

Peer support best practice toolkit

A resource for individuals developing and providing peer support programs
for families of children with medical complexity and other lifelong disabilities

SECTION 3.0

Resources to
help you get
started



Evidence to Care (EtC) at Holland Bloorview Kids Rehabilitation Hospital is a specialized team of knowledge translation experts supporting the hospital in its commitment to transform care through evidence, knowledge generation, and translation. Through collaborative efforts, EtC strives to make research evidence accessible in promoting evidence-based care in the field of childhood disability.

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CONFLICT OF INTEREST DECLARATION

The contributing committee members have no conflict of interest to declare.

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SECTION 3.0

Resources to help you get started

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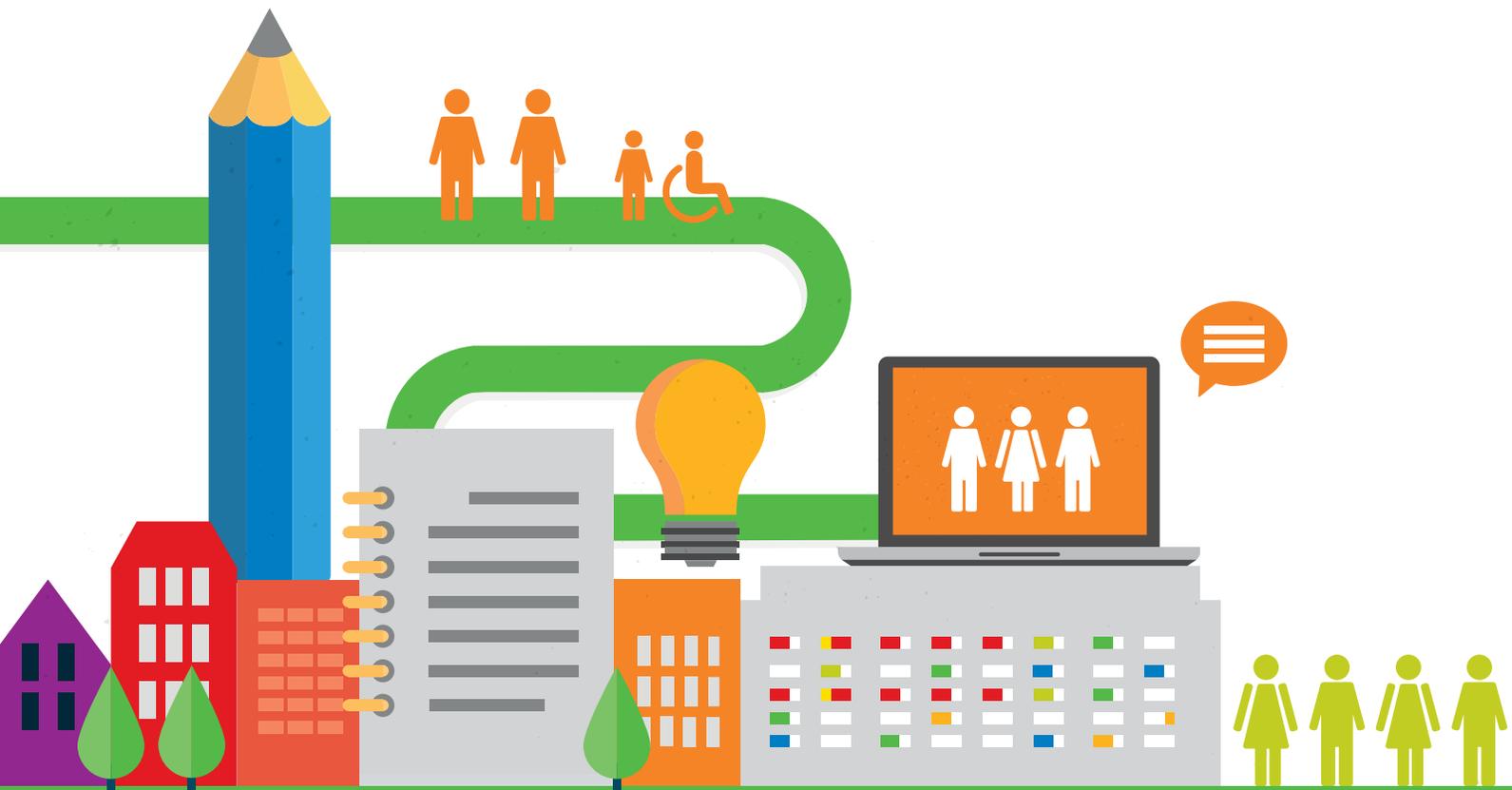
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Introduction

This section identifies key questions, information, and best practices to take into consideration when developing a peer support program. The information in this document is applicable to all of the models outlined in Section 1.0 of this Toolkit. Special considerations and elements specific to the parent matching model (because it is not a group program) are noted in separate boxes. Content for this section has been gathered and adapted from research, textbooks, other toolkits, and front-line lived experience in running peer support programs.

Check out the [Resource Matrix](#) at the end of this section for a summary of resources, templates, and tools to help get started (p. 18–20)



Q1: I am at the very beginning of forming a peer support program. Where should I start?

A: There are many factors to consider before starting your program. For example, do you already have support and/or funding for your program? Are you a parent in the community looking to start a program on your own? Read the options below, decide where you need to start, and find the relevant resources to help you:

- First, it is important to look to the research evidence. Check out Section 1.0 and the Rapid Evidence Review for more information about key findings from the peer support literature.
- Find out what programs already exist. What do you like about them? What would you modify or change for your program? How will your program be different so you are not duplicating efforts? See these resources for more information:
 - Canadian Mental Health Association, 2007, p. 8
 - Best Start: Ontario's Maternal Newborn and Early Child Development Resource Centre, & Ontario Self Help Network (OSHNET), 2005
- If you work for an organization or are a parent in the community, you may need to sell the idea of a peer support program to be able to run it or to access funds to support it. See these resources for more information:
 - Toseland & Rivas, 2012, p.166
 - National Peer Support Collaborative Learning Network, 2014, p.18 & 27
- Decide on the model that works for your setting. Based on your access to space, funding, and families who could potentially access the program, this could help inform your decision to have a parent matching, online or in-person support group.
- Check out these step-by-step resources for starting a program:
 - Peer support guide: For parents of children or youth with mental health problems (Canadian Mental Health Association, 2007)
 - Peer support resource manual (British Columbia Ministry of Health Services, 2001)
 - Parent to parent handbook: Connecting families of children with special needs (Santelli, Poyadue, & Young, 2001)



Q2: How can I structure my program?

A: There are different ways to set-up your program. Consider how the benefits and challenges of the different structures will affect the development of your group and how members interact.

Set-up generally refers to defining the purpose and goals of your program, the membership type and the delivery method (informal to formal). Defining these elements before your program starts can help families decide if your program is the right fit for them, help you design content for the program, and inform what you would like to measure and evaluate to ensure your program is a success.

Defining the purpose of your peer support program

- The design of your program should be centred on a main purpose, with goals and action-oriented steps to achieve them:
 - *“A statement of the purpose should be broad enough to encompass different individual goals, yet specific enough to define the common nature of the group’s purpose”* (Toseland & Rivas, 2012, p.163)
 - The purpose of the peer support program can be generated by the program leader, the agency, the group members or community.
 - To read more about establishing a program’s purpose, review Toseland & Rivas, 2012, p. 213–214
 - To help you develop actionable goals for your peer support program or individual goals with families, consider using SMART goals (see next page)

Special considerations for program development for families who care for children with medical complexity

Take into account the following considerations when developing a peer support program:

- **Transportation** can be challenging for the child and family because it takes time, can significantly increase time spent during rush hour, cause additional stress, and often needs to be pre-arranged
- **Siblings** may require supervision as they may attend with the family due to lack of childcare supports in the community
- **Accessibility** of the facility may impede participation (e.g. wheelchair access)
- **Fragility** makes it more difficult for a child to tolerate periods away from home and may cause pain during travel
- **Frequent hospital admissions** may mean parents miss sessions
- **Time off work** to attend the program may be difficult for some parents
- **Equipment** required by children may not be easily transportable from the home to the site of the program
- **Feeding schedule** and difficulty giving a feed outside of their home makes it hard to attend programs
- **Competing priorities** such as organizing transportation and getting children ready for another activity may interfere with availability

E. Brandon, Personal communication, July 15, 2015

SMART

Specific

What you want to accomplish over the course of the program:

- Who
- What
- Where
- When
- Why

Who:

What:

Where:

When:

Why:

Measurable

Be clear about how you will measure your goals to determine if you are successful. See the evaluation section to help you achieve your measurable goals (Q16).

What I want to measure:

How I will measure it:

Achievable

Be honest about what the program can achieve. Consider barriers and challenges you will need to overcome.

Outline actionable steps you will take to meet each goal.

Goal:

Barriers and challenges:

Steps to meet it:

Relevant

Your goals should be tied to the purpose of the program and relevant to the families participating in the program.

Goal:

Relevance to organization:

Relevance to families:

Time-bound

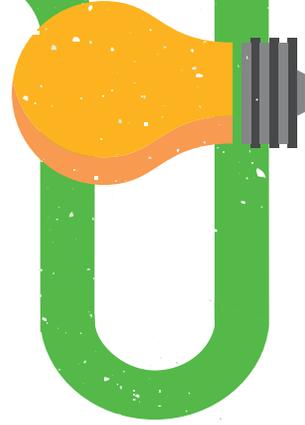
Decide on the timeframe for each goal. Are they achievable before the program is over? Or over the course of the whole program?

Goal:

Deadline:



For an example of who, what, where, when and why specific to peer support see: British Columbia Ministry of Health Services, 2001, Developing the Mandate of the Program, p. 40



Print this template and fill it out!

Adapted from: Massachusetts Institute of Technology. Retrieved from: <http://hrweb.mit.edu/performance-development/goal-setting-developmental-planning/smart-goals>

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Deciding on the type of membership structure for your peer support program

The type of membership structure you have in your in-person group or internet based peer support program will reflect the setting, members, purpose, and level of trust needed to conduct the group. There are generally two ways to set up your program membership:

Open-membership. Group membership is not defined by a set number of people. Members can come and go as they please and new members can start whenever they would like. This type of group can bring new ideas and perspectives forward more frequently than a closed group

Fixed or closed-membership. This group is defined by a set number of sessions, over a set number of weeks, and restricted to the same participants each week. This type of group tends to foster great trust and sharing among members than an open group

- See Toseland & Rivas, 2012, p.93 for more information on membership types

Deciding on how to deliver your peer support program

Regardless of the model you choose, your program can be structured in different ways, ranging from informal to formal; and peer-led, professionally-led or a combination of the two. Here are some ideas to consider about the structure and delivery of your peer support program (O'Hagan et al., 2010)

- Funded or unfunded
- Use volunteers, paid staff or both
- Delivered by a group of peers, professionals, or co-led by peer(s) and professional(s)
- Run out of an agency, hospital or another space in the community

Internet based peer support programs

Like in-person meetings that can have 'open' or 'closed' membership options, virtual spaces can be open or closed as well. Some platforms, like forums or message boards, can be open or closed and parents can post questions and receive answers 24 hours a day. Alternatively, chat rooms or video conferencing can be invite only and have a specified time for parents to attend. See this resource for more information about virtual programs:

- Toseland & Rivas, 2012, p. 192

Development stages of the program

Depending on the type of membership you choose, groups will go through stages of development that can influence the level of trust and bonding between members. More information about stages of group development can be found in:

- Toseland & Rivas, 2012, p.91. Figure 3.3
- Canadian Mental Health Association, 2007, p.15

- Read more about program structuring options in:
 - Best Start: Ontario's Maternal Newborn and Early Child Development Resource Centre, & Ontario Self Help Network (OSHNET), 2005, p.4–12

Q2: How can I structure my program? continued.

- An informal group may not have a leader and may involve parents sharing ideas and experiences, and would likely be run by a peer volunteer
- In more formalized programs there may be one or more trained and/or peer support leader(s) to provide structure, policies, procedures, and speakers
 - Read more about structuring your program in this toolkit: British Columbia Ministry of Health Services, 2001, p.12
- It may be helpful to conduct a needs assessment with your participants to determine their expectations of the program. A needs assessment is a systematic approach, using a survey or interviews, to assess participant priorities so that you can integrate them into the program. Questions in a needs assessment

should be structured in a way that the participant cannot give a 'yes' or 'no' answer (closed questions); the questions should be open and explore the participants opinion on the subject. For example, a closed question would ask, "Would you like to discuss school as a topic in the program?", whereas an open question would ask, "What topics would you like to discuss during this program?"

Parent matching

For an in-depth look at structuring a parent matching program, see chapter 7 of the Parent to parent handbook: Connecting families of children with special needs (Santelli et al., 2001).

Q3: Are there evidence-based indicators I can use to set up my program?

A: Program planning, like other health and social disciplines, has an evidence base of research to support best practices. Using research evidence to develop your program ensures that it is relevant, effective, and beneficial to your attendees.

- For evidence specifically about the importance and use of peer support for families of children with disabilities, see:
 - Section 1.0, p. 6 of this Toolkit and the Rapid Evidence Review
- Saint Elizabeth has developed a list of promising practices and indicators, to help assess different aspects of your program based on the current research literature:
 - Promising Practices and Indicators for Caregiver Education and Support Programs: <https://www.saintelizabeth.com/getmedia/ec3bb66f-6ec9-4f53-b0b8-c3030361d1e7/Promising-Practices-and-Indicators-for-Caregiver-Education-and-Support.pdf.aspx?ext=.pdf%20target=>

Q4: What kind of setting, size, timing, and frequency should I consider for my program?

A: It is important to consider the setting, size, timing, and frequency of the support program to make it accessible and successful. You may wish to clarify and confirm these items with your group as you go through your program.

Setting

- For in-person support programs, consider the comfort, décor, security, cost of transit and parking, and accessibility of the space. Also, consider funding for access to supplies, childcare, transit, parking, and refreshments (Toseland & Rivas, 2012). For a step-by-step list of considerations, see this resource:
 - Canadian Mental Health Association, 2007, p.8
- For internet-based support programs, consider the virtual spaces attendees might already visit, such as a social networking site or your agency's website. A variety of virtual spaces and formats exist to support this type of group, such as chat rooms, social networking sites, e-mail, forums, video based groups, and list servs. For more consideration for virtual groups, see this resource:
 - Toseland & Rivas, 2012, p.192

Size

- Having a large number of families in any group program will increase the number of ideas, skills, resources, and offer more support. However, it also increases the complexity and reduces opportunity for individual attention within the group (Toseland & Rivas, 2012)
- Although there is little consensus in the literature about group sizes, a group could range from 3 to 15 members in order to be productive (Bertcher & Maple, 1985)

Timing

- Consider timing the program so that parents that work during the day or others in the family (e.g. siblings) can attend. Timing is also important to allow for participants to get to and from the location, especially in rural areas and when travelling in unfavourable weather conditions (Shulman, 2009)

Frequency

- Consider whether a short or long-term program would benefit your families most and if your program will be offered on a weekly basis, more or less often, or if a weekend intensive course would be feasible and beneficial for families
- Long-term programs may develop stronger trust between families and enhanced awareness of shared qualities. A short-term program may attract more attendees (Toseland & Rivas, 2012)

Parent matching

Parent matching peer support programs do not usually have pre-defined meeting spaces, times or frequencies. The parent to parent handbook recommends that support be available, flexible, and individualized to a family's needs (Santelli et al., 2001).



Q5: How can I find funding for my program?

A: Whether you are working within an organization or in the community, you may wish to start by building a business case for your program. A business case is a document that describes or argues the need for your program, with the intent of having a decision-maker take action in your favor. As part of the case, you should provide a budget that takes into consideration the leaders' salary for time allocated to the peer support programming, stipends for peer support co-leads, possible rental fees for space, childcare, transportation, evaluation, supplies, refreshments, recruitment materials, and more depending on your context.

- If you are in the community trying to start a peer support program with limited funds,

some community organizations or government bodies provide start-up grants for community initiatives that support key issues like health and community participation. For more information about funding see these resources:

- British Columbia Ministry of Health Services, 2001, p.39
- Toseland & Rivas, 2012, p.164
- Here are some agencies that offer grants/ funding for community programs:
 - Ontario Trillium Foundation: www.otf.ca
 - Grants Ontario: <http://www.grants.gov.on.ca/GrantsPortal/en/OntarioGrants/GrantsHome/>



Q6: How can I find participants to join the peer support group?

A: The type of peer support program you are running may dictate how you find your participants. If you are working for an agency or organization, you may already have access to the caseloads of colleagues that can refer families to the program. In situations where caseloads may not be enough within one agency – connect with contacts in the community to refer into your program.

- If a family is not connected with an agency or organization that you work with, they may be connected with other types of programs or services in the community. Additional sources for families may come from known community leaders, politicians, schoolteachers, healthcare workers, complex care organizations, faith-based organizations, immigration settlement

agencies, cultural centres, and recreational programs. Methods for outreach should be communicated in plain language and be clear about the purpose of the peer support program (Shulman, 2009). These could include:

- Phone calls
- Networking
- Direct mail campaign
- Postings in the community
- Website and social media campaign
- Speaking at local community and school meetings
- Newsletter and other media outlets
- See the resource matrix at the end of this document for plain language writing resources

Q6: How can I find participants to join the peer support group? continued

- According to Toseland (1981), there is evidence to indicate that direct contact with potential members is the most effective way to recruit. For more info about initial interview skills with potential families, see:
 - Shulman, 2009, p. 315

Parent matching

Recruiting families for the parent matching model can be done in the same way as for a group program described above. It might be better to start off with a smaller program and as the program has successes, grow membership from there (Santelli et al., 2001).

Q7: How can I find leaders to run a peer support group?

A: In a group program (in-person or virtual) leaders can be employed by agencies as professionals or peer leaders, or you may wish to recruit peer volunteers to lead or co-lead a program.

Peer leaders and peer volunteers can provide a rich lived experience for your program. To help find volunteers to lead/support programs see:

- Best Start: Ontario's Maternal Newborn and Early Child Development Resource Centre, & Ontario Self Help Network (OSHNET), 2005, p.13
- National Peer Support Collaborative Learning Network, 2014, p. 30

For moderate to formally structured group and parent matching programs, training is often a component for paid and volunteer staff. This provides peer leaders with clear guidelines and the skills needed for their roles/responsibilities (British Columbia Ministry of Health Services, 2001; Best Start: Ontario's Maternal Newborn and Early Child Development Resource Centre & Ontario Self Help Network (OSHNET), 2005).

If you are considering running training for peer leaders/peer volunteers, here are some resources:

- British Columbia Ministry of Health Services, 2001, Section 3
- Best Start: Ontario's Maternal Newborn and Early Child Development Resource Centre, & Ontario Self Help Network (OSHNET), 2005, p. 13, 15 & 32
- National Peer Support Collaborative Learning Network, 2014, p.33 & 37

Parent matching

In the parent matching model, the supporting parent can benefit from training to be able to have the skills and resources to effectively support their matched parent in need (Santelli et al., 2001).

Q8: Who should join my peer support program?

A: Typically peer support programs, in-person, parent matching or internet-based, benefit when there are commonalities between members to ensure there is enough connection to create some trust and bond to make it a successful group or parent match (Shulman, 2009). These commonalities may not be obvious at first and matching by diagnosis can be important, but not necessary in parent matching and group programs (Shilling et al., 2013). For example, when putting together a program, although all families have children with disabilities and complex medical needs, you may consider where parents are along a timeline of transitions from diagnosis to possible end-of-life concerns. You may wish to conduct different groups or pairings based on differing needs. Parents who have just received a diagnosis may need initial system navigation support, someone in a similar situation or support from a 'veteran' parent; whereas, parents who are interested in end-of-life discussions may not be a good fit in a group or paired with parents who have just received

a diagnosis. However, some diversity in the group in terms of coping skills, life experiences, and level of expertise can open "the eyes of members to options, choices and alternatives and makes it possible for members to learn from one another" (Klein, 1972, p.6 in Toseland & Rivas, 2012, p.173)

- Every group or pairing will be different, so be sure to listen to your program participants needs. To learn about selecting participants for your program, here are some resources to consider:
 - Santelli et al., 2001, p.3
 - Shulman, 2009, p.309
 - Toseland & Rivas, 2012, p.167
- Diversity & demographic characteristics:
 - Consider maturity, peer group, culture, language, gender, sociocultural, and belief systems. For more information see:
 - Toseland & Rivas, 2012, p.157

Check out the **Resource Matrix** at the end of this section for a summary of resources, templates, and tools to help get started (p. 18–20)



Q9: How do I decide on topics for my peer support sessions?

A: Topics can be generated in a few ways. If you have the time and personnel, it can be informative to conduct intake interviews with potential families. This can also be discussed at the first peer support session by conducting a verbal or written needs assessment.

See Q2 for ideas to help design a needs assessment

Alternatively, if your program has a less formal structure, conversations and idea sharing may be more appropriate. This can be decided before the program starts or with the group during the first session.

- Although targeted at mental health support groups for parents, here is a good resource to help you think of ideas for meetings:
 - Canadian Mental Health Association, 2007, p.13

Parent matching

An intake form can serve as a needs assessment to match parents with support parents. See a template in the Parent to parent handbook: Connecting families of children with special needs (Santelli et al., 2001).

Hot topics for children with medical complexity and other disabilities – recommendations from our expert working group

- New diagnosis
- Siblings
- Transition in and out of hospital
- Organizing equipment in the home
- Being prepared for travel
- School support and communication
- Funding
- Respite (overnight, day, in home versus in-centre, funding)
- Establishing good relationships with homecare providers in your home – is our home where they work or do we live where they work?
- Talking about life limitations
- Planning for palliative care
- Bereavement

Q10: My group has been running for a few weeks, how can I ensure that participants and leaders want to keep coming back?

A: For peer support programs, members continue coming back because the program meets their need for affiliation with people in a similar situation and provides a safe and trusting environment (Toseland & Rivas, 2012).

- Volunteers, parent matching support parents, and leaders need to be recognized for their contributions. See how you can do this here:
 - Best Start: Ontario's Maternal Newborn and Early Child Development Resource Centre,

& Ontario Self Help Network (OSHNET), 2005, p.14

- Santelli et al., 2001, p. 20
- Check in regularly with your program members to ensure that their needs and expectations are being met. To elicit the most honest answers you may want to consider conducting a confidential survey or one-on-one interviews with program participants.



Q11: There are people with different personalities in my peer support program. How can I work with the families to manage and support a diverse range of personalities?

A: A group can often be described as a dynamic system and the individual member's personalities feed into the group to form a whole (Shulman, 2009). The differences in experience and opinions of members are what can create a rich and fulfilling group experience. Communication, both verbal and non-verbal, will happen constantly in a group setting and members bring their own communication style to the table.

Sometimes problems can arise in a group setting or any peer support platform. A peer-led group may benefit from connecting with a healthcare professional to work through issues regularly or as they arise. Here are some issues you should be aware of before starting your peer support program:

- Groups that are too large may lead to members not being sufficiently engaged, leading to a negative impact on the groups' function. If this situation arises, consider creating subgroups.
 - For more info about subgroups see: Toseland & Rivas, 2012, p. 76
- Here are some challenging personalities that you may encounter and some points to address them. More in-depth information can be found in: Shulman, 2009, p. 421
 - Scapegoat
 - Deviant member
 - Internal leader
 - Gatekeeper
 - Defensive member
 - Quiet member
- To read more about patterns of group interactions and strategies for helpful group dynamics, see these resources:
 - Toseland & Rivas, 2012, p. 68 & 74
 - Canadian Mental Health Association, 2007, Appendix E

Parent matching

Matching personalities is as important to success of the match as managing personalities in a group. Here are some key considerations for creating matches that work from the Parent to parent handbook: Connecting families of children with special needs (Santelli et al., 2001, p. 3):

- "A sense of sameness between the parents and their children with special needs and their situations"
- "Support that flows both ways"
 - Consider family characteristics, personal characteristics, personality, philosophy about parenting, communication style, attitudes about disability, and expectations for their child
- "Around-the-clock availability of support"
 - Parents may benefit from support at short notice or in the late evening/ early hours of the morning

Although focused on mental health, this resource identifies key considerations to think about when matching parents:

- National Peer Support Collaborative Learning Network, 2014, p. 40

Q12: What other dynamics should I be aware of in peer support programs?

A: There can be many dynamics in a group or parent matching program that can affect the success of your program. Every person who joins your program will carry their own identity, beliefs, values, and opinions which can benefit and challenge your peer support program. Here are some resources that go more in-depth into dynamics that could influence your group:

- Organizational, cultural, and interpersonal issues, National Peer Support Collaborative Learning Network, 2014, p. 23, Table 6
- Diversity and cultural principles for practice, Toseland & Rivas, 2012, p.157
- Diversity and demographic characteristics, Toseland & Rivas, 2012, p.175
- The concept of role in a dynamic system, Shulman 2009, p.422

Q13: What can I do to take care of myself so that I can continue supporting the group?

A: Self-care is an important part of being able to continue to run peer support programs. Working with people is a joy, but when you are frequently working with families in a crisis and are relied upon to be the steady rock of a program, it can take a toll. To help you take care of yourself here are some resources to check out:

- Caring about self-care: What is self-care and why this question matters, The McGill Daily, <http://www.mcgilldaily.com/2014/09/caring-about-self-care/>
- Our Self Care Starter Kit, University of Buffalo, School of Social Work, <http://socialwork.buffalo.edu/resources/self-care-starter-kit.html>
- What about you? A workbook for those who work with others, The National Centre on Family Homelessness <http://www.familyhomelessness.org/media/94.pdf>

“...develop healthy habits, create clear boundaries, ask for and accept help, find ways to centre yourself for peace, and manage perfectionist tendencies—to be aware of what you are humanly capable of”

– Jade de Saussure, MSW, OMC,
(Jackson, 2014, para.30)



Q14: It is my first meeting – what should we do to set us up for success?

A: There are considerations for your first group meeting as it will be the first time your families are meeting (in-person or virtually). There are resources that have already put together ideas and checklists to help you plan:

- Getting started, Canadian Mental Health Association, 2007, p.8
- Dynamics of first group sessions, Shulman, 2009, p. 320
- Contracting, Toseland & Rivas, 2012, p.216
- Consider your leadership skills, Toseland & Rivas, 2012, p.111, Table 4.1

Q15: How do I make my program client and family centred?

A: Including the client and family voice in your program is integral to its success. Care is enhanced when all members of a team, including the client and family, feel empowered to voice their expertise, either clinical or lived experiences (L. Beesley, personal communication, June 29, 2015).

To read more about client and family centred care, and tips to implement it from a disability lens, check out these resources:

- Getting Involved: Client and Family Centred Care, Holland Bloorview Kids Rehabilitation Hospital: <http://hollandbloorview.ca/clientfamilyresources/clientfamilycentredcare>
- Family Centred Service, FCS Fact Sheets, CanChild: http://www.canchild.ca/en/childrenfamilies/fcs_sheet.asp
- Centre for Innovation and Excellence in Child and Family Centred Care, The Hospital for Sick Children: <http://www.sickkids.ca/ProgramsandServices/centre-for-innovation-and-excellence/index.html>
- Saint Elizabeth's Person and Family Centred Care Initiative, Saint Elizabeth: <https://www.saintelizabeth.com/Services-and-Programs/Research-Centre/Person-and-Family-Centred-Care.aspx>





Q16: How do I evaluate my program?

A: There are a number of reasons to conduct an evaluation. For example, you may want to know if participant needs are met, if the program is effective, and what the impacts are. It is important to understand who is interested in the results of your evaluation and how you want to use and share this information. Your funder or manager may also have specific information they need to know.

If the evaluation is formal, your organization may require ethics approval. This is an important consideration if you plan to share your findings in academic settings/scholarly forums.

To get started, consider the following questions. See the attached worksheet to fill in your responses (see page 17):

1. What do you want to know?

- How well attended is the program?
- Are their needs being met?
- Is the facilitator or peer volunteer effective in providing support?
- What is the impact on participants (e.g. reduced stress, enhanced coping, increased confidence)?
- Are participants satisfied?
- What is working? What is not?
- Is the training for volunteers and facilitators effective?

2. Who will you need to ask?

E.g. families, volunteers, facilitators

3. How will you get this information?

E.g. participation log, survey, questionnaire, interviews, standardized tools

4. What resources are required?

E.g. time, staff, funding, software, specific skill sets, organizational approval

5. How will results be used?

E.g. shared with families, funders, facilitators, managers

E.g. modify the program content and structure

Here are some examples of indicators of success used to monitor the development of a parent matching program:

- # families referred
- # training sessions/hours
- presentations to stakeholders
- family events attended
- survey results
- calls or emails with families
- courses and training completed
- % increase in family attendance at events
- # peer mentors recruited and trained
- # volunteer hours
- research on other mentor models
- meetings with other agencies
- satisfaction survey results
- % increase in family engagement
- committee meetings
- conferences and trade show booths
- % increase in standardized tools

Some in-depth resources to consider

Peer Support Groups for Parents: Literature Review

This review has a detailed section outlining recommendations for process and outcome evaluation. Look to this report to help give you ideas on how to evaluate your peer support program. You can access the report at: http://www.first5la.org/files/08226_2.3PSG%20Exploratory%20Study%20-%20Lit%20Review%20FINAL_08312012.pdf

Ontario Centre of Excellence for Child and Youth Mental Health

The Centre offers:

Evaluation learning modules to help gain a better understanding of program evaluation. The modules are entitled “Planning, Doing and Using Evaluation” and are accessible from: www.centrelearning.ca

A program evaluation toolkit to enhance knowledge about program evaluation. This toolkit can be accessed from: <http://www.excellenceforchildandyouth.ca/sites/default/files/docs/program-evaluation-Toolkit.pdf>

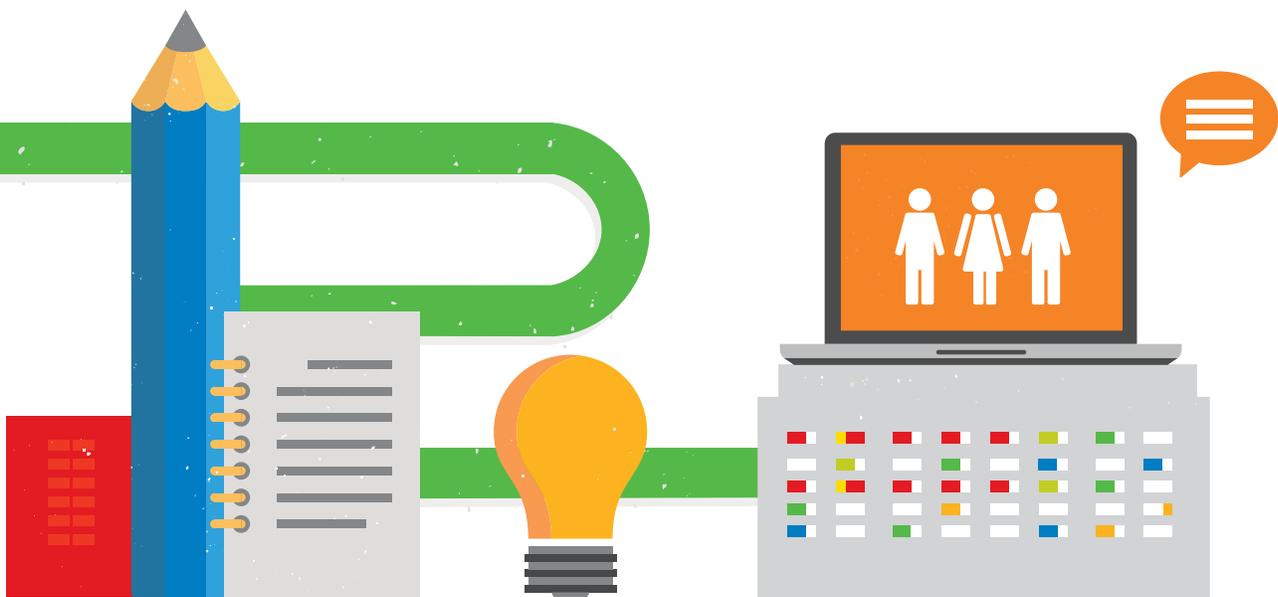
W.K. Kellogg Foundation

The W.K. Kellogg Foundation offers a comprehensive evaluation handbook, which can be accessed from: <https://www.wkkf.org/resource-directory/resource/2010/w-k-kellogg-foundation-evaluation-handbook>

Canadian Evaluation Society

Visit <http://www.evaluationcanada.ca/> for webinars, courses, and other opportunities to enhance your evaluation skills.

Also check out the Rapid Evidence Review for more information on evaluation.



Evaluation planning guide

Program name: _____

What do you want to know?

Are families satisfied with the peer support program?

Who will you need to ask?

Families who participate in the peer support program

How will you get this information?

Satisfaction survey (on-line or in-person) with questions (e.g. what do families like about the program? What could be improved?)

What resources are required?

- *Printing costs or on-line development costs*
- *Human resources to create survey and collect information*

How will results be used?

- *Program modified based on results*
- *Information shared with funder and other relevant stakeholders*

EXAMPLE

Print this template and fill it out!



Resource matrix

Here is a list of resources that may help you to develop and implement your peer support program:

Resource	Link	Description	Population	Starting a program	Structuring a program	Recruitment & training	Evaluation	Client & family centred care	Templates	Link out to additional resources	Self-care
Peer support guide: For parents of children or youth with mental health problems, Canadian Mental Health Association	http://www.cmha.bc.ca/files/ParentPeerSupportGuide.pdf	Provides a starting point for parents to develop peer support programs for other parents	Children and youth with mental health problems	●	●	●	●	●	●		
Self-help/peer support strategies in maternal, newborn and family health: Examples from the provincial landscape, Ontario's Maternal Newborn and Early Child Development Resource Centre, & Ontario Self Help Network (OSHNET)	http://www.beststart.org/resources/howto/pdf/best_start_book.pdf	Provides 'how-to' for those who are involved with or would like to initiate peer support programs	People in the pre, postnatal and parenting periods		●	●					
Peer support resource manual, British Columbia Ministry of Health Services	http://www.health.gov.bc.ca/library/publications/year/2001/MHA_Peer_Support_Manual.pdf	Provides health authorities and consumer groups with guidelines for developing peer support programs	People with mental illness		●		●		●		
Family centred service, FCS fact sheets, CanChild	http://www.canchild.ca/en/childrenfamilies/fcs_sheet.asp	Provides information about family centred care and strategies for using this approach	Children with disabilities		●			●			
Centre for Innovation and Excellence in Child and Family Centred Care, The Hospital for Sick Children	http://www.sickkids.ca/ProgramsandServices/centre-for-innovation-and-excellence/index.html	Provides innovative approaches and implementation best practices for the advancement of child and family centred care	Children, families, staff, and physicians					●			
Getting involved: Client and family centred care, Holland Bloorview Kids Rehabilitation Hospital	http://hollandbloorview.ca/clientfamilyresources/clientfamilycentredcare	Provides information about the Family Leadership Program and how they inform the work done at the hospital	Children, families, staff, and physicians					●			

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