



## ORIGINAL ARTICLE

# Volunteer peer support frameworks supporting older women living alone

Maja M. Green BBiomed(Honours), MSc, PhD<sup>1</sup> | Judy A. Lowthian LMusA, BAppSc(SpPath), MPH, PhD<sup>1,2,3</sup>  | Helen Allgood Dip Comm Serv Coord<sup>4</sup> | Rajna Ogrin BSc, BPod(Honours), PhD<sup>1,5</sup> 

<sup>1</sup>Bolton Clarke Research Institute, Forest Hill, Victoria, Australia

<sup>2</sup>School of Public Health and Preventive Medicine at Monash University, Melbourne, Victoria, Australia

<sup>3</sup>Faculty of Health and Behavioural Sciences, The University of Queensland, Brisbane, Queensland, Australia

<sup>4</sup>Uniting VicTas, Mt Waverley, Victoria, Australia

<sup>5</sup>Department of Business Strategy and Innovation, Griffith University, Gold Coast, Australia

## Correspondence

Rajna Ogrin, Bolton Clarke Research Institute, Level 1, 347 Burwood Highway, Forest Hill, VIC 3131.  
Email: [rogrin@boltonclarke.com.au](mailto:rogrin@boltonclarke.com.au)

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## Abstract

Volunteer peer support is an approach that enables a supportive connection between volunteers and a sub-set of community members with shared experiences or interests. To implement co-designed strategies to support older women to maintain independence and optimise wellbeing in Australia, a volunteer peer support approach was proposed. There was limited literature describing volunteer peer support frameworks to underpin interventions of this kind; and given the increasing desire for engagement of individuals and communities, articulation of the key components of such a framework is warranted. In this paper, we define volunteers and peer support, and outline existing frameworks for volunteering and peer support. We then describe the volunteer peer support framework developed for this intervention, outlining the key requirements. This information will enable others to develop an effective and sustainable structure for peer support volunteer services.

## KEYWORDS

framework, older women, peer support, social support, volunteer

## 1 | INTRODUCTION

One in seven Australians are aged 65 years and older, with women having an average life expectancy 4.1 years greater than that of men (Australian Bureau of Statistics, 2012). Unfortunately, social and financial disadvantages preferentially impact the sub-set of older Australian women who live by themselves, contributing to their increased risk of poverty as they age, potentially negatively impacting their physical, mental and social wellbeing (Feldman & Radermacher, 2016). Approximately 34% of older Australian women live by themselves (Ervin et al., 2021). The greater risk of poverty for this group is multi-factorial. There is a significant gap in wealth accumulation between men and women, leaving women with a much

larger disadvantage. This has led to more older women living by themselves in rental properties, where rental prices are increasing (Kavanagh et al., 2013). Furthermore, women are also at greater risk of experiencing family violence with the associated mental health issues, which, combined with financial disadvantage, leaves them more vulnerable to losing their independence (Joe et al., 2020; Shaw et al., 2021; Tamminen et al., 2019). Some older women may also be forced, due to housing affordability, to live further away from family and other social supports, leading to difficulties in staying in their own home, independently, for longer (Australian Bureau of Statistics, 2018). These factors contribute to women being at higher risk of losing their home and thereby needing to seek care when their independence is compromised.

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A previous project had been undertaken with women living by themselves to identify the barriers and enablers of supports, to help women to maintain their independence, and to co-design supports that would help them do this (Ogrin et al., 2020). That project highlighted the importance of social support for women living by themselves, particularly from within their local communities. The women identified three areas that could help them live independently for longer; Handy Help (someone to help with little things around the house), Volunteer Drivers (someone to take them somewhere locally, i.e. the library) and Exercise Buddies (someone to do physical activity with, i.e. go for a walk). While these activities all had a task associated with them, all women emphasised the need for a social component to be embedded within these supports, with the supports to be provided within their local community. Due to the women's desire for social connectiveness within the community, the use of volunteers was considered as an appropriate method; a paid role would likely take away the authentic, social connection and enablement these community members sought (Morrow-Howell et al., 2009). A volunteer system also recognises the limitations of the current aged care funding system and shifts resourcing from overstretched staff to individuals within the community. Furthermore, a volunteer model benefits not only to the individual receiving the service but the volunteer providing it, as it creates meaningful purpose and activity within their life (Gil-Lacruz et al., 2019).

The current study aims to implement these enablers. To do this, a collaboration with an established and trusted volunteer support organisation was forged, and a framework describing how best to implement this program, with a step by step process was required. The existing literature was reviewed, however, most frameworks focused on acute care, and specific situations, for example, maternal grief support, specific disease management such as diabetes and cancer. No frameworks considered a preventative, holistic wellbeing approach to support. A new, fit for purpose volunteer peer support framework was required for this program.

## 1.1 | Peer support

Peer support is a system of giving and receiving help based on key principles of respect, shared responsibility, and mutual agreement of what is helpful. It is used as a strategy for health promotion, behavioural change and maintenance (Naslund et al., 2016; Tomasino et al., 2017). The peer support process most commonly refers to a program consisting of trained supporters and can take several forms, such as reflecting on feelings or thoughts to peer mentoring or active listening. Peer support differs from other types of social support by being reciprocal. The underlying principle of peer-support is feeling connected with an individual through a shared experience or shared interests. It is a holistic understanding based on a mutual experience where people are able to feel comfortable with each other without having an unequal relationship, such as doctor-patient (Fisher et al., 2012; Wilson & Pratt, 1987). Peer support is key in alcohol, drug and mental health support, and also helps to address difficulties and challenges in behavioural health and with maintaining general wellbeing. The Age Well project featured

### What is known about this topic

- Social isolation is a major problem for older community dwelling women that can lead to loneliness and symptoms of depression.
- Volunteer peer support providing social support, enables isolated people to reconnect with their community, which may lead to increased wellbeing.
- A community peer support approach engaging older women living alone may help with feelings of isolation and loneliness.

### What this paper adds?

- There are existing peer support frameworks, however, none that support an intervention of community peer support that aims to engage older women.
- A peer support framework was designed by combining elements from the global peers for progress framework and the national volunteering guidelines, with additional key elements added by a co-design process involving community members and stakeholders to focus and build on the interpersonal aspects of volunteer supports that was missing in previous frameworks.
- These additional five key elements included in the peer support volunteer framework are: 1) the role of volunteer coordinator 2) training of volunteers training 3) matching peer-support volunteers to peer-support receivers 4) regular follow up with all participants; and 5) evaluation.

by the World Health Organisation (WHO) highlights the importance of peer support programs, especially with older people in situations where resources are particularly limited (Beard et al., 2016).

The underlying principles of peer support follow specific processes (Fortuna, 2019) are summarised in Box 1 (Riessman, 1965; Skovholt, 1974).

There is now increasing evidence of the efficacy of peer support to enable increased community integration, improved quality of life, reduced levels of symptom distress, and reduced unnecessary hospital admissions (Kelly & Geffen, 2020).

Peer support programs acknowledge older persons' independence and capacity to support one another and these programs have benefits in terms of healthcare service system cost savings, and by improving acceptability of health and social service delivery to older persons (Schwei et al., 2020).

## 1.2 | Australian standards for volunteer involvement

Volunteering Australia's framework, The National Standards for Volunteer Involvement, support the volunteer sector. This

**BOX 1 Principles of peer support**

**Social support:** Psychosocial interactions consisting of a mutual trust and concern.

**Experimental knowledge:** People gaining knowledge through lived experiences.

**Social learning theory:** Peers with similar life experiences are more credible role models and are more likely to incite positive behavioural changes.

**Social comparison theory:** People feel more comfortable interacting with those they share characteristics with and are given a sense of optimism and will to improve.

**The helper-therapy principle:** This principle proposes four significant benefits to those that provide peer-support.

framework supports organisations to optimise effective volunteer involvement providing simple, practical criteria across a broad range of volunteering situations. An organisation that can successfully implement the standards is well positioned to recruit and retain more volunteers. The eight standards addressing volunteer involvement are summarised in [Box 2](#). (Bair, 1978).

**1.3 | Volunteer peer support frameworks**

Peer support has proven to be important in helping maintain the health of community members, especially for those living with chronic diseases, yet there are limited frameworks to conceptualise this approach. Unlike volunteering, there are no Australian standards to guide the structure and delivery of peer support. Existing frameworks have used peer support to supplement medical treatments prescribed by healthcare professionals, and focused on the provision of social, emotional and practical support (Aziz et al., 2018). This project aimed to use volunteer peer support to resolve specific practical issues of older women living by themselves, while at the same time providing the emotional support; both are essential components of the intervention. Most existing successful peer support networks arise from theories developed by the global Peers for Progress framework. This framework is built on the four phases of development and management of the peer support program:

1. Community and organisational readiness: assessing community needs and acquiring resources.
2. Program development: planning protocols, peer-support interventions, recruiting and training peer supporters.
3. Program implementation: reaching and engaging program participants and supporting peer supporters.

**BOX 2 The National Standards for volunteer involvement**

**Leadership and management:** The governing body and senior employees lead and promote a positive culture towards volunteering and implement effective management systems to support volunteer involvement.

**Commitment to volunteer involvement:** Commitment to volunteer involvement is set out through vision, planning and resourcing, and supports the organisation's strategic direction.

**Volunteer roles:** Volunteers are engaged in meaningful roles which contribute to the organisation's purpose, goals and objectives.

**Recruitment and selection:** Identifying the target population and reaching out. Clear and defined volunteer roles are required. The volunteer roles must fit in line with the organisational requirements.

**Support and development:** Volunteers understand their roles and gain the knowledge, skills and feedback needed to safely and effectively carry out their duties.

**Workplace safety and wellbeing:** The health, safety and wellbeing of volunteers is protected in the workplace.

**Volunteer recognition:** Volunteer contribution, value and impact is understood, appreciated and acknowledged.

**Quality management and continuous improvement:** Effective volunteer involvement results from a system of good practice, review and continuous improvement.

4. Evaluation: evaluating the outcomes and the impact of the peer support program.

All four phases are critical for sustainability of the peer support program, with a higher likelihood of successful community member outcomes, when programs maintain fidelity to established peer support frameworks (Boothroyd & Fisher, 2010).

While peer support is generally provided on a volunteer basis, there is no existing standard or framework of volunteer peer support documented in the literature. Therefore, the aim of this manuscript is to fill this gap and describe the development of a Volunteer Peer Support Framework to underpin the co-design and implementation of a service to support older women living by themselves to maintain independence and wellbeing in the outer reaches of Melbourne,

Australia. We anticipate that this framework would potentially be of use to those seeking to provide similar preventive health and social supports within their communities.

## 2 | METHODS

Several methodological approaches were combined to develop the Volunteer Peer Support Framework, undertaken in three phases:

1. Literature search, review, and abstraction,
2. Verifying the data using input from stakeholders,
3. Co-design of the peer support framework by peer support volunteers and recipients with researchers.

### 2.1 | Phase 1: Literature search, review and abstraction

A review of literature was conducted with the aim of determining the key components of volunteer peer support frameworks. Examples of search strategies can be found in [Appendix A](#). Identified literature was read and data on elements for volunteer peer support frameworks were abstracted by a member of the research team (MG) and findings were presented and discussed with two other members of the team (RO, HA). Identified key components were then mapped onto the backbone framework that combined the Global Peer Support Framework (elements shown in [Box 1](#)) and the National Volunteering Guidelines (elements shown in [Box 2](#)) through a series of discussions between three team members (MG, RO and HA), resulting in a draft peer volunteer framework.

### 2.2 | Phase 2: Verify data using input from expert stakeholders

A process of expert consultation was employed using data gathered from stakeholders that were experienced at providing volunteer peer support using focus groups and individual discussions. The aim was to gather stakeholder knowledge and experience in conducting similar volunteer peer support programs, and to use and refine the key elements required for such programs to be successfully implemented. Data gathered were synthesised by two team members (MG and RO), and then mapped to the draft peer support framework generated from the Phase 1 literature review. Discussion between three members of the research team (MG, HA and RO) identified which areas would be included for further investigation in the Phase 3, co-design.

*Recruitment and participants:* The service stakeholders were identified through local service provider mapping where snowballing was used to identify additional local experts for their contribution. Each service stakeholder was individually approached by researchers and invited to participate.

### 2.3 | Phase 3: Co-design of the peer support framework by peer support volunteers and recipients with researchers

Co-design sessions were held to consider the existing resources and information generated from Phases 1 and 2 to synthesise a potential framework with key core components. Any gaps in existing resources were identified and documented.

This process included recruitment of potential peer support volunteers and those receiving support, to elucidate what is important to them for the peer support volunteer program. Demographic information was collected from participants.

*Recruitment of participants:* The co-design sessions were advertised in the local newspaper targeting volunteers and women living by themselves in the local area interested in contributing to the development of a volunteer peer support program. Information was provided over the phone, and a participant information and consent form were sent by post or email to interested individuals. Upon receipt of the signed consent form, the researchers sent out the invitation and agenda for the co-design sessions.

### 2.4 | Co-design sessions

The co-design sessions were led by two experienced researchers (RO and MG), and held locally, with taxi vouchers and a small gift voucher provided to participants to increase accessibility and support their participation. The sessions for support recipients were held separately to those including volunteers.

The discussion with participants clarified the following key elements for a volunteer peer support program:

1. Attributes required for a peer support volunteer,
2. Attributes required for peer support recipients and
3. Key qualities a volunteer coordinator should possess to successfully implement the program.

Personas were used to promote discussion (Spinuzzi, 2005) and questions were posed by researchers to participants about their personal experiences and/or opinions on the key elements of the peer support framework and its local implementation.

### 2.5 | Data management and analysis

Each participant was assigned a unique identification number. All identifiers were removed prior to aggregated analysis of the data. Participant data were descriptively analysed, with demographic characteristics presented as frequencies and percentages for categorical variables and means and standard deviations for continuous data.

The interview data were analysed using a thematic approach. The sub-themes discussed in the co-design sessions were used as a priori categories, followed by deductive sorting. Data were systematically scrutinised, charted and sorted into recurrent themes (Vaismoradi et al., 2016).

### 3 | FINDINGS

#### 3.1 | Phase 1: Literature search, review and abstraction

A total of 36 studies were eligible for consideration comprising 16 peer support frameworks and volunteer guidelines and 15 peer reviewed studies supporting older community dwelling people (shown in [Figure 1](#)). Components from the following four peer support frameworks supporting older women were included in the backbone framework that was based on The Global Peer Support Framework and the National Volunteering Guidelines:

1. Global peer for progress framework (Boothroyd & Fisher, 2010),
2. Peer support mental health foundation (Shalaby & Agyapong, 2020),
3. Peer support for resistance training among adults (Watkins et al., 2021),
4. Healthcare peer support (Dennis, 2003).

This led to the development of a draft peer volunteer framework to be used in Phase 2.

#### 3.2 | Phase 2: Verifying data using input from expert stakeholders

Representatives from not-for-profit aged and community care organisations, local and regional health services, and a social service

alliance participated (details shown in [Table 1](#)). [Table 2](#) outlines the collation and synthesis of the stakeholder perspectives from the discussion into a table of volunteer standards and peer support framework components. An additional five components to those described in the volunteer standards and the literature were included in the next iteration of the peer volunteer framework:

1. The role of the volunteer coordinator,
2. Training of volunteers,
3. Matching peer support volunteers to peer support receivers,
4. Regular follow ups with all participants,
5. Evaluation.

#### 3.3 | Phase 3: Co-designing the peer support framework with peer support volunteers, recipients and researchers

Eight co-design sessions of between 1 and 2 hours in duration were held with five peer support recipients and seven peer support volunteers. The demographic details of participants are shown in [Table 2](#). The participants were local older people interested in either volunteering or participating in the program or just consulting. Most participants lived by themselves and were retired. The collation of information drawn from the co-design sessions is shown in [Table 3](#). Participant perspectives on the attributes and criteria required for a peer support volunteer, peer support recipient and a peer support volunteer coordinator are presented here.

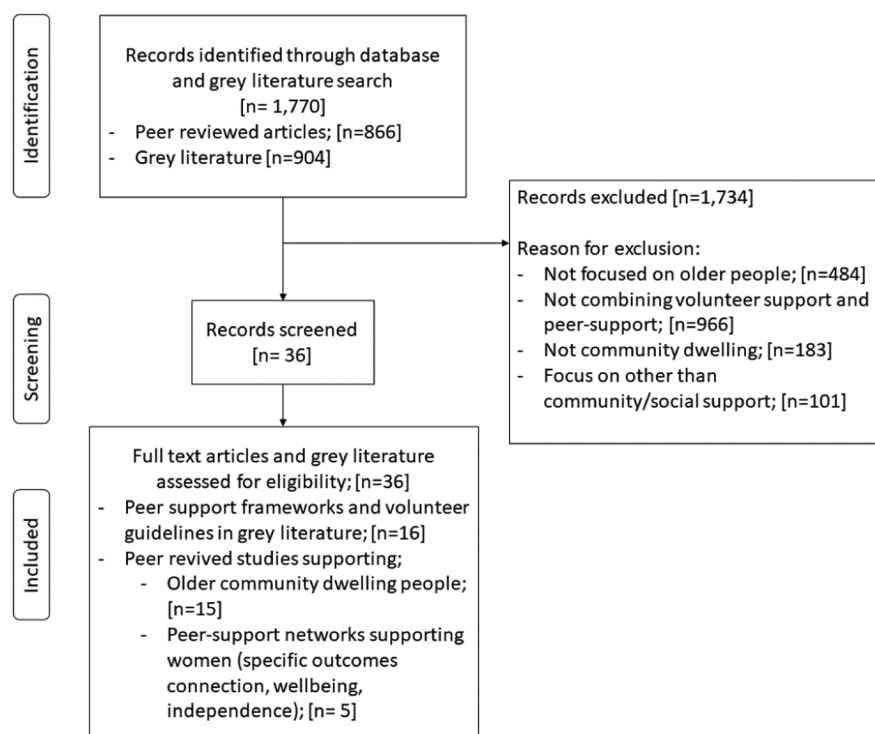


FIGURE 1 Literature search results

TABLE 1 Details of the local stakeholders providing consultation in phase 2

Organisation type	Role
Local Shire	Social worker
Aged Care and Disability Service	Service provider and coordinator
Local Health Service	Clinical Case Manager and consumer group coordinator
Large Metropolitan Tertiary Hospital	Volunteer Coordinator
Regional campus of Major University	Lecturer and student placement coordinator in department of Occupational Therapy
Peninsula Advisory Council of Elders (PACE)	PACE committee member
Mornington Peninsula council	Leads aged care support work
Mornington Peninsula Council	Coordinator Home Based Service, Aged and Disability Services
Peninsula Health / Community Health	Manager of social support groups
Uniting VicTas	Manager of volunteer support
Mornington Peninsula Council	Coordinator Assessment and Community Support

TABLE 2 Demographics of participants involved in phase 3: The co-design sessions

	Total	Peer support providers	Peer support receivers
<i>n</i>	12	7	5
Age mean (SD)	71.2 (9)	72.1 (8)	76.2 (9.6)
Australian born <i>n</i> (%)	9 (75)	7 (100)	2 (40)
Married <i>n</i> (%)	2 (16.7)	2 (28)	0
Living alone <i>n</i> (%)	10 (8.3)	5 (71)	5 (100)
Retired <i>n</i> (%)	11 (91.7)	6 (86)	5 (100)
Receiving pension <i>n</i> (%)	6 (50)	2 (28.5)	4 (80)
Good health <i>n</i> (%)	11 (91.7)	6 (86)	5 (42)

### 3.4 | Attributes and criteria required for a peer-support volunteer

Peer support recipients agreed that peer-support volunteer should be someone who is respectful and non-judgemental and most importantly, someone who valued them as a person.

[A volunteer who] doesn't make you feel like an inconvenience (OW01).

Trustworthiness was one of the most crucial attributes of those involved in delivering services. Many described experiences of being taken advantage of; being able to trust someone was vital for them to engage in any new activity.

[A volunteer who] makes you feel comfortable and relaxed. Someone you feel you can trust" (OW02)

Participants also conveyed that they preferred someone who does not have any preconceived assumptions about the peer support recipient and who is non-judgemental. Furthermore, the group emphasised

the importance of a peer volunteer being respectful, with punctuality being included as an indicator of respect.

[A good volunteer is] someone who calls when they say they will call or tells the peer supporter if they are being late or can't make it" (OW03).

"[A volunteer who] doesn't make you feel like they are doing you a favour" (OW02).

Participants wanted contact with someone who is happy, cheerful, tolerant, a good listener and genuinely curious about the person receiving peer support, and who will ask questions to get to know them. Participants emphasised that they needed someone to motivate them to get out of their comfort zone and do the things they wanted to do but did not have the courage to or did not know how to. Peer support recipients had no preference about gender or age of the peer support volunteer.

### 3.5 | Attributes required for a peer-support recipient

The volunteer participants were asked about their preferences for the peer support recipient. Participants conveyed few needs regarding particular characteristics of peer recipients, as they were predominantly interested in providing peer support as a way to help others and give back to the community. Most participants did say that having something in common was important. Additionally, it was unanimously agreed that they wanted someone friendly and personable.

### 3.6 | Attributes required for a volunteer coordinator to successfully implement the program

The importance of having a local, experienced volunteer coordinator, and someone the participants could trust, was deemed

TABLE 3 Additional key elements a peer-support framework should contain, drawn from co-design

Additional information	Details
Volunteer coordinator role	<p>Dedicated role that provides support and coordinates the volunteer activities, including the following activities:</p> <ul style="list-style-type: none"> <li>• Build rapport, establish continued communication channels, and have expert knowledge, so they are accepted as someone trustworthy and reliable.</li> <li>• Ascertain women's and volunteer needs and expectations.</li> <li>• Provide volunteer training.</li> <li>• Enable and monitor appropriate matching of volunteers and support recipient;</li> <li>• Introduce and support meetings between women and volunteers.</li> </ul>
Volunteer training	<ul style="list-style-type: none"> <li>• The volunteer training consisted of: <ul style="list-style-type: none"> <li>• Articulating and discussing the peer volunteer roles.</li> <li>• Discussion of attributes and of peer volunteers identified as important in the co-design sessions with local women.</li> <li>• Detailed discussion of the peer support program, and risk and safety processes.</li> </ul> </li> <li>• To disseminate a peer volunteer manual to reinforce the training and to contain useful information about: <ul style="list-style-type: none"> <li>• the peers support program initiative</li> <li>• roles and responsibilities of peer support volunteer</li> <li>• tips on how to connect with a peer support recipient</li> <li>• contact details of the research team members and volunteer coordinator</li> <li>• contact details of local hospital and mental health services</li> <li>• activity logs</li> </ul> </li> </ul>
Matching peer-support volunteers to peer support recipients.	<ul style="list-style-type: none"> <li>• Role of the volunteer coordinator;</li> <li>• The criteria used for matching: <ul style="list-style-type: none"> <li>• preferences the participants stated in their interview with the volunteer coordinator</li> <li>• self-reported strengths and weaknesses of the participants are taken into consideration and those that complement each other are matched.</li> <li>• personality types.</li> </ul> </li> </ul> <p>(e.g.) similar backgrounds, lived experiences and personalities</p>
Volunteer Coordinator regular participant follow up (volunteer and recipient)	<ul style="list-style-type: none"> <li>• Schedule of follow ups: once weekly for the first 3 weeks, then every month for 3 months.</li> <li>• Contact number of Volunteer Coordinator provided if support required.</li> </ul> <p>To discuss:</p> <ul style="list-style-type: none"> <li>• how they feel the connection is going,</li> <li>• what they are doing together,</li> <li>• what went well and are there any issues, and</li> <li>• whether they can talk about those issues with their matched person.</li> </ul>
Evaluation	<p>Recipient:</p> <ul style="list-style-type: none"> <li>• Goal attainment of recipient</li> </ul> <p>Recipient and Volunteer:</p> <ul style="list-style-type: none"> <li>• Achievement of expectations</li> <li>• What worked, what did not work, what could have been done better?</li> <li>• Did they receive enough support through the project?</li> </ul> <p>Volunteer:</p> <p>Did they think the training prepared them for participating in the program?</p>

essential. Some of the main characteristics of the volunteer coordinator included a person who has worked in the local community and is experienced and skilled in working with people from a range of both socioeconomic and mental health backgrounds. The volunteer coordinator should be an authentic, open and inclusive person, with no preconceived expectations of what people should be.

[The coordinator] should be comfortable to meet people as they are. [The coordinator] should not be someone that has specific expectations about how a person should be. [The coordinator] shouldn't be judgemental (OW04).

Other essential qualities of a volunteer coordinator included someone who is calm in difficult situations, someone who is empathetic and has excellent people skills. Building on the people skills, the volunteer coordinator should also be someone who helps people to build on their own strengths, not just the peer-support receivers but peer-volunteers as well. And lastly, they should be knowledgeable with policies and procedures of what is and is not acceptable behaviour from both peer volunteers and peer recipients.

All of the content was synthesised into a final volunteer framework, shown in Table 4. Furthermore, the above attributes were included in the peer-support manual, to be discussed and provided to all participants during peer-support volunteer training.

TABLE 4 The combined framework including elements from the national volunteering standards and the global peer support framework

Volunteer standards	Peer support framework
	Organisational readiness <ul style="list-style-type: none"> <li>• Organisational culture and experience</li> <li>• Buy in from stakeholders (decision-makers, community partners, internal staff members and healthcare providers)</li> <li>• Secure funding source</li> <li>• Access to facility, equipment and other resources crucial for delivery of peer support</li> <li>• Dedicated staff person for program coordination</li> </ul>
	Assessing community need Assessing strengths and weaknesses <ul style="list-style-type: none"> <li>• Identifying the issue</li> <li>• Defining the community</li> <li>• Conducting key respondent interviews</li> <li>• Scoring to determine the readiness levels</li> <li>• Developing strategies consistent with those readiness levels</li> </ul>
	Build community partnership <ul style="list-style-type: none"> <li>• Engaging community organisations helps health care providers/organisations reach individuals where they are</li> </ul>
Standard 1: leadership and management The governing body and senior employees lead and promote a positive culture towards volunteering and implement effective management systems to support volunteer involvement.	
Standard 2: commitment to volunteer involvement Commitment to volunteer involvement is set out through vision, planning and resourcing, and supports the organisation's strategic direction.	
Standard 3: volunteer roles Volunteers are engaged in meaningful roles which contribute to the organisation's purpose, goals and objectives.	
Standard 4: recruitment and selection Planning of volunteer recruitment and selection strategies which are consistent and meet the needs of the organisation and volunteers.	Recruitment of peer supporters <ul style="list-style-type: none"> <li>• Identifying a group</li> <li>• Defining roles and responsibilities</li> <li>• Describing pre-requisites required for peer supporters (skills, knowledge, experience)</li> <li>• Determining how to advertise for recruitment</li> <li>• Articulate clearly defined roles</li> <li>• Job description</li> </ul>
	Reaching the seldom reached <ul style="list-style-type: none"> <li>• Gain trust and respect</li> <li>• Provide flexibility</li> <li>• Working together as partners</li> <li>• Goal setting</li> </ul>
Standard 5: support and development Volunteers understand their roles and gain the knowledge, skills and feedback needed to safely and effectively carry out their duties.	Training and evaluation of training outcomes <ul style="list-style-type: none"> <li>• Identify outcomes that the training intends to achieve</li> <li>• Select approaches to assess training outcomes</li> </ul>

(Continues)



TABLE 4 (Continued)

Volunteer standards	Peer support framework
	Retention of peer supporters <ul style="list-style-type: none"> <li>• Encourage peer supporters</li> <li>• Ask what their expectations are</li> <li>• Outline the responsibilities of peer supporters</li> <li>• Provide training</li> <li>• Write a protocol</li> <li>• Organise events for peer supporters to get together</li> <li>• Support peer supporters</li> <li>• Reinforce the message that input of peer supporters is valued</li> </ul>
Standard 6: workplace safety and wellbeing The health, safety and wellbeing of volunteers is protected in the workplace.	System-wide quality assurance strategies <ul style="list-style-type: none"> <li>• Certification of Individuals versus the programs</li> </ul>
Standard 7: volunteer recognition Volunteer contribution, value and impact is understood, appreciated and acknowledged.	
Standard 8: quality management and continuous improvement Effective volunteer involvement results from a system of good practice, review and continuous improvement.	
	Process evaluation <ul style="list-style-type: none"> <li>• Conducted to determine training program satisfaction</li> </ul>

## 4 | DISCUSSION

This Volunteer Peer Support Framework was created by combining the Peer For Progress Framework with Australian Guidelines for Volunteering; alongside the addition of five key elements supported by the literature: (1) the role of volunteer coordinator; (2) training of volunteers training; (3) matching peer support volunteers to peer-support receivers; (4) regular follow-up with all participants; and (5) evaluation (Shown in [Figure 2](#)). These elements were co-designed with older women living by themselves, volunteers and service stakeholders, for use by providers for social support interventions delivered to community dwelling older people.

Existing literature mostly focuses on frameworks addressing chronic diseases (Cooper et al., 2020; Fisher et al., 2012; Jacobs et al., 2020; Sadler et al., 2017), dementia (Keyes et al., 2016) and mental health disorders (Ibrahim et al., 2020; Li et al., 2021; Mawani & Ibrahim, 2021; Strand et al., 2020). It is evident that peer support volunteers are able to have a positive impact on individuals that they can identify with and relate to, by sharing lived experiences.

Reported outcomes for most peer support programs have been very positive, however, a clear articulation of a framework to support such initiatives was lacking (Cooper et al., 2020; Haltiwanger & Brutus, 2012; Tomasino et al., 2017; Watkins et al., 2019). We identified a gap and a need for a peer volunteer framework to implement a community social support program to address the needs of older women living alone and to support their health and wellbeing.

A comprehensive literature review revealed some existing peer support volunteer frameworks, however, these were not suitable for a new program to support older women living by themselves to optimise their wellbeing. The key components of these existing frameworks were incorporated, which were: identifying gaps and support systems, gathering funds, engaging with local organisations and gaining participant trust. The key missing components centred around elements older women living by themselves identified in previous research as important: trust, safety and relationships (Ogrin et al., 2020).

Our Volunteer Peer Support Framework combines elements from the existing Australian National Standards for Volunteering and the Peer for Progress framework (Boothroyd & Fisher, 2010) to form the backbone framework for our program. Our research highlights the need to focus and build on the interpersonal aspects of volunteer supports that was missing in previous frameworks. These interpersonal aspects namely involved: engaging an experienced volunteer coordinator to establish trusting relationships with participants, training of peer-support volunteers and matching of peer-support volunteers and recipients. The existing Peer for Progress framework also needed adaptation. This framework was developed out of the WHO Consultation on Peer Support Programs in Diabetes as a strategic approach to promote best practices in peer support for health, and has been used successfully around the globe (Fisher et al., 2015). Instead of focusing on a health condition, we propose including this framework to support the delivery of practical tasks that older women living by themselves need help with and embed the social

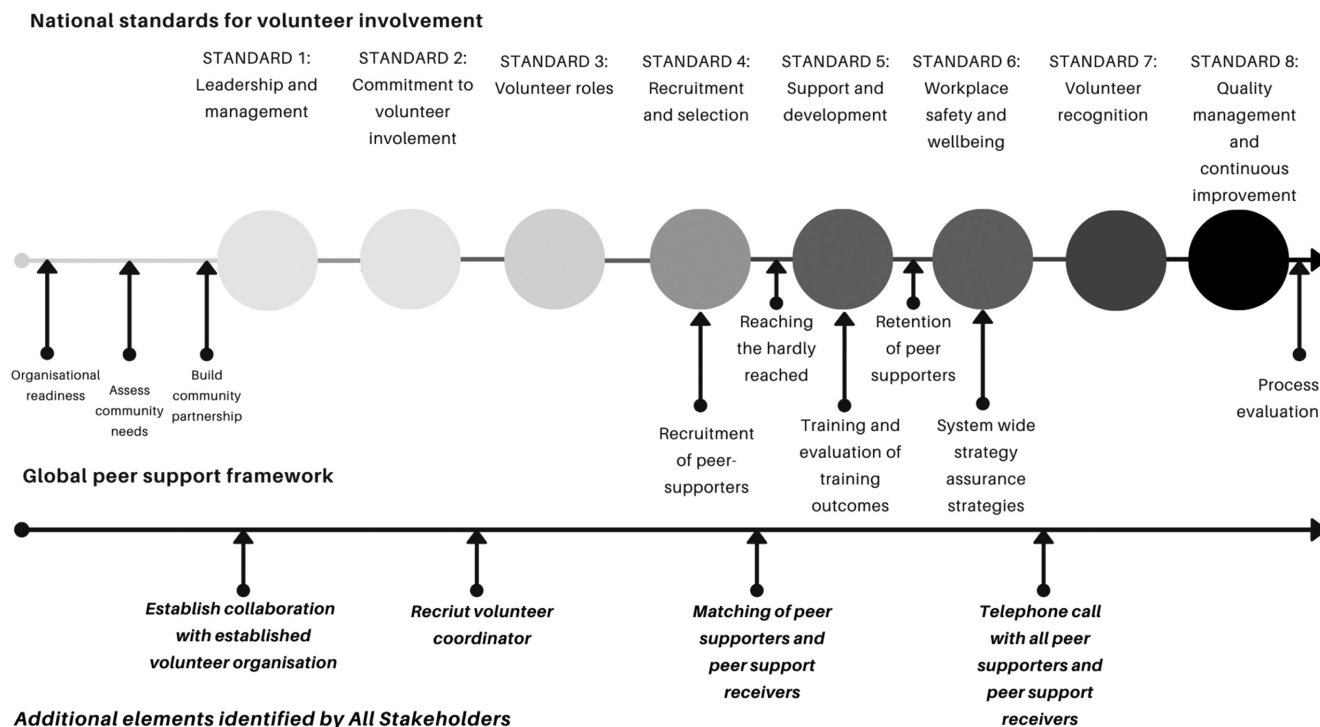


FIGURE 2 Key elements comprising the volunteer peer support framework

element that peer support brings to enable an intervention that is useful and palatable to older women living by themselves. That is, women will have a needed practical task completed while receiving social and emotional support at the same time.

Central to our framework is a community-based peer support program and engagement of community members and stakeholders in the area where the program will be implemented. This led to a design of the peer support framework to include key components for successful implementation of the pilot project; namely community and organisational readiness, program development and implementation, and evaluation (Boothroyd & Fisher, 2010). While this framework was designed for women, by women, the developed peer support framework could be applicable to any socially isolated and vulnerable group in a community; such as carers, men living alone, those who are new to the community and would like to establish a network within the community, among others.

A framework was finalised with the assistance of experienced stakeholders and community members and included what was required to support older women living alone (Table 4). This framework has now been tested during the implementation of a program to support older women to maintain independence, with the findings published elsewhere.

#### 4.1 | Strengths and limitations

A strength of this study is that it is based on both the peer-reviewed and grey literature. In addition, the peer volunteer framework was co-designed with end-users for end-users; community health and

social care professionals, service providers and community members in the region in which the service was to be implemented.

As this framework was co-designed with key stakeholders in one region of Melbourne, Australia, for older women living by themselves, using this framework elsewhere and with other cohorts may require adjustments to local contexts and different target populations.

## 5 | CONCLUSION

This work provides a solid foundation of what is needed for a volunteer peer support framework. It has included drawing on the literature and co-designing a framework with (1) experienced stakeholders involved in volunteer support of older people, (2) older women living by themselves and (3) volunteers. This framework has been tested using a pilot program supporting older women living by themselves and is ready for validation in other contexts and populations.

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### CONFLICT OF INTEREST

All authors declare no conflict of interest.

### DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

## ORCID

Judy A. Lowthian  <https://orcid.org/0000-0002-9780-5256>

Rajna Ogrin  <https://orcid.org/0000-0002-4192-7254>

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## APPENDIX A

### DATA SOURCES AND SEARCH STRATEGY

An electronic search was conducted of (i) peer-reviewed literature databases: Pubmed, Medline, SCOPUS; (ii) grey literature

portals: [greylit.org](http://greylit.org), opengrey, Cochrane, NIH library, Scopus, and google scholar; and (iii) publicly accessible websites including the Australian Bureau of Statistics, the Australian Volunteers Program, Volunteering Australia, Volunteering with the Government, Volunteering Seniors online, Australian Government communities and vulnerable people.

*Inclusion criteria:* Peer support frameworks and volunteer guidelines available on grey literature sites; and peer reviewed research of any study design about peer support volunteer frameworks supporting older community dwelling people, peer support networks supporting women with specific outcomes of social connection, wellbeing and independence were included.

The grey literature search terms included: volunteer OR peer support volunteer OR volunteer older OR volunteer senior OR senior peer support OR peer support older women AND volunteer framework OR peer support framework.

The peer reviewed literature search used the following search peer support [title/abstract] OR seniors peer support [title/abstract] OR older women peer support [title/abstract] OR older women living alone OR older women living alone peer support [title/abstract] AND volunteer [title/abstract] OR volunteer older [title/abstract] AND volunteer framework [title/abstract] OR peer support framework [title/abstract] OR peer support framework older [title/abstract] OR peer support framework older women [title/abstract] OR peer support framework older women living alone [title/abstract]. The relevant studies identified by this search were also then scanned for additional references.

In addition, resources available from stakeholders were reviewed, with other documents identified through snowballing from stakeholder contacts.