*

1. *Outputs – including basic audit data (i.e., who accesses what and when etc)*
2. *Client Focused outcomes*
3. *Financial / Economical Evaluations or Forecasts*

*There is evidence suggesting that outcomes measured fall into 4 areas, all representing key components which make up the term ‘well-being’. With a heavier weighting on economical (i.e., audit data) in grey literature, and a heavier weighting on social outcomes in published articles (see figure2).*

***Physical Wellbeing*** *is the ability to maintain a healthy quality of life that allows individuals to get the most out of daily activities without undue fatigue, physical stress or strain. It is paramount to being able to access a wide variety of services, community resources, and social activities. This has been assessed by strength-based assessments, mobility questionnaires or observations, fall prevention techniques, examining the benefits of, or likelihood to, increasing or beginning exercise.*

***Social wellbeing*** *is defined on a micro (individual) and meso (community or organisational) level. Micro level: typified by interacting with a range of people and belonging to a range of familial or social groups. Meso level: often characterised as having a sense of belonging to, and making contributions within, local communities and wider society. Articles found measured social participation, social inclusion, civic participation, loneliness/isolation, digital skills for social connectivity, social networks, relatedness, Quality of Life (QoL), making and sustaining new connections.*

***Psychological Wellbeing*** *is characterised by having good mental health, opportunities to improve mental health development, and sustaining or increasing of cognitive skills. Intertwined with social wellbeing, this outcome specifically relates to an individual’s emotional and cognitive resilience and abilities to perform cognitive tasks which impact other areas of life. Articles found have measured overall mental wellbeing, anxiety, depression, mental health indicators and predictors, confidence, coping, resilience, self-realisation, autonomy and grief management.*

***Economic impact and wellbeing*** *evaluations focus on the reduction of primary health care usage, cost saving impacts of volunteer use, return on investment assessments. However economic wellbeing is also closely linked with other outcomes on a micro scale; having present and/or future financial and housing security, the ability to make sound economic choices (or have a trusted person to), having budgeting skills and having the ability to access community infrastructure, social and occupational pursuits.*

**Conclusions** *This review has highlighted the differences between outputs and outcomes and identified 4 areas of wellbeing typically assessed when evaluating a VSCSE service. Using validated well-being measurements can be instrumental for demonstrating meaningful impact within services providing support for the older population. Measuring, tracking and promoting holistic well-being can be useful for multiple stakeholders involved in disease prevention, health promotion, individual and community resilience. Tracking these outcomes effectively is pivotal for securing ongoing funding which enables the continuation of vital VCSE services.*