

# Counterpart's service expansion – lessons for peer support in a small cancer support organisation

Savage, J., Expansion Project Coordinator, Counterpart, a service of Women's Health Victoria, Melbourne, Victoria, Australia.



## Background

For 20 years, Counterpart has connected, supported and informed women with breast and gynaecological cancers to live well. In July 2022, services were expanded to Victorian women with all cancers in response to a) the inequity of not providing services to 61% of women with cancer who did not have breast or gynaecological cancer; b) calls from clinicians and women with other cancers; and c) distinct gendered needs.

Counterpart addresses practical and emotional issues that clinicians and many other services can't provide. The Peer Support Volunteer (PSV) model is the core of Counterpart – one-to-one peer support with its gendered, consumer centred approach, and trained and supported PSVs. When the expansion was suggested, PSVs expressed concerns about their abilities to offer the service to women with cancers different from their own.

**Aim** To analyse and present findings from the expansion of peer support by a specialist service to women with all cancers.

## Methodology

- **Reviewed the cancer landscape** including demographics, epidemiology, existing services (government and non-government, clinical and non-clinical), the strategic context and consumer and stakeholder engagement models.
- **Contacted Non-Government Organisations (NGOs) and clinicians**, initially by phone and email, then followed-up with online meetings.
- **Updated volunteers and staff** by email, phone and at online meetings about progress and gave opportunities to ask questions.
- **Surveyed volunteers** anonymously and identified questions and concerns about the expansion and its impact on their roles.
- **Developed and ran a 3-day online bridging course** for existing (trained) PSVs to familiarise them with issues that might arise when meeting women with other cancers and to provide them with approaches they might use.
- **Evaluated this training** pre- and post-delivery through anonymous online surveys.

## Outcomes

### Review findings

The review results set the scene for service expansion. In Victoria<sup>1</sup>:

- The population is increasing and ageing.
- Of nearly 17,000 women diagnosed with cancer in 2021, 61% were diagnosed with cancers other than breast and gynaecological cancer.
- Incidence rates and survival times are increasing – there is a greater proportion of females living with cancer.
- The most commonly occurring cancers in women are breast (29%), bowel (10%), and lung (9%) cancers, melanoma (7%) and lymphoma (4%). The leading causes of death are non-breast cancers.
- There are relatively few locally accessible cancer support services specifically for women with non-breast and non-gynaecological cancers.
- Relationships between organisations evolve slowly, based on common goals, genuine interest and timely contact. Respectful communication is essential.
- Consumer engagement is critical.

### Contact with stakeholders (service providers)

- Working relationships with NGOs were established gradually.
- Many NGOs providing services to women with non-breast and non-gynaecological cancers participated in the training for PSVs.
- Clinical and support services were also contacted and participated in the PSV training.

<sup>1</sup> Victorian Cancer Registry. Cancer in Victoria, 2021 Cancer Council Victoria, 2022 <https://www.cancervic.org.au/downloads/cec/cancer-in-vic/Cancer-in-Victoria-statistics-and-trends-2021.pdf>

### PSV bridging training

- A working group of trained PSVs was established and pre-training surveys were circulated to participants, some who were concerned about being effective PSVs to a new and different client group.
- Content and delivery from existing training was reviewed. Content gaps and new themes related to other cancers were identified.
- The facilitated training was conducted online over 3 days (4.5 contact hours per day).
- Content included basic clinical approaches (e.g. surgical, medical and radiotherapies), psychological issues for women with cancer, presentations of personal stories from women with other cancers and talks by representatives of cancer NGOs about their roles and the support they can offer women with cancer.
- For some sessions, participants were asked to consider areas that they were unfamiliar with, e.g. stoma and to present back about these to their group the following week.
- Sessions were interactive, allowing for questions to presenters.
- The final session allowed participants to workshop the impact of the expansion on their roles. The Counterpart manager responded to issues that were raised.

### Evaluation

- Online evaluation surveys were sent to participants the next day.
- Participants found the online format acceptable.
- Sessions rated highly, especially 'Meet the consumers'.
- Shorter sessions with less content were recommended, as were more breaks.
- Most importantly, PSVs felt prepared to work with women with other cancers; noted what they had in common and how to manage unfamiliar territory.

'...The presentations from the consumers highlighted to me the need for Counterpart's service expansion. I found the women all mentioned how hard it was to find other women who were going through or had gone through similar experiences with their particular cancer types...'

Peer Support Volunteer after session with women with other cancers

## Lessons learned

- Counterpart's model of comprehensive training with ongoing support for PSVs underpins quality service provision.
- Relationship development and communication with all stakeholders is vital.
- Planning, communication and understanding the needs of participants contributed to high quality training.
- Women with cancer share common experiences despite different cancer diagnoses and life stages as reflected in the training content.
- Storytelling is an effective and well-received presentation style.
- Training design must consider the participants' health and experiences and ensure shorter days and sessions with frequent breaks.
- The opportunity to reflect, de-brief and share after confronting presentations is essential.

'...I was left feeling proud of our model and optimistic about the expansion...'

Peer Support Volunteer after final workshop

