

Self-Help/Peer Support Strategies in Maternal, Newborn and Family Health:

Examples from the Provincial Landscape

2005

Acknowledgements

Our appreciation goes to the following agencies and organizations for generously contributing their time, ideas and stories:

- Birth Companion and Parent Companion Programs, Canadian Mothercraft of Ottawa-Carleton
- Breastfeeding Buddies, Kitchener Downtown Community Health Centre
- Breastfeeding Companions and Breastfeeding Support Group, Region of Peel Health Department
- Breastfeeding Peer Support Program of North Bay and District
- Halton Breastfeeding Connection
- Hello Baby Circle, St. Stephen's Community House
- Higher Order Multiples Support Network, Multiple Births Canada
- Maternal Support Program, Women's Health Centre, St. Joseph's Health Centre
- Mothers Helping Mothers Support Group, Postpartum Adjustment Coalition, Kingston, Frontenac, Lennox and Addington Counties

- Mothers Offering Mothers Support, Parent Resource Centre of Ottawa
- Northwestern Health Unit
- Parenting with a Disability Network, Centre for Independent Living Toronto, Inc.
- Perinatal Bereavement Services Ontario
- Successful Mothers Support Program, Prairie North Regional Health Authority
- The Breastfeeding Network, City of Hamilton Public Health and Community Services Department
- Wabano Centre for Aboriginal Health

A special thanks to Volunteer Services, Kingston, Frontenac, Lennox and Addington Health Unit for granting us permission to use their adapted versions of the *Canadian Code of Volunteer Involvement* and the *Volunteer Development Cycle*. A final thank you to Erin Gilgan who did a superb job gathering stories from the field and writing this resource.

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Introduction

There has been increasing attention in both research and practice settings on the importance of self-help/peer support strategies during periods of life change or transition, including the pre, postnatal and parenting periods. There is also growing evidence in the literature on the effectiveness of these strategies in health promotion (see the resource section for *Peer Support/Self-Help in Maternal, Newborn and Family Health: Highlights from the Literature*). In response, there has been a proliferation of self-help/peer support programs for the pre and postnatal periods in community and public health settings. However, people who are coordinating such programs may need more tips, resources and information related to the basic *how to's* of this work.

This tool aims to provide these links for those who are currently involved with or would like to initiate peer support/self-help programs in the context of maternal, newborn and family health. It provides practical suggestions on various aspects of programming and illustrates these with examples of strategies currently being used by existing programs.

Definitions of Self-Help/Peer Support

Peer support and self-help are complex concepts and there is great variation in how they have been defined in the research and in how they are implemented at a practical level. Self-help/peer support are not replacements for other sources of support such as helping professionals (public health nurses, counsellors, doctors), or family and friends. They are a complementary source of social support. Here is a 'working definition' from the Ontario Self-Help Network Program:

"Self-help/peer support initiatives create informal networks of individuals who share a common experience or issue. Peers connect together to share support. The primary focus of self-help/peer support is emotional support, practical support and information exchange."

Peer support also incorporates elements of appraisal support (i.e. encouragement, reassurance, coping skills, and feedback) (Dennis, 2003).

Peer support is provided by a volunteer who is not part of the individual's personal family or immediate social network but who has experiential knowledge of the behaviour or stressor (i.e. breastfeeding, parenthood, postpartum depression, perinatal bereavement, etc). Often the volunteer also shares other common characteristics or qualities with the individual (e.g. age, ethnic background, socioeconomic status, similar residency) (Dennis, 2003).

There are differences in the focus and outcomes of self-help/peer support groups and programs as well as their overall scope and duration (Wade, 1999). There has recently been a great increase in the number of peer support interventions that have been implemented in the pre and postnatal periods with the aim of improving health-related outcomes for pregnant women, parents and young children. Under the Family Health program, the Ontario Ministry of Health and

Long-Term Care's Mandatory Health Programs and Services Guidelines (1997) recommend the utilization of peer support and peer education initiatives as a strategy to promote positive parenting, child health and development, and breastfeeding. This includes establishing measures to recruit, train, retain, monitor, support and recognize volunteers in peer support roles.

Benefits and Challenges of Peer Support/Self-Help Strategies

The literature has identified a common range of benefits and challenges of using peer support/self-help strategies, both for those providing the support and those "receiving" it. Here are some of the key benefits and challenges of this kind of support (Deller, 2004; Noel-Weiss & Hebert, 2004; Turner & Sheppard, 1999).

Benefits:

- Validates and normalizes experience
- Credible source of support
- Compliments professional support
- Building social networks/relationships
- Links with other community supports
- Positive role-modelling
- Bridge between client and organization

Challenges:

- Boundary-setting for volunteer roles
- Volunteer recruitment
- Limited staff/program resources
- Defining scope of volunteer role
- On-going support for volunteers
- Volunteer retention
- Facilitating group dynamics

The Matrix Tool

This tool from the Ontario Self-Help Network outlines characteristics of a self-help support group as compared to a professionally-led group. The matrix is based on the work of Professor Thomasina Borkman, a leading researcher on the characteristics of self-help/mutual aid. It demonstrates some of the ways that self-help support groups and professionally-led groups differ. This tool can be used by

professionals to evaluate how and to what extent they have integrated aspects of self-help/peer support into the groups or programs they lead. Many groups are actually "hybrid" groups. Where does your group or program fit on the continuum? See the resource section for an accessible version of this tool.

The Matrix Tool

		Self-Help Group	Hybrid Group	Professionally-led Support Group			
	Self-Help Mutual Aid	◀ 1	2	3	4	5 ▶	Professionally-led
Knowledge Emphasized	personal experience						training/education
Type of Leader(s)	"one of us"						"outsider"
Focus of Meetings	mutual support						guidance
Structure	informal						formal
Decision Making	everyone						led by facilitator
Resources Used	volunteer and "in-kind"						paid staff, fees or funding
Duration	ongoing						time-limited
Evaluation	decided by members						often required by funder

Integrating Self-Help/Peer Support into Your Work

Self-help strategies contain three essential elements: experiential knowledge, supportive communities and shared leadership. There are many ways that professionals can integrate self-help strategies into their maternal, newborn and family health work. They include supporting member-led self-help/support groups, enhancing shared leadership in professionally-led support groups, developing one-to-one peer support initiatives, and incorporating personal stories into outreach and educational work.

Here are some community examples:

- A few *Breastfeeding Buddies* (Waterloo Region) have been members of the local Breastfeeding Community Working Group, and attend meetings whenever possible to help shape the program from the perspective of volunteers.

- Some participants from the *Mothers Offering Mothers Support Postpartum Depression Support Groups* (Ottawa) do speaking engagements to increase awareness of the support groups and postpartum adjustment issues. This also contributes to the community focus of the support groups.
- Peer Parents were involved in program planning prior to launching the *Hello Baby Circle* (Toronto) program. They also help facilitate some of the weekly support/information sessions, and participate in monthly team meetings and the program visioning process.

See the resource section for links to more information on this topic from the Ontario Self-Help Network (Self-Help Resource Centre).

Starting Out

Scan Existing Services

When you are in the initial planning stages of developing a peer support initiative, conduct a scan of similar programs that currently exist either in your own or other communities. These can be a great source of information about the various aspects of running and maintaining peer support programs and can help you with potential challenges you might face. This networking can also lead to valuable partnerships with others that are doing similar work that can help you down the road. A listing of maternal, newborn and family health programs that use self-help/peer support strategies is available on the Self-Help Resource Centre website (see the resource section).

Strive for Community Participation

It is important to actively involve peers/volunteers or other interested community members in various stages of program development, implementation and evaluation. This can help contribute to program credibility and community ownership, and consequently increase program uptake. The *Breastfeeding Network* program (City of Hamilton Public Health & Community Services) was initiated and planned with community involvement, and modeled after other local health departments' successful peer support breastfeeding partnerships.

Some peer support programs use volunteers in volunteer coordination roles (e.g. *Halton Breastfeeding Connection*; *The Breastfeeding Network*). This can be particularly helpful

when programs are large, available staff time and resources limited, or if no volunteer resources department or staff position exists in the organization. Volunteers with Peel Health's *Breastfeeding Companions* do follow-up on volunteer tracking requirements, maintain volunteer contact information, and write newsletters or other support materials.

Investigate Partnerships

Partnership with other agencies can be beneficial, allowing for greater depth and breadth in service provision and training opportunities. It can lessen the burden placed on individual agencies, but it also can increase the time, effort and resources needed for program planning. Working in partnership with other agencies, organizations and interested individuals is also an effective method of increasing program outreach and improving service delivery.

The recently launched *Breastfeeding Peer Support Program of North Bay and District* is a program providing mother-to-mother telephone support for breastfeeding mothers. It is coordinated by a committee comprised of multiple stakeholders including the North Bay & District Health Unit, Ontario Early Years Centre Nipissing, Breastfeeding Coalition, and Aboriginal and Metis groups. Partnership and cooperation have been central in the development and implementation of the program. Although having several partners makes program organization more challenging, feelings thus far from within the community are of greater ownership and excitement.

Exploring Your Options - Initiating New Programs

There are many ways that self-help and peer support strategies can be applied to health promotion programming. This section includes examples of peer support programs and groups in maternal, newborn and family health from across Ontario and beyond.

Peer Mentoring/Peer Education

In peer education and peer mentoring programs, volunteers participate in informal or organized educational activities with their peers (i.e. individuals similar to themselves in age, background or personal experience, e.g. parenting). The aim of these programs is to develop the client's knowledge, skills and feelings of self-confidence and self-esteem through providing information, encouragement, and practical support. For peer mentors, this role also includes 'modelling' positive behaviours. Peer mentoring programs usually provide one-to-one peer support, where a volunteer is matched with a client for a specific period of time.



Birth Companion and Parent Companion Programs (Canadian Mothercraft of Ottawa-Carleton)

Birth Companion Volunteers are trained to offer support from 26 weeks gestation until six weeks postpartum to women who are new to the community, young, single, isolated or with limited social support. Birth companions offer friendship, support and advice and help mothers develop self-esteem. They may attend doctor's appointments and pre-natal classes with the expectant mother, and help her access community resources. Birth companions provide continuous labour support, as well as support during the sometimes difficult first few weeks of parenting. Program successes include fewer complications during labour and delivery, a significantly lower than average rate of unplanned caesarian sections, a lower rate of epidural use, very high rates of breastfeeding initiation, and continued exclusive breastfeeding.

The Parent Companion Program trains and matches community volunteers to provide individual parenting support to young and/or single parents (including newcomers) with children: newborn to four years of age. Through a mentoring relationship, volunteer companions offer friendship, and encourage the development of self-confidence and independence as they model parenting,

promote healthy lifestyles, assist in accessing community resources, goal setting and planning for the future. Mothers are referred to the programs through public health (particularly HBHC), other community services, and word of mouth. Participation in the programs is free of charge.

Birth Companion volunteers complete seven weeks of training, covering topics such as promoting healthy pregnancies, labour support, breastfeeding, communication skills, unexpected outcomes, and working with survivors of abuse. Parent Companion volunteers complete four weeks of training, addressing issues such as parenting alone, child development and discipline, health and self-esteem, cultural diversity and breastfeeding. Volunteers are recruited through local newspapers, Volunteer Ottawa, and especially through word of mouth, due in part to a growing interest in the doula movement. All volunteers are required to submit references, complete a police check and an interview. Volunteers make a minimum commitment of two births per year or one long-term parenting match. All BC volunteers carry pagers so that they can be reached 24 hours a day, 7 days a week. Parent Companions call mothers once a week, and meet at least once a month.

Successful Mothers Support Program (Prairie North Regional Health Authority, Saskatchewan)

The Successful Mothers Support Program (SMSP) is a preventive, outreach program for pregnant and/or parenting young people who would like the assistance and support of a volunteer mentor (Sonmor, 2005). Serving the Prairie North Health Region since 1996, it is one of 12 similar programs in Saskatchewan funded by the provincial government. The program aims to enhance and increase child health, parenting and life skills of young parents; assist them in accessing existing services; and support them in building motivation, self-esteem and self-confidence in their lives as parents and individuals. Additionally, the program aims to have mutually satisfying relationships between parents and volunteers. Mentors provide support, information, practical assistance, friendship and act as role models for the young parents. Activities are varied and take place in the home or community at a time that is convenient to the mentor and parent (aim for three to four in-person visits per month, and regular phone contact) (Sonmor, 2005).

Program participants are usually young mothers viewed as being "at moderate risk" (e.g. single, economically disadvantaged, past history of substance abuse, limited social support network, and/or socially or geographically

isolated); the program aims to prevent them from becoming high risk. Program participants must be under 26 years old, be pregnant or have children between 0 – 5 years of age, and wish to be matched with a volunteer. Young parent referrals are accepted from all community agencies, schools and individuals. An intake interview is required to determine suitability for the program.

Volunteer mentors are mothers, or women who have had other direct experience caring for children. Mentors must also be open-minded, comfortable working with young people, and have strong communication and interpersonal skills. Mentors are recruited through local television, radio and newspapers; volunteer testimonials; word of mouth (most successful method); and school newsletters. Volunteers make a commitment to be matched to a family for one year. Volunteers are required to complete an application form, criminal record check and child protection registry check, submit three references, and take an oath of confidentiality. They are also interviewed in their own home by program staff. Mentors are encouraged to include their family members in activities with their matched family; this can be an effective teaching tool for parenting and relationship skills. Both parties complete post-program evaluations.

Perinatal Loss/Stillbirth Support & Post Partum Depression Support (Northwestern Health Unit, Dryden)

Peer parent contacts are volunteers in the community who have personally experienced perinatal loss, and are willing to connect one-on-one with other parents who have experienced a similar loss. The peer contacts are the "community experts". A public health nurse connects the volunteer and the parent, arranges a meeting time and location, and also plays a secondary facilitation role during their meeting. These peer volunteers have taken the initiative to facilitate their own on-going learning and personal development on grief and bereavement issues, as there is currently no formal volunteer training available from the health unit. The public health nurse continues to arrange and attend volunteer-parent meetings as requested by the parent.

Peer parent contacts for postpartum depression work in similar ways but tend to meet more frequently, with consistent yet informal involvement from a public health nurse during the arranged meetings.

The public health nurse also promotes these peer support opportunities within the community, and acts as the referral contact. Clients are referred by their doctors, other family members, or refer themselves. Currently the Northwestern Health Unit is conducting a needs assessment in the 12 geographically-dispersed communities it serves to determine peer support needs and identify any opportunities for the development of a common peer support initiative in maternal/child health.

Professionally-led Support Groups

In professionally-led support groups, group leaders are paid professionals (e.g. social workers or healthcare providers). Group discussions are often guided by formal educational materials and decision-making is normally led by the

facilitator (although certain groups incorporate some shared leadership principles). Some hybrid groups may share facilitation responsibilities between a professional and a peer.

Mothers Offering Mothers Support (Parent Resource Centre of Ottawa)

Mothers Offering Mothers Support (MOMS) are postpartum depression support groups offered through the Parent Resource Centre. The support groups are held in three locations across Ottawa, and meet once a week. The program is funded by Success by Six. Six to eight participants attend each group, and meetings are 90 minutes long. Participants represent a variety of cultural backgrounds, ages, and life circumstances. Each participant determines the frequency and duration of her attendance in the support group. MOMS follows a support group model similar to that of the Pacific Post-Partum Support Society (see the Useful Resources section). The program coordinator conducts an intake assessment with all new participants. The coordinator calls new participants weekly to check-in and provide support until they are ready to attend their first meeting. Participants also complete a self-report measure on social isolation before attending their first meeting and after leaving the group, which enables them to assess their progress and acknowledge their personal achievements.

The support groups are co-facilitated by the program coordinator and a resource staff member. In the groups, at least one facilitator has a personal experience or connection with postpartum mood disorders. The facilitators are not licensed counselors. The support groups are participant-driven; they select the discussion topics, which are augmented by information or personal skills (e.g. relaxation techniques) provided by the facilitators. The facilitators also make referrals to appropriate services or professionals in the community. The support group does not function as a counseling group nor does it replace the advice of health professionals in any way. Rather it acts as a complementary source of support to mothers experiencing postpartum depression. The overall goal of the groups is to support individual resourcefulness and provide an opportunity for individuals to support one another.

Parenting with a Disability Network (Centre for Independent Living Toronto, Inc.)

The Parenting with a Disability Network (PDN) is a peer support and information-sharing network for parents and prospective parents with a disability. The aim of PDN is to develop consumer friendly approaches to parenting with a disability by providing opportunities for networking, peer support, information-sharing and education (CILT, 2005). Network activities include workshops, social events, resources on parenting with a disability, a newsletter, peer matching program, and a new peer support group. Peer support is one of the strongest aspects of the network, particularly the spontaneous peer support that arises when members meet together at workshops and social events.

The peer support group is a new initiative that aims to bring mothers with disabilities together in an informal, safe and inclusive setting. The group focuses on empowerment, emotional support, and information exchange. They discuss and explore parenting issues and work together to strategize, propose ideas and devise possible solutions for the unique challenges they face. Feedback from group members has been very positive. The group consists of approximately seven mothers; PDN membership is a requirement for participation in the group. The group is co-facilitated by the PDN Coordinator and a staff member from a partner agency. Although the facilitators are professionals, their role in group

facilitation is secondary to that of the members themselves. The facilitators do not do counselling within in the group. The group incorporates many self-help principles including shared leadership; decisions are made by consensus among members, and they have developed their own set of ground rules (e.g. being non-judgmental, respecting people's choices and parenting styles). Regarding confidentiality, members are asked to keep what is discussed during group meetings to themselves, and to not use any identifying information. The meetings take place approximately once every six weeks. Attendant care is provided during the meetings as required. Starting this spring, the group will also meet three times a year on a Saturday, and participation will be open to all parents of the PDN (including partners and spouses of group members) during those times. Childcare will also be provided. The PDN hopes to increase the number and types of support groups it offers in the future.

The Parenting with a Disability Network also coordinates the Parenting Peer Matching Program, whereby parents or prospective parents with a disability are matched with another parent or prospective parent to gain and give support, advice and information, by phone or in person (CILT, 2005). Matches are based on the parenting needs of participants; once matched, it is up to them to initiate contact.

Mothers Helping Mothers Support Group (Postpartum Adjustment Coalition, Kingston, Frontenac, Lennox and Addington Counties)

Mothers Helping Mothers is a weekly support group for women experiencing postpartum depression. It is an initiative of the Postpartum Adjustment Coalition, a group of community agencies and interested individuals that aim to improve information and services for women experiencing these issues in the Kingston, Frontenac, Lennox and Addington area. Coalition members and their agencies manage the delivery of the support group, write funding proposals to sustain the group, and provide organizational support. Mothers learn about the group through community newsletters, playgroups, prenatal classes, drop-ins, the KFL&A Public Health BabyTalk Line, HBHC home visits and other community agencies. Potential participants register through the BabyTalk Line.

The group provides mothers with emotional support, opportunities to share their experiences, and helps them deal with feelings of isolation, knowing that they are not alone. Attending the support group helps mothers increase their sense of self-worth and control. They also learn about postpartum depression, coping strategies, differences between positive and negative supports, and other community resources. Mothers learn from each other and the facilitators. Group meetings are two hours in length, and up to eight members can attend a meeting, ensuring

that everyone will have an opportunity to talk. Group meetings are open; mothers may join or leave the group when they feel ready. Significant efforts have been made over the years to decrease attendance barriers for mothers. Meetings are now held in at an Ontario Early Years Centre, which provides a private meeting space for the group and childcare. Transportation is available if needed. This said, finding sources of sustainable program funding remains a real challenge.

The facilitator of the support group has a background in social services and counselling, and is assisted by a peer support worker. The peer support worker is a mother who has recovered from postpartum depression; her presence demonstrates that recovery is real and possible. The primary responsibility of the facilitator is to provide support and information during the group meetings, rather than provide therapy. Upon receiving a referral from BabyTalk, the facilitator does an initial assessment with the mother over the phone. She next visits the mother in her home to complete an Edinburgh Postnatal Depression Scale, assesses the mother's expectations, and determines whether the group would be appropriate for her. Group ground rules (e.g. confidentiality, listening) are also discussed at that time.

Breastfeeding Support Group (Region of Peel Health Department)

Peel Health offers breastfeeding mothers' groups at three locations in the Peel Region (Brampton, South Mississauga and North Mississauga). The purpose of these groups is to support the duration of breastfeeding through peer support. Moms usually learn about these groups through Peel Health breastfeeding clinics, Health Line Peel, other Peel Health programs or by word of mouth.

The breastfeeding mothers' group is a drop-in style program where breastfeeding moms and babies of all ages can meet for a few hours, one afternoon a week in a relaxed and fun environment. The group is facilitated by a public health nurse who can answer questions and offer support as needed. Attendance varies from week to week; usually there are 8 – 12 mothers and babies.

Some mothers have little support for breastfeeding or may find their new role overwhelming. Others enjoy the chance to get out of the house and socialize with other new moms. Mothers benefit from peer support and sharing experiences by building confidence, learning new ways to help deal with various stressors and by developing friendships. The discussion is lead by the participants, common topics include infant behaviour, breastfeeding an older baby, introducing solids, dealing with family members who are not supportive of breastfeeding, changing role of the new mother, baby blues, and other community programs. New friendships are forged and many moms start meeting outside of the group as well.

Telephone Peer Support

Peer-to-peer telephone support is a model that can be cost-effective, convenient (especially for new parents and others facing particular time/physical constraints or isolation), and according to the literature can be an effective compliment to professional support (Dennis, Hodnett, Gallop & Chalmers, 2002; Noel-Weiss & Hebert, 2004).

How structured or flexible will the peer telephone support be? Some programs develop a structured contact schedule, while others leave this to be determined by the wishes/needs of the client and the availability of the volunteer (e.g. *The Breastfeeding Network*, Hamilton).

Addressing confidentiality is another issue – should phone numbers be exchanged? For example, Peel Health's *Breastfeeding Companions* volunteers only receive the client's name and phone number and abide by confidentiality policies. The volunteers do not need to share their phone number with the client. When calling the client, volunteers can use the *67 feature to block the display of their phone number. Other programs allow clients to call volunteers when they have need for support (but set a time frame for acceptability of calls, e.g. never before 8 am or after 10 pm, etc.).

Breastfeeding Companions (Region of Peel Health Department)

The Breastfeeding Companions Program aims to increase breastfeeding knowledge and skills of parents in the Region of Peel by improving support to breastfeeding mothers through volunteer telephone contact for the first six months of a baby's life (Region of Peel Health Department, 2005). It provides telephone peer support by connecting trained volunteers with new mothers, and is modeled after similar programs (e.g. Halton Breastfeeding Connection). Mothers participating in the program are recruited through prenatal classes, hospitals, and other public health programs (e.g. Healthy Babies, Healthy Children). Efforts are made to connect mothers with volunteers prior to giving birth whenever possible. Volunteers must have had a positive breastfeeding experience which has lasted for six months or more, and believe in the value of breastfeeding. Volunteers provide breastfeeding information and emotional support to mothers for the first six months. Currently there are 100 volunteers matched with 100 mothers, with many different languages and cultures represented.

Volunteers are recruited through flyers at Public Libraries and Early Years Centres, advertisements in local papers and word of mouth. Interested candidates are initially screened over the phone by the Peel Health Volunteer Resources Department regarding their personal interest, volunteering requirements, communication and interpersonal skills. They must also comply with the Region's screening policy (supply two references and complete a police check), and complete a volunteer contract, including confidentiality measures. Volunteers are asked to make a one-year commitment to the program. Training sessions for new volunteers are held 2-3 times per year; each session is a full day and covers topics such as breastfeeding basics; communication skills; and tracking and reporting procedures. Volunteers also discuss sample scenarios during the training, how to identify and report potential problems ('red flags'), and basics on making referrals. After completing the training, volunteers receive a volunteer manual and diploma.

Maternal Support Program, Women's Health Centre, St. Joseph's Health Centre, Toronto

Located in a culturally and socio-economically diverse area of Toronto, the Maternal Support Program at the Women's Health Centre, St. Joseph's Health Centre uses a non-medical, feminist and holistic approach to healing from postpartum depression. The comprehensive services available include telephone peer support for women who are experiencing prenatal and postpartum depression and anxiety in Toronto (and throughout Ontario when there is a need and lack of similar services available). Volunteers are women who have experienced postpartum depression themselves and have had time to heal (usually more than two years after they have experienced PPD). They are asked to commit to providing phone support to one mother at a time. Volunteers are generally former program participants who are asked to come back and volunteer and who want

to "give something back" by supporting other women going through a similar experience. Volunteers participate in a thorough screening process. They are matched with women who share similar characteristics (e.g. life circumstances, number of children) whenever possible. Volunteers attend one to two training sessions a year facilitated by a social worker and nurse who have more than 10 years of experience working with women and families coping with antepartum and postpartum depression. Topics covered in the training sessions include: empathic listening, managing crisis calls, making referrals, and handling suicide ideations. Volunteers have regular but unscheduled "check-ins" by phone with one of the two program coordinators to discuss their progress providing support and any specific questions or advice they may need.

Halton Breastfeeding Connection

The Halton Breastfeeding Connection (HBC) is a group of volunteers who provide telephone peer support for breastfeeding mothers. HBC is supported by the Halton Region Health Department. The program was established in 1993, when Halton public health nurses concluded that they could not fully provide the type of ongoing support that would benefit breastfeeding mothers. The Halton Breastfeeding Connection is based on two reference models from South Africa and California. The goals of the Halton Breastfeeding Connection are to provide support and encouragement to breastfeeding families, to increase breastfeeding duration, and to connect families with other breastfeeding and parenting resources. HBC tries to connect volunteers with mothers prenatally. The schedule of calls and the duration of the match is determined by the mothers and the volunteers, though the aim is to support mothers to breastfeed for six months. Currently HBC has 73 volunteers.

Mothers learn about HBC through local pre-natal classes, and can register in-class or through the program directly. The program is also promoted by public health nurses through prenatal or postpartum contacts. Mothers are

matched with volunteers who live in their own communities by the volunteer coordinators. The volunteer coordinators are volunteers themselves, and have program responsibilities for specific areas of Halton. Volunteers are recruited through postpartum mothers' groups, and through advertisements and program profiles in local newspapers. Volunteers must have breastfed for a minimum of three months, though most begin later in their breastfeeding experience, and have a positive feeling towards breastfeeding. Volunteers commit to supporting at least one mother, but most stay with the program for much longer. They must attend a half-day training session covering HBC operations, the importance of telephone peer support; community resources; and when to refer mothers to professional help. Volunteers also practice role-playing common scenarios and learn tips for providing telephone support. Additional training will likely be needed as Halton pursues baby-friendly designation. They complete a written contract, including confidentiality measures and a self-assessment form (self-screening tool). Volunteers can also choose to participate in the HBC Planning Group (comprised of four volunteers and a public health nurse), which guides and supports HBC operations.

Breastfeeding Buddies (Kitchener Downtown Community Health Centre)

Initiated by a group of breastfeeding mothers who recognized and appreciated the value of mother-to-mother support, the Breastfeeding Buddies Peer Support Program aims to "increase the opportunities for mothers of infants and toddlers to access peer breastfeeding support in Waterloo Region" (Mancktelow, 2003). The program is now offered through a partnership between Kitchener Downtown Community Health Centre, Region of Waterloo Public Health and other community stakeholders. Breastfeeding Buddies (BFBs) are matched with breastfeeding moms to provide ongoing telephone support. They also regularly attend established community sites (e.g. Early Years Centres and Breastfeeding Lounges) to provide group support to moms on a drop-in basis. Initial contacts between BFBs and mothers are established prenatally when possible. Breastfeeding mothers are referred to the program by public health nurses, lactation consultants, and friends as well as through self-referrals. BFBs and breastfeeding moms involved in telephone support exchange contact information, and

establish a schedule of calls determined by the moms' needs and the BFB's availability.

Peer volunteers are primarily recruited through word of mouth, as well as through posting the volunteer position description in locations frequented by mothers. BFBs must have successfully breastfed for a minimum of six months (though several have breastfed for over a year), and be passionate about breastfeeding. Volunteers must also complete an application, reference and police check and interview. A one-year commitment to the program is requested of all volunteers. Each volunteer participates in a three-day breastfeeding training course based on the WHO/UNICEF model, and is encouraged to attend monthly meetings on "hot topics" for information, support and networking with other volunteers. BFBs currently represent diverse cultural and economic backgrounds. The Region of Waterloo Public Health provides program promotion, in-kind support and assists with the training.

Peer-led Support/Self-Help Groups

Within peer-led support/self-help groups, the emphasis among members is on personal experience, and the primary aim is mutual support. Members come together informally because they share a common experience or concern. Group leaders are volunteers, but they are also members (i.e. they share the common issue of group members). These groups have ongoing meetings, and although there may be suggested topics for each week, plans and decisions on how the meetings will run are usually made by the group as a whole (Self-Help Resource Centre, 2002). The Ontario Self-Help Network (Self-Help Resource Centre) has extensive resources on self-help groups, and provides consultation regarding both group development and the role of the professional vis-à-vis peer-led groups.



Self-Help Support Groups and One-to-One Support (Perinatal Bereavement Services Ontario)

Perinatal Bereavement Services Ontario (PBSO) provides various support services to meet the special needs of families who have suffered a pregnancy loss due to ectopic pregnancy, miscarriage, stillbirth, or neonatal death. Self-help support groups for bereaved parents are available in different communities across Ontario. These groups are co-facilitated by two trained volunteers at least one of whom is a bereaved parent themselves, and another may be a community volunteer with a personal or professional interest in bereavement. Bereaved parents must self-refer to PBSO to access services, because they must be at a point in their grieving process when they are ready to accept help. Parents can join the groups at any time by registering with PBSO. Groups generally run twice a month in the evenings, and welcome both mothers and fathers, alone or as a couple. Meetings are 90 minutes in length. There is no charge to attend the groups, and parents may attend the groups for as long as they need.

PBSO also offers one-to-one support for Ontario parents unable to attend a support group. Support may be done by phone or email (PBSO, 2004). Through the PBSO office, bereaved families are matched with a support parent, a trained volunteer who has experienced a similar loss. A mutually convenient contact schedule is determined between the volunteer and the parent. Support continues for as long as the bereaved parent needs it. There is no cost for this service.

All PBSO support group facilitators and one-to-one support volunteers are required to complete online training modules which address grief theory, effective listening skills and self-help principles, as well as an in-person training session. Facilitators then must attend a number of meetings as a "Facilitator in Training" whenever geographically possible. This training period allows new facilitators to experience first-hand the PBSO support group methods and topics to be covered (PBSO, 2004).



Peer Support Networks

Peer support networks are comprised of individuals or families who come together around similar life challenges, transitions or situations in order to share information and support. Peer support networks are similar to peer-led support self-help groups except that instead of meeting in person as a group, connections are made via phone, email, regular mail or online discussion groups. Their shared

issue may be relatively unique, and as a result there may be significant geographical distances separating network members. A listing service or website may serve as the initial forum for connecting people together. Some peer support networks may produce a newsletter or other information materials (Multiple Birth Canada, 2004).

Higher Order Multiples Support Network (Multiple Births Canada)

The Higher Order Multiples Support Network is one of several specialized support networks of Multiples Births Canada (MBC), for parents facing unique situations and challenges. It serves expecting, new and experienced parents of triplets, quadruplets, quintuplets and more. Trained network parent volunteers, called Parent Contacts, provide one-to-one support to parents across Canada by phone, email and an online moderated discussion forum. They share experiences and information and provide emotional and practical support. Parent Contacts are matched with other parents with similar experiences whenever possible, and receive on-going support from the Network Chair. Parents are referred to the support network by public health units, hospitals with high risk obstetrics units, local MBC chapters, and word of mouth.

They are welcome to use the network for support for as long as is needed. The support network also produces publications for parents and a quarterly newsletter.

Multiples Birth Canada (and its support networks) is an organization built and run entirely on the efforts and commitment of volunteers, from the executive level to the local affiliate chapters. MBC uses a peer support model, meaning that families who refer themselves to the organization receive direct family support from volunteers who are usually parents of multiple birth children themselves (MBC, 2004). In addition to the support networks, MBC has local chapters, defined as formal groups of 5 or more multiple birth families located in a specific geographical area.

Peer Paraprofessionals

As Wade et al. (1999) note, the terms lay home visitor, peer and paraprofessional are not defined consistently in the literature; there is also wide variation in the characteristics of those providing the support, their educational backgrounds, and the extent of their training or supervision. The main difference between peer paraprofessionals and peer volunteers is that paraprofessionals receive an hourly wage or salary. They often also receive more extensive and

intensive training than volunteers. The Ontario *Healthy Babies Healthy Children* program utilizes lay home visitors (peer paraprofessionals) in its service delivery; it defines them as women from the community who are experienced mothers and who have had special training in helping other parents care for their children and use community resources (MOHLTC, 2003).

Peer Parents and the Hello Baby Circle (St. Stephen's Community House, Toronto)

Hello Baby Circle (HBC) is a weekly support program serving pregnant women who are isolated and at-risk. Most participants are also newcomers to Canada, and represent many cultures. HBC participants are supported during pregnancy, in preparation for labour and delivery, and during the post-natal period. The program provides practical and social supports, information, learning opportunities, and crisis intervention in an informal setting (Macdonald, 2004), and operates out of the Trinity-Spadina Early Years Centre. The program is delivered through a partnership with other community agencies and Toronto Public Health, and is unique in that it also incorporates trained and paid perinatal support workers (Peer Parents) in its operations.

Peer Parents are peer paraprofessionals. To be eligible for Peer Parent training, candidates have to have language skills appropriate to the program population and have graduated from a locally linked perinatal program.

Candidates participate in an eight-session training program, covering topics including outreach, accessing resources, nutrition and safe food handling, and interpretation skills. Peer Parents work approximately 5 hours per week, are paid an hourly wage, and play several essential roles in the program including reception, nutrition coordination, program delivery, interpretation, and outreach. The aim of the Peer Parent experience is to provide opportunities to gain Canadian work experience; increase employment capacity; improve English language skills; build new friendships and self-confidence; and gain experience as peer support workers (Macdonald, 2004). Some Peer Parents have found part-time or fulltime employment as a result of their Peer Parent experience and several are volunteering with other perinatal programs. For program participants, Peer Parents are a significant source of social support, information and encouragement. Participants and Peer Parents relate through a variety of shared experiences, such as pregnancy or parenting, and common language, culture or life situation. Peer Parents are vital to the success of the Hello Baby Circle Program.

Keeping It Going - Working with Volunteers

Volunteers are at the heart of self-help/peer support initiatives. Volunteers are the peers. Professionals and organizations have to believe that volunteers are capable and valuable additions to their programming efforts if volunteer involvement is to be successful.

If you work in a health unit or organization that has a department responsible for volunteers, it can help facilitate much of the volunteer 'management' (recruitment, screening, monitoring, support, recognition, and evaluation). Otherwise you will need to allot sufficient time, staff and resources for this. As was noted previously, some programs engage volunteers to coordinate or assist with these roles. If there is little support or volunteer management expertise available within the agency, seek outside support through partnerships with other organizations, or contact the local Volunteer Centre, an excellent source of information, training and other resources. Don't be afraid to start small or to pilot the program.

Working with volunteers requires thoughtful preparation and planning. The *Canadian Code of Volunteer Involvement* (outlines the values, principles, and standards for effective volunteer practices within organizations) and the volunteer development cycle are two tools that can help guide this process. (See the Appendices for versions of these tools.) It is also important to consider which supporting policies and procedures need to be established as a foundation for self-help/peer support programming. These could include policies on designated staff resources, provision of references for volunteers, code of conduct, and specific organizational policies (e.g. volunteers in a unionized setting), as well as volunteer management procedures.

Recruiting Volunteers

Recruiting volunteers involves several priority areas:

- Formalize screening procedures in order to manage potential risks for clients, staff and volunteers. More information on screening is available from Volunteer Canada (see the resource section).
- Establish volunteer recruitment criteria. These criteria will be based on the program values and available resources, and may be subject to change over time.
- Develop a detailed volunteer position description. It is useful for clearly defining the volunteer's tasks and role, clarifying boundaries, and determining risks. It can include qualifications, responsibilities, commitment, application process, benefits, supports, supervision and evaluation measures, and limitations.
- Create an application form (including confidentiality measures) and an interview guide. What needs to be known about the applicant?

- Consider establishing criteria for matching volunteers with clients (e.g. language, age, ethno-cultural background, place of residence, similarity of experience).

Volunteers wanted! Word of mouth is one the most successful and frequently reported methods of volunteer recruitment for peer support programs. Using community newspapers, local radio, Volunteer Centres, Ontario Early Years Centres, and other public health or community programs are also useful recruitment methods. Post a flyer or volunteer position description in places where potential volunteers (e.g. mothers) frequent. Involve current volunteers in recruitment by inviting them to participate in volunteer or health fairs, or speak at community events.

Training Volunteers

Orientation and training are essential parts of volunteer management. The length and depth of the training depends on the role, responsibilities, and commitment required of volunteers. Training should provide volunteers with a clear description of their role and the appropriate tools required to meet their responsibilities (Noel-Weiss & Hebert, 2004). It should also include a discussion on the scope of their role as sources of peer support (not medical advice) and boundary-setting. It should also be engaging and participatory (e.g. role-playing common scenarios so volunteers can practice their skills).

With a grant from Volunteer Action Online (Ontario Ministry of Citizenship), *Multiple Births Canada* and *Perinatal Bereavement Services Ontario (PBSO)* developed interactive and user-friendly volunteer orientation and training websites, increasing accessibility for potential volunteers across the province and beyond. The orientation websites include a basic introduction to the organizations, volunteering options, and on-line application forms. The training websites include detailed information about each organization; volunteer role descriptions and how-to's; group facilitation, empathy/caring, and communication skills; discussions on volunteer responsibilities, confidentiality and boundary-setting; and organizational policies and procedures. Volunteers can work through the training modules at their own pace, completing questions on-line which are sent to the Volunteer Coordinator for review.

PBSO has received very positive feedback from volunteers who have used the training website. Volunteers have found it exceptionally convenient, thorough and informative. It has also proven beneficial as a 'refresher' tool for veteran volunteers to review information and update their knowledge and skill base. Additionally, it serves as a self-screening tool for potential volunteers, since they cannot begin volunteering without finishing the on-line training.

Supporting and Recognizing Volunteers

Providing volunteers with various supports is very important. It helps with volunteer retention, ensures the maintenance of healthy communication links between organizations and peers, and promotes a positive program experience for volunteers, staff and clients (Phillips, Little & Goodine, 2002).

Support includes promoting open and regular communication between staff and volunteers; providing opportunities for additional training as needed, but specifically for socialization, support and networking among volunteers; involving volunteers in program planning (keeping volunteers "in the loop"); and covering expenses for volunteers (e.g. program materials, transportation costs, childcare, photocopying).

Breastfeeding Buddies (Waterloo Region) holds two monthly volunteer support meetings; one in the evening, and one the following morning. Holding two meetings on subsequent days enables more Buddies to attend, and staff members only need to prepare the meeting space once. Program staff also check-in periodically with Buddies via phone and email, and ensure that they do not incur any out-of-pocket expenses. The *Successful Mothers Supporting Program* (Central Saskatchewan) aims to ensure that mentors have the support they need to have a positive volunteering experience. Volunteers have regular phone and in-person contact with the coordinator, and participate in a match review every three months. A newsletter is also distributed to both volunteers and program participants. The *Halton Breastfeeding Connection* sends out a newsletter to volunteers three to four times per year and is hoping to begin regular email communications to inform volunteers of new programs or breastfeeding updates.

With the *Breastfeeding Companions Program* (Peel) volunteers are encouraged to attend quarterly meetings, which provide opportunities for updates on new information/practices, and for networking and support with fellow volunteers and staff. The program recently released its first newsletter to help volunteers stay connected; it also provides a forum to share messages of thanks and appreciation. All *PBSO* volunteers providing peer support are also encouraged to attend a two-day bereavement support training seminar at some point during their first year with the organization and ongoing continuing education, which is offered twice a year. *PBSO* staff members provide support to volunteers through ensuring regular contact and debriefing before and after group meetings. This is important given the level of commitment required of volunteers and the emotional nature of their work.

Peer Parents with *Hello Baby Circle* (Toronto) receive a certificate upon completion of their training, letters of reference, and childcare during their shifts. These peer paraprofessionals are also paid, which allows the program to explicitly acknowledge the value of their contribution while supporting their need for income.

Organizations can also support their volunteers by *recognizing and valuing* their contributions. Phillips, Little and Goodine (2002), identified that demonstrating appreciation and respect on an on-going basis is valuable and personally rewarding for volunteers; organizations do not necessarily have to hold elaborate recognition events. However, it is still important to allocate money in the program budget for volunteer appreciation/recognition. Asking volunteers directly about the type of recognition and support they would appreciate can help inform program staff about meaningful ways to support volunteers.

Here are some examples of volunteer recognition ideas:

- *Halton Breastfeeding Connection* sends out recognition letters/cards and a small token gift (e.g. flower seeds, Tim Horton's certificates) during National Volunteer Week held annually in April. Volunteer appreciation events have not been well attended.
- *Breastfeeding Buddies* (Waterloo Region) attended a volunteer appreciation lunch, and last year there were sufficient funds to provide them with a small honorarium.
- *Breastfeeding Companions* (Peel) volunteers are invited to an annual recognition event for all of the Peel Health Department's volunteers.
- *Successful Mothers Supporting Program* (Central Saskatchewan) volunteers receive thank you cards, a program tote bag and small tokens of appreciation. Volunteers are acknowledged regularly, but also celebrated during National Volunteer Week and at local health region events.
- *PBSO* Volunteers are recognized at the Annual General Meeting, through volunteer recognition awards and acknowledgement in *PBSO* newsletters, along with on-going messages of gratitude and appreciation through personal communication, and from the parents themselves.

Retaining Volunteers

As was noted in the previous section, supporting and recognizing volunteers contributes significantly to volunteer retention. Making the volunteering experience as accommodating as possible is the key; it does not necessarily require a major time commitment. Many peer support volunteers in maternal, newborn and family health are parents themselves, and have multiple commitments. Volunteers should feel comfortable approaching program staff should they need to stop volunteering, and be welcomed to return to the program if or when they are able. For example, volunteers with the *Halton Breastfeeding Connection* can go "on hold" for periods of time.

Volunteers with *The Breastfeeding Network* (Hamilton) are not required to commit to the program for a specific length of time. It is understood that life situations can change, and flexibility is often needed particularly since the volunteers involved are also parents themselves.

Breastfeeding Buddies (Waterloo Region) call mothers from their own homes at a time that is convenient for them (e.g. while their child is napping). Volunteers who are working often make calls over their lunch hour or in the evening. Volunteers are encouraged to put themselves and their families first, and not to feel apprehensive about communicating with staff if a situation arises where they cannot complete their commitment. Buddies volunteering at community sites often work in pairs or small groups to ensure that, in the event that one BFB cannot attend (e.g. due to child's illness) there will still be one volunteer present each week.

Evaluating the Program

Noel-Weiss and Hebert (2004) recommend developing evaluation methods for clients and volunteers participating in peer support programs or groups. Evaluation measures can determine whether a peer support program is effective, is meeting the needs of participants, and can ensure that resources are being used properly. Also, program funders usually require staff to conduct regular program evaluations.

Halton Breastfeeding Connection conducted a client satisfaction survey in 2002 with the mothers, which had a response rate approaching 50%. Survey items included number of calls, timing of calls, helpfulness of volunteer in providing information about breastfeeding, support/encouragement, and information about community resources. The majority of respondents answered positively to each of these questions. *Peel Health's Breastfeeding Companions Program* also requests that mothers complete

client satisfaction surveys; volunteers complete evaluations at the end of their annual commitment. A formal evaluation of the *Hello Baby Circle* (Toronto) program assessed changes in confidence, knowledge, skills and employment prospects of the Peer Parents, along with the value of their present and potential roles in the program. Peer Parents completed surveys and program participants were interviewed, with a translator when required. The evaluation provided evidence of the program's successes, and the findings resulted in greater involvement of the Peer Parents in on-going program planning and workshop delivery.

The evaluation process can also incorporate shared leadership principles and community ownership by using participatory evaluation methods. Participatory evaluation can be defined as a partnership approach to evaluation which includes all stakeholders in the development of the evaluation and all phases of its implementation (Zukoski & Luluquisen, 2002). Rootman (2001) recommends that all relevant stakeholders must be involved in a meaningful way at every step of the evaluation process in order to be consistent with health promotion principles (i.e. empowering individuals and communities). If doing a complete participatory evaluation is not possible, start by increasing peer/volunteer participation in specific evaluation activities.

Here are some questions to think about:

- How can peers/volunteers be involved in planning the evaluation design? Identifying relevant questions? Developing or reviewing the tools? Collecting data? Analyzing the data? Sharing the results with the community?
- How can program participants/clients be engaged in the evaluation process?
- What additional training might peers need to be a part of the evaluation 'team'? How can your agency facilitate this?

Conclusion

There is an ever-growing use of peer support and self-help strategies in maternal, newborn and family health. The program examples included in this resource represent a selection from the many diverse and successful peer support initiatives focusing on these issues from across Ontario and beyond. It is hoped that this resource has provided some practical tips and suggestions that can be applied to initiating new or improving existing peer support programs.

Useful Resources and Links

Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre is a service for professionals across the province that promote the health of mothers, newborns and young children. Through consultations, training, networking, referrals and resource materials, Best Start provides its clients with the strategies and tools to tackle issues affecting men and women from preconception and beyond. These issues include alcohol and pregnancy, smoking and pregnancy, postpartum mood disorders, poverty and reproductive health, low birth weight, prenatal nutrition and workplace reproductive health, among many others. Best Start focuses on factors that influence health (e.g. income, social status, education, environment and access to health care) and on their effects on maternal, newborn and early child health and development. Best Start's services are free or provided at a nominal cost.

Ontario Self-Help Network (a Program of the Self-Help Resource Centre) was established in 1992 to support the development of new and existing self-help/mutual aid initiatives across Ontario. The OSHNET program is funded by the Ministry of Health and Long Term Care, and its services include referrals, networking, training, consultation, and information resources. OSHNET provides services to any volunteer-led groups or professionals using (or interested in using) self-help strategies to promote health and well-being. OSHNET works with volunteers and professionals on issues including the role of the professional; integrating self-help strategies into health promotion programming; transitioning from professional to member leadership; group facilitation and conflict resolution; evaluation; and peer approaches and informal volunteering. OSHNET services are free or provided at a nominal cost.

Best Start Resource Centre/Ontario Self-Help Network (Self-Help Resource Centre):

- *Contact List: Self-Help/Peer Support Programs Related to Maternal, Newborn & Family Health.* www.selfhelp.on.ca/resource/maternal_child_contact_list.pdf
- Self-Help and Peer Support Strategies in Maternal, Newborn and Family Health. *Ontario Health Promotion E-Bulletin.* #380.1 Sept. 24, 2004. www.ohpe.ca
- Deller, N. (2004). *Peer Support/Self-Help in Maternal, Newborn and Family Health: Highlights from the Literature.* Toronto: Best Start Resource Centre. www.selfhelp.on.ca/resource/liireviewmaternal.pdf

Here is a list of additional resources and links:

Canadian Association of Family Resource Programs (FRP Canada). (1998). *Self-Help for Parents of Children with Special Needs: A Tool Kit for Parents and Professionals.* www.frp.ca

Fryar, A., Jackson, R. & Dyer, F (Eds). (2004). *Turn Your Organization Into a Volunteer Magnet.* energizeinc.com/art/subj/documents/VolunteerMagnet1.2.pdf
Ontario Rural Council Voluntary Sector Working Group. *Valuing the Rural Volunteer.* (Toolkit). www.torc.on.ca/rural_vol.htm

Ontario Screening Initiative. *Take the First Step: Understanding Volunteer Screening.* www.volunteer.ca/volunteer/pdf/Comm_Booklet.pdf

Ontario Screening Initiative. *Rural Supplement: Safe Steps Volunteer Screening Workbook.* www.volunteer.ca/volunteer/pdf/FinalRuralEng.pdf

Ontario Self-Help Network (Self-Help Resource Centre):

- *Integrating Self-Help Strategies in Your Health Promotion Work.* (Fact sheet) www.selfhelp.on.ca/resource/integrating_strategies.pdf
- *Matrix Tool: Comparing Self-Help to Professionally-led Support Groups* (Fact sheet). www.selfhelp.on.ca/resource/matrix.pdf
- *How to Start and Maintain a Group.* (Article). www.selfhelp.on.ca/start.html
- Frameworks and Skills for Keeping Self-Help Groups on Track. *Ontario Health Promotion E-Bulletin.* #399.1 Feb. 11, 2005. www.ohpe.ca
- Self-Help Groups: Moving from Professional Leadership to Mutual Support. *Ontario Health Promotion E-Bulletin.* #296.1 Feb. 07, 2003. www.ohpe.ca

Ontario Volunteer Centre Network. *Reaching Out to and Connecting with Grassroots Organizations: Fact Sheets for Effective Volunteer Involvement*.

www.volunteer.ca/volcan/eng/content/vol-centres/ontario.php

Pacific Post Partum Support Society (www.postpartum.org):

- *Postpartum Depression and Anxiety: A Reference Manual for Telephone Support Volunteers*.
- Handford, P. (1997). *Self-Help Groups for Women with Post Partum Depression and Anxiety: A Group Facilitator's Manual*. 2nd Ed.

Parents for Children's Mental Health. *Parent-to-Parent Support Manual for Group Leaders*. parentsforchildrensmentalhealth.org

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Hamilton-Wentworth, Social and Public Health Services Division, PHRED Program. www.city.hamilton.on.ca/PHCS/EPHPP/Research/Full-Reviews/ESSG-Review.PDF

Volunteer Canada. (2001). *Volunteer Connections: Creating an accessible and inclusive environment*.

www.volunteer.ca/volunteer/pdf/AccessEnglish.pdf

Links:

Canadian Volunteerism Initiative, Ontario Network – www.volunteer.on.ca

Ontario Public Health Association – www.opha.on.ca/volunteer/coordinators.html

Volunteer Canada – www.volunteer.ca

Energize, Inc. – energizeinc.com

Ontario Self-Help Network – www.selfhelp.on.ca

Ontario Screening Initiative –

www.volunteer.ca/volcan/eng/content/screening/ontario-init.php

The Community Toolbox – ctb.ku.edu

Public Health Agency of Canada, the Office of the Voluntary Sector – www.phac-aspc.gc.ca

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- Zukoski, A. & Luluquisen, M. (2002). Participatory Evaluation: What is it? Why do it? What are the challenges? *Community-Based Public Health Policy & Practice*, 5(April): No page numbers. www.futurehealth.ucsf.edu/pdf_files/Evaluation.pdf

Values for volunteer involvement:

Volunteer involvement is vital to a just and democratic society.

- It fosters civic responsibility, participation, and interaction.

Volunteer involvement strengthens communities.

- It promotes change and development by identifying and responding to community needs

Volunteer involvement mutually benefits both the volunteer and the organization.

- It increases the capacity of organizations to accomplish their goals, and provides volunteer with opportunities to develop and contribute.

Volunteer involvement is based on relationships.

- Volunteers are expected to act with integrity, and be respectful and responsive to others with whom they interact.

Guiding principles for volunteer involvement:

Voluntary organizations recognize that volunteers are a vital human resource and will commit to the appropriate infrastructure to support volunteers.

- The organization's practices ensure effective volunteer involvement.
- The organization commits to providing a safe and supportive environment for volunteers.

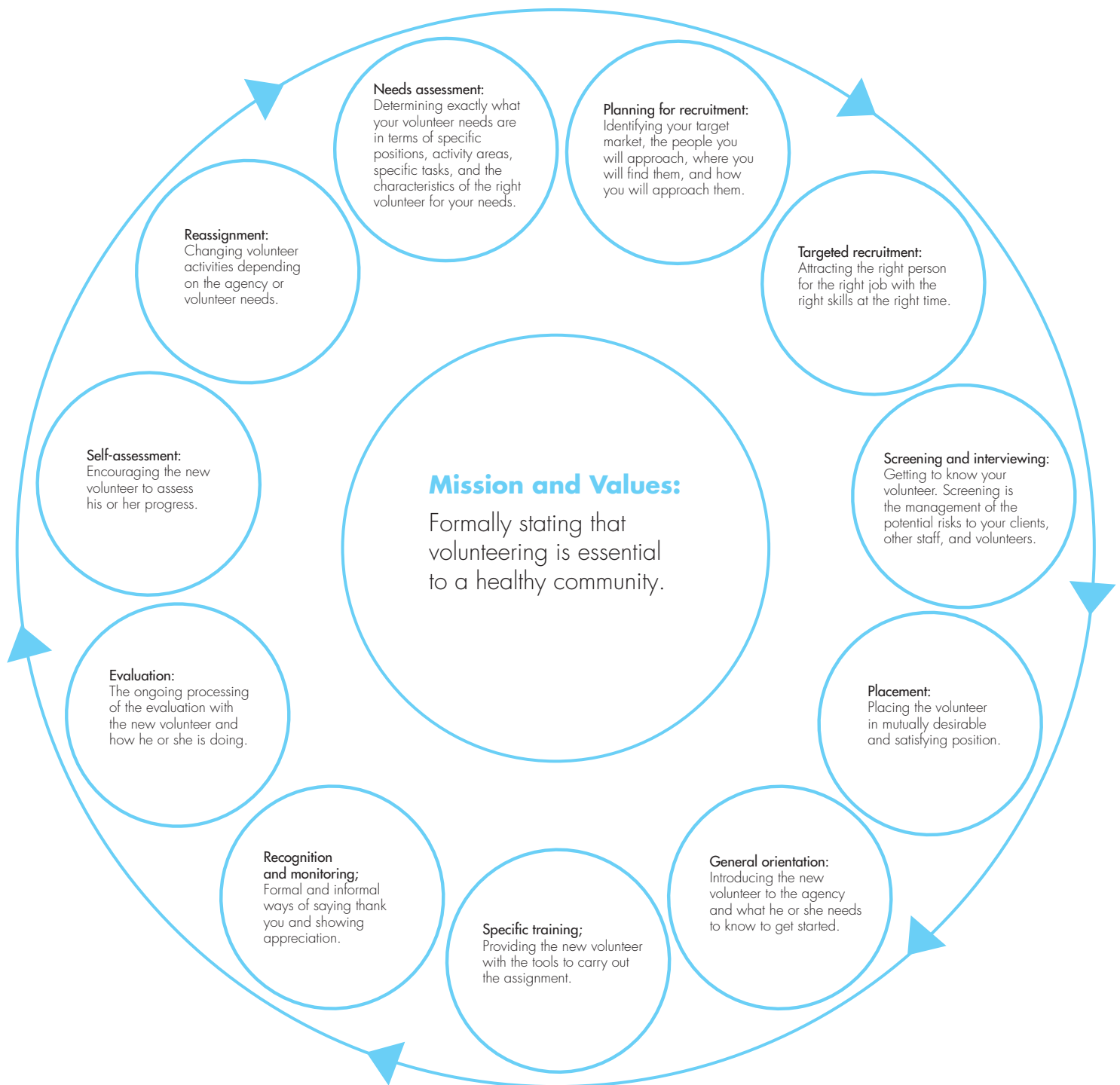
Volunteers make a commitment and are accountable to the organization.

- Volunteers will act with respect for beneficiaries and community.
- Volunteers will act responsibly and with integrity.

Organization standards for volunteer involvement:

- The boards of directors and senior management acknowledge and support the vital role of volunteers in achieving the organization's purpose or mission.
- Policies and procedures are adopted by the organization to provide a framework that defines and supports the involvement of volunteers.
- A qualified person is designated to be responsible for the volunteer program.
- A clearly communicated screening process is consistently applied.
- Volunteer assignments address the purpose of the organization and involve volunteers in meaningful ways – reflecting their various abilities, needs, and backgrounds.
- Volunteer recruitment and selection reaches out to diverse sources of volunteers.
- Volunteers receive an orientation to the organization, its policies and procedures, and receive training for their volunteer assignment.
- Volunteers receive appropriate level of supervision according to their task and are given regular opportunities to receive and give feedback.
- Volunteers are welcomed and treated as valuable and integral members of the organization's human resources.
- The contributions of volunteers are regularly acknowledged with formal and informal recognition methods.

Volunteer Development Cycle 1-40



The Cycle illustrated above was adapted from a model supplied by Volunteer Kingston. This does not depict the sole development cycle approach. Please adapt it to fit your situation.

Produced by:



Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre

c/o Ontario Prevention Clearinghouse, 180 Dundas Street West, Suite 1900, Toronto, Ontario M5G 1Z8

Phone: 416.408.2249 or 1.800.397.9567 Fax: 416.408.2122 www.beststart.org

Best Start Resource Centre is funded by the Ontario Ministry of Children and Youth Services and is a key program of the Ontario Prevention Clearinghouse (www.opc.on.ca).



Ontario Self Help Network (OSHNET)

c/o Self Help Resource Centre, 40 Orchard View Blvd, Suite 219, Toronto, Ontario M4R 1B9

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OSHNET is funded by the Ontario Ministry of Health and Long-Term Care and is a program of the Self Help Resource Centre.