

**Supported Volunteering:
A Community Approach for People With Complex Needs**

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Abstract

The purpose of this paper is to contribute to the discussion about access to meaningful community involvement for persons with complex needs. The article examines a project of supported volunteerism and presents the findings of a two-year program evaluation. A participatory action research approach was employed in the evaluation, and multiple data collection methods were used, including: document review, interviews, focus groups, and surveys. Both positive and challenging aspects were identified related to individual volunteers, volunteer coaches, agencies and their staff, and the larger community. The findings are discussed in terms of fostering accessibility for persons with complex needs within their communities.

Active participation in community can foster protective and constructive effects. This is especially relevant for individuals with complex disability needs. Persons with complex needs can benefit from linkages with their larger community and from opportunities for enhancement of their quality of life (Hutchison & McGill, 1998; Ochocka & Lord, 1998; Pedlar, 1999). In addition to organizational and societal benefits, community involvement including volunteering has shown to have many positive effects for individuals (Pillivan, 2003). Personal benefits from volunteering identified in a literature review include increased self-esteem, improved self-concept, greater feelings of helpfulness, a sense of belonging, a sense of accomplishment (Finn & Checkoway, 1998; Hamilton & Fenzel, 1988; Johnson, Beebe, Mortimer, & Snyder, 1998; Moore & Allen, 1996; Omoto & Snyder, 1990; Omoto, Snyder, & Berghuis, 1992), reduced feelings of alienation (Smith, 1997), protection against lowered well-being (Wilson, 1991; Brown, Gary, Greene, & Milburn, 1992; Smith, 1997), increased levels of life satisfaction, and improved physical and perceived health (Thoits & Hewitt, 2001; Van Willigen, 2000).

Enhanced social support and community integration are two of the most significant determinants of health and wellness (Cohen, Underwood & Gottlieb, 2000). Unfortunately, supports and programs that assist persons with disabilities in becoming or staying involved in their communities are rare. A review of the literature suggests that supports for persons with disabilities who are 18 years old or younger are much more widespread and better researched than those for older groups. This incongruity is primarily because supports and opportunities for younger people are often integrated into institutions, such as public education programs, that young people commonly participate in (e.g., Burgstahler, 2001; Neubert, Moon, Grigal, & Redd, 2001; Nietupski, McQuillen, Berg, Daugherty, & Hamre-Neitupski, 2001). The situation with active community involvement for adults with disabilities is more problematic. Research shows that securing paid employment is particularly difficult for persons with disabilities (Moran, McDermott, & Butkus, 2001; Ochocka, Roth & Lord, 1994; Sundar & Ochocka, in press), and similar challenges exist in relation to community volunteerism.

The literature describes many obstacles faced by persons with disabilities who offer their services free through volunteerism. First, having volunteers with disabilities is not popular. In fact, although a significant number of citizens volunteer (e.g., in 2000, 27% of Canadians volunteered, and the average number of hours was 162; Hall, McKeown, & Roberts, 2001), only a small percentage have disabilities (Krause, Stoddard, & Gilmartin, 1996). Second, there is a lack of community coordination in offering volunteer positions in our communities (Graff & Vedell, 2003; Miller, Schleien, & Bedini, 2003). Finally, those who are successful in finding a volunteer placement often discover that they are excluded from volunteer work by factors such as insufficient access to transportation, lack of personal skills, lack of acceptance by agency members, physical inaccessibility to agencies, and a lack of trained staff at the agency level to provide support and linkage to volunteers with disabilities (Miller, et al., 2003). Because of the many barriers people with complex needs continue to face, it remains challenging to secure positions that would help them to become, and stay, involved with their community.

The purpose of this paper is to contribute to the discussion about access to meaningful community involvement for persons with complex disability needs. We will describe a project of supported volunteerism developed in Waterloo Region, Ontario, and present the findings of a two-year program evaluation of that project. Our hope is that this case study will stimulate others to implement and evaluate innovations to promote community involvement and to create more supportive and inclusive communities.

Waterloo Region

Waterloo Region, with a population of over 400,000 people, includes the tri-cities of Kitchener, Waterloo and Cambridge. It is rich in Mennonite history, and is surrounded by small towns and some of the best farmland in Ontario. The economy of Waterloo Region has shifted in recent years from manufacturing (textile and furniture) to the new 'high tech' sector and industries. The two universities in the region (University of Waterloo and Wilfrid Laurier University) and the community college (Conestoga College) are key players in the expansion of education, training, and jobs in the information and technology sector. Despite strong population growth, a relatively flourishing economy, and high income earnings, not all people share in the region's wealth. The region has a larger gap between its rich and poor citizens than the national average. Many of those in poverty are people with disabilities and new immigrants (Urban Poverty Consortium of Waterloo Region, 2000).

Supported Volunteering Project

A group of individuals representing a variety of health, education, and social agencies from the Waterloo Region in Ontario, formed The Resource Group for Supported Volunteering. Together, this group successfully sought funding from the Ontario Trillium Foundation for a supported volunteering project called "Ready...Get Set...Volunteer!" (RGSV). The goal of the program was to encourage and empower persons with disabilities to participate in volunteering by providing the appropriate supports, education and training to both volunteers and community organizations. The RGSV program operated out of a larger volunteer centre that assists people in trying to secure volunteer jobs.

All potential volunteers participating in the RGSV program were required to complete a form concerning their interests, abilities, and accommodation needs. They were then asked to meet, one-on-one, with a staff member to discuss their interests and specific needs in more depth, and to discuss placement opportunities. Once a potential volunteer placement was chosen, an interview was arranged in preparation for a placement.

Potential volunteers received guidance from an RGSV staff member on how to manage the interview. This interview was often conducted with the support of an RGSV staff member or a volunteer coach.

Volunteer coaches are individuals from the community who have successfully completed an extensive interview process and training

program. Coaches provided assistance and guidance for the volunteer either in the form of short-term (basic) support or as ongoing (extended) support that included accompanying the volunteer on each volunteer activity.

As part of the program, RGSV staff also provided education and training for the agencies using the services of the program volunteers.

Methodology for the Evaluation

Overview

The Centre for Research and Education in Human Services (CREHS) was hired to evaluate the RGSV program. The purpose of the evaluation was to better understand and describe the impact of the program on individuals, agencies, and on the community; to reflect on the project developed and implemented by the program; and to make recommendations for the continuation of the program in the future (Evaluation Proposal, CREHS, 2002). CREHS is a community-based organization and a leader in Canada in the use of participatory action research with disadvantaged people.

The evaluation process applied a participatory action research (PAR) approach. PAR is a research approach that emphasizes the equal opportunity to, and valuable participation of, all stakeholders in, the research process (Nelson, Ochocka, Griffin, & Lord, 1998). By employing a PAR approach, the evaluation was more likely to be relevant to, and accurately reflective of, community members and thus better able to suggest improvements through information sharing and feedback (Posavac & Carey, 2003). Following the principles of PAR, stakeholders and professional researchers actively collaborated on the RGSV evaluation from its inception in order to develop an evaluation process that is valued by all involved (Ochocka, Janzen & Nelson, 2002; Reeve, Cornell, D'Costa, Janzen & Ochocka, 2002). An evaluation committee that included RGSV members and program staff, a research team, and community agency representatives, was formed to guide the evaluation process. Program participants and their family members were not represented on the evaluation committee. (Although their absence was a result of a lack of interest on their part, their opinions and participation were utilized and gathered throughout the program evaluation.) The research team included three researchers from CREHS and one former program user trained in data collection and data analysis.

Methods

Both quantitative and qualitative methods were used and triangulated to increase the likelihood of reporting credible findings that reflected an accurate and complete understanding of the processes and impacts of supported volunteering (Reinharz, 1992). Qualitative methods allowed us to gather rich information about the impacts and challenges of supported volunteering at the individual and agency/community level, and to capture the depth and detail of stakeholders' experiences (Patton, 2002). Quantitative information consisted of demographic information and a summary of the impacts and challenges of supported volunteering thus providing more breadth. It allowed for broad detail about a number of different research questions (Patton, 2002). Finally, ongoing, regular feedback sessions between the researchers and the evaluation committee concerning findings and methodological concerns were conducted. These sessions permitted group discussions about overcoming various obstacles (e.g., participant recruitment), interpreting findings, and outlining future directions.

To understand the impact of supported volunteering on individual volunteers we reviewed all program documents (e.g., information on participant demographics), carried out telephone and/or face-to-face interviews with 'key informants' ($n=9$), conducted a focus group with RGSV program participants ($n=7$), and completed telephone interviews with two family members, two support workers, and one program participant.

To explore the impact of supported volunteering on agencies, two on-line surveys were implemented: one with agencies participating with the RGSV program ($n=17$), and a second with agencies involved with the larger volunteer centre but not participating with the RGSV program ($n=13$). The surveys asked about agencies' experiences with volunteers, their satisfaction with the supported volunteering program, and the benefits and challenges of implementing supported volunteering. In addition, two focus groups were conducted with participating ($n=6$) and non-participating agencies ($n=2$). The focus groups explored more in-depth agency experiences with supported volunteering, and clarified particular survey results.

To understand the coaching component of the project, we conducted six key informant interviews with the coach coordinators, volunteer coaches, and community agency representatives.

Evaluation Findings

Individual Level Analysis

Program participants. Program participants ($n=226$) ranged in age from 13 to over 60, with the majority falling between 20 and 49 years. Approximately half were female (45%) and half male (55%). Their reported disabilities fell into three large categories (see Table 1): multiple disabilities (29.8%), developmental disabilities (26.2%), and mental health disabilities (24.0%). The multiple disabilities reported by participants are shown in Table 2. The five most common reasons for wanting to volunteer were to keep active and busy, to help people, to gain work experience, to meet people, and to give back to their community.

Table 1. Self-Reported Disabilities of Program Participants

<i>Disability</i>	<i>Number of Participants</i>	<i>Percentage of Participants</i>
Multiple Disabilities	67	29.8
Developmental Disability	59	26.2
Mental Health Issue	54	24.0
Physical Disability	24	10.7
Learning Disability	8	3.6
Acquired Brain Injury	7	3.1
Hearing Loss	4	1.8
Visual Impairment	2	0.9
Missing	1	0.4

Table 2. Multiple Disabilities of Program Participants

<i>Combination of disabilities*</i>	<i>Frequency of Participants</i>	<i>Percent of Participants</i>
Developmental and Physical Disability	17	25.4
Mental Health Issue and Physical Disability	14	20.9
Combination of Two	14	20.9
Developmental Disability and Mental Health Issue	12	17.9
Combination of Three Or More	10	14.9

Note. The combination of two disabilities is comprised of combinations not covered in the other categories.

Support provided. Our analysis revealed five core types of support offered to program participants. First, "Information Given" consisted of assisting with reading volunteer brochures and answering questions ($n=66$, 30.4%). Second, "Intake Interview, Read and Review" consisted of discussing accommodation needs, skills, volunteer goals, and an ideal volunteer job to apply for ($n=152$, 70.0%). Third, "Referrals" consisted of referring participants to a community agency to volunteer and informing the placement agency of the participants' accommodation needs ($n=99$, 45.6%). Fourth, "Basic Coaching" consisted of support and training for volunteer job interviews (e.g., accompanying participants to their interview), transit use, and support during volunteer's training sessions ($n=40$, 18.4%). And finally, "Extended Coaching" included more extensive support such as accompanying participants on their volunteer jobs for a longer duration (often an indefinite period) of time than provided for with Basic Coaching ($n=26$, 12.0%). The majority of supports provided lasted less than one hour, and were encompassed by the second and third core type of support – going over accommodation needs and goals, and referring participants to a placement agency.

Benefits of supported volunteering. All study participants agreed that finding a volunteer placement for a person with a disability was a substantial accomplishment that had, in and of itself, many benefits for the person. Having a supportive volunteer placement, for instance, impacted program participants by increasing their level of independence and self-confidence, and by developing a greater sense of responsibility. One volunteer shared that "[I] feel like [I] am doing something actually worthwhile." Volunteer jobs also helped volunteers to acquire new skills and to meet new people. Many shared that volunteering made them feel "part of a team." They reported that being a volunteer allowed them an opportunity to be involved in their community, something they often found difficult to experience. Volunteers shared sentiments such as, "[it] gets me out of the house" and "[it] gives me something to do." According to one volunteer,

[Volunteering] has radically changed me and my life...I used to sit at home and play games and...now I am a lot more involved in the community. The friends I have...how well connected I have become. I have become somewhat of a leader in the community...I have my confidence back. I certainly didn't have that two years ago.

Being a volunteer allowed many participants to take on a new role – one of giving and not just receiving. Many took pride in their new role and reported, "I like helping people, it's important." Overall, all stakeholders

reported that a volunteer job provided an opportunity volunteers had been looking for, one where they could learn new skills, meet new people, become involved in their community, and improve their well-being and quality of life.

Challenges of Supported Volunteering

While supported volunteering opened new doors and fostered rewarding experiences for people with disabilities, program stakeholders also identified a number of challenges with implementing supported volunteering. According to most of the interviewed volunteers, placement agencies tended to underestimate the true abilities of volunteers with disabilities and gave them jobs far below their capacities. When this occurred, many people felt "worthless"; some questioned why the placement agency had them volunteering at all. One volunteer shared some frustration with feeling patronized: "...you wonder if they are just trying to do you a favour and I don't like that." Volunteers given menial jobs often shared feelings like, "sometimes I ask myself, am I really serving a purpose?"

Volunteers who were performing jobs below their capacities defined their placements as "boring and frustrating." One volunteer reasoned "if they want volunteers, they should make sure they can keep that volunteer a bit busy." This frustration may stem from the challenges program staff and agencies encounter when matching an individual volunteer's changing needs to a placement. One stakeholder indicated that the agency "[needs to] take into consideration what is going on in that individual's life." Another person cautioned that "you don't want to set [the volunteer] up to fail because failure is the pattern of their life." Generally, the challenges associated with supported volunteering experienced by volunteers concerned volunteer job duties and existing stigma towards disability.

Agency/Community Level Analysis

Agency respondents ($n=30$) were mainly volunteer coordinators, representing a wide range of community sectors including seniors' homes, housing support services, agencies from the health sector, agencies providing services for individuals with special needs, and theatres. Respondents reported extensive experience with volunteers and the majority reported that their agency involved between one and eight volunteers with disabilities.

Support from agencies. According to the respondents, the majority of volunteers with disabilities required some support. Support typically included helping to complete forms, providing increased supervision and assistance, providing necessary physical and structural accommodations, and clarifying appropriate behaviours. According to agencies, the support for volunteers with disabilities was not substantially different from the support given to volunteers without disabilities: "[there is] not much difference between those with disabilities and those who do not have disabilities because [all] volunteers need this guidance." The evaluation showed that support for volunteers with disabilities, while necessary for a successful placement, does not differ from usual supports offered and is not typically taxing on agencies.

Benefits for agencies and communities. Volunteers with disabilities create a greater pool of volunteers for agencies, and agency staff reflected on a number of benefits of having people with disabilities volunteering in their agencies. They talked, not only about the work done and the assistance they received to run programs, but also about creating work environments that foster diversity, and increasing awareness about disabilities.

Having access to assistance and support from the supported volunteering program was identified as a major source of relief for many agencies. Agency staff reported that the RGSV program provided support such as assisting in the design of policies that are sensitive to the needs of persons with disabilities and in managing individual volunteers in appropriate, respectful, and effective ways.

Agency staff also explained that they view supported volunteering as an important and significant concept and practice for their community. Specifically, they reported that including persons with disabilities as volunteers impacts the wider community by promoting increased respect, greater diversity, increased awareness of various disabilities, acceptance of persons with disabilities, and stronger links among community agencies involved in the program.

Challenges for agencies. Study participants reported that one of the most challenging aspects of supported volunteerism is the coordination of volunteers who have special needs. Many agencies felt that they were not adequately trained to address some of the concerns they encountered with volunteers who struggle with mental health or behavioural issues, hygiene issues, or illiteracy. For example, for some agencies it was unclear how to

appropriately discuss proper hygiene practices without embarrassing or upsetting their volunteer. Difficulties were also posed by volunteers who did not acknowledge their own limitations and openly sought responsibilities beyond their capacities.

Finding meaningful jobs for volunteers was another challenge. Many agencies explained that it was difficult in some cases to find volunteer jobs that suited a volunteer's unique abilities, and that they could not "create opportunities or create things to do."

Some staff expressed challenges in accommodating people with physical disabilities. For instance, limited physical accessibility and a lack of space for volunteers made it impossible for some agencies to accommodate volunteers with certain physical disabilities.

Generally, agencies stated that supported volunteering is an imperative practice for creating a community that is accepting and respectful; however, "putting it [supported volunteering] into practice is not so easy."

Benefits of coaching component. All stakeholders agreed that the coaching program had a positive impact upon volunteers, coaches, and agencies. Volunteers benefited from one-on-one, on-site support that fostered their personal growth, increased confidence and independence, and kept them focussed on their volunteer job. Coaches shared that being a coach was both emotionally rewarding and eye-opening for them. One coach said "I have learned that although we all have different strengths and weaknesses and limitations, we are not so different after all." Being a volunteer coach allowed a unique opportunity to get to know someone with a disability; one coach shared that "I was able to learn more about disabilities and further understand what is required to help a person to live a full life."

Coaches played an important role in outlining an ideal position for the volunteer within the agency by negotiating necessary accommodations for the volunteer and tasks the agency needed to complete. Coaches were also able to help agencies by suggesting creative ways for meeting accommodation needs and finding meaningful jobs. One stakeholder commented, "the coach can help the agency staff to know how to deal with the person because of some knowledge about the volunteer that the agency does not have." Coaches also fostered consciousness-raising and accepting attitudes in many agencies.

Challenges with coaching component. The primary concerns for many coaches and volunteers were around issues concerning the support provided (i.e., type of support, how much support, and process of withdrawal). One coach commented that,

(A)t the beginning I was not sure if I should get more involved when she [the volunteer] was experiencing difficulties with some tasks. Now I feel more comfortable and realize that she is capable of fixing some difficulties herself"

It was unclear what specific criteria, if any, were used to decide if a coach's support should be withdrawn, how this should be done, and whose (i.e., coach, volunteer, or both) decisions these were. The respondents suggested that these decisions were left primarily in the hands of the coach.

The second type of concern was around the clash in defining relationship boundaries with volunteers between the RGSV program and coaches. Some coaches expressed that they had become emotionally attached to their volunteers. One coach said, "I have come to know the volunteer quite well and feel I have gotten emotionally attached to her and find myself thinking about how she is doing throughout the week." The RGSV program intended coaches to maintain a more detached relationship with volunteers.

Finally many coaches reported that there was a gap between the theory learned and the practice applied in everyday situations when supporting individuals. It was challenging to them to apply the general coaching training they received at the beginning of their involvement with the program to the practical situations that arose when supporting individuals in specific agencies. Although their training was useful, coaches indicated that more ongoing training and support was needed, especially related to such issues as "disability awareness after meeting the volunteer," and trouble-shooting.

Study Recommendations

The results of this evaluation indicated a number of elements necessary for an effective and successful supported volunteering program in the future. These recommendations speak to the need for both volunteer and agency readiness, the need for ongoing communication among all players involved, and to the role of the supported volunteering program in training and mediating.

First, for all supported volunteer placements, there needs to be a mutual understanding of job expectations and volunteer capacities. This common understanding will facilitate more appropriate matches between volunteer jobs and volunteers' abilities. As well, agencies must be genuinely accepting of including volunteers with disabilities, while volunteers must be responsible for being prepared and committed to the duties of their volunteer jobs. To foster preparedness and commitment of volunteers, it may be beneficial to have a more extensive initial interview with potential volunteers. An RGSV staff member could discuss the concept of volunteerism and the duties required of a volunteer job; this may also help to minimize the risk of volunteers having unrealistic expectations.

Second, there needs to be ongoing, and open communication between volunteers, agency staff (e.g., volunteer coordinator), and coaches (if applicable) in a safe and welcoming environment. It is the agency's responsibility to proactively create an empowering environment that facilitates open two-way communication with volunteers about their accommodation needs, their jobs, and their comfort levels. Also, to prevent volunteers' feelings of meaningless participation, agencies should use these communication opportunities to stress the relevance of the volunteer jobs for the overall agency. Regular communication between volunteers and agency representatives provides a venue to discuss job performance and job improvements. It also helps to discover potential job dissatisfaction and to prevent the loss of volunteers.

Third, there is a need for ongoing support and training to be provided by the program to agencies accepting volunteers with disabilities. Educational workshops need to be conducted to discuss topics such as approaches to effective communication, conflict resolutions, job appraisals, and the importance of an inclusive workplace culture.

The results of this evaluation also indicate that two critical factors for a successful supportive volunteering program are evaluation and on-going feedback. For example, volunteers shared that they would find it helpful to meet with other volunteers to share their experiences and then to share this information with the program. A supportive volunteering program should provide venues for on-going critical reflection and foster creativity among agencies. This critical reflection helps to challenge assumptions about volunteers with disabilities and volunteers' jobs. This creativity is essential for finding suitable placements.

Regarding the coaching component of the program, this evaluation suggested the following factors to be considered. The first factor is the ongoing communication between volunteers and coaches to mutually understand the type of support the volunteer wants and needs, and when or if support should be withdrawn. Second, utilization of a case approach to training for coaches (i.e., using case study examples to assist coaches in individualizing their training), as well as ongoing support and/or additional training sessions to discuss new challenges and effective ways of tackling them as they arise. The third factor was related to inclusiveness of volunteers in decision making processes. Volunteers should be involved through open dialogue in all decisions that affect them, such as the withdrawal of support. By including volunteers in decision making processes, the evident power differential between volunteers and coaches should diminish.

This evaluation study strongly suggested that a supported volunteering program has greater potential for volunteers beyond finding volunteer jobs for them. Volunteers might play a more active role in the planning, implementation and evaluation of the program. For example, the program could include volunteers with disabilities as coaches providing peer support to other volunteers with disabilities. Previous research has shown that peer-delivered support is beneficial for both peer support recipients and providers, and the mental health delivery system (Solomon, 2004; Nelson, Ochocka, Janzen & Trainor, in press). Salzer and Shear (2002) similarly contend that "consumer delivered services" represent relationships characterized by reciprocity and mutual benefit. Also, Armstrong and Korba (1995) investigated the effects of a peer support program and found that both clients and volunteers who were given initial and ongoing training reported better self-perception, sense of identity, personal development, and quality of life. These studies suggest that incorporating volunteers with disabilities as coaches would empower both the volunteer and volunteer coach equally.

Conclusions

The RGSV supported volunteering program in Waterloo Region successfully responded to a growing demand among persons with disabilities looking for avenues to become connected and involved with their communities. The program demonstrated many of the important indicators of a successful community program: a large number of volunteers with diverse backgrounds and disabilities, a large number of participating agencies, and strong leadership from the Resource Group for Supported Volunteering, including a clear vision and attention to education, training and awareness-building.

Consistent with previous research (Graff & Vedell, 2003), our findings showed that supported volunteering positively impacted individual volunteers with increased self-confidence and more positive feelings about oneself, and assisted agencies in getting necessary jobs completed. This evaluation's findings showed that a supported volunteering program empowers persons with disabilities in becoming involved in their community through volunteering. Persons with disabilities were able to secure volunteer jobs and reported increased self-confidence, sense of independence, and responsibility. They practiced new skills and benefited from being involved in their community.

Like Miller et al. (2003), we also found that agencies reported benefits from including volunteers with disabilities. This evaluation showed that inclusion of persons with disabilities awarded agencies with an increased pool of volunteers, increased the diversity of people involved with the agency, increased awareness about persons with disabilities, and the satisfaction of knowing their volunteers were benefiting from their work.

In additions to benefits, volunteers and agencies reported challenges with implementing supported volunteering. This evaluation stressed the challenge for agencies to coordinate volunteers with disabilities without adequate training. Similar to Leipper (2000), we found that some volunteers felt patronized and dissatisfied. In addition, we also found that assessing volunteers' abilities was particularly difficult and thus agencies tended to underestimate volunteers' capabilities. While agencies did not want to risk discouraging a volunteer by giving her or him more than s/he could handle, volunteers who were given jobs below their capacities often reported being bored and frustrated. Further, agencies reported challenges with discussing topics such as hygiene and appropriate behaviour. However, the challenges found could be managed with the support of a community collaborative, in this case a supported volunteering program.

A particularly unique contribution of the Waterloo initiative was the effectiveness of a coaching program in a supported volunteering project. Coaches helped to forge a relationship among volunteers and agencies, clarified roles, and facilitated successful processes that suited and benefited both parties. The main concern of the coaching program was related to power dynamics that operated between coaches and volunteers. For example, the protocol for withdrawal of support and who had control over such decisions was unclear. In sum, our findings illustrated that a supported volunteering program (with a coaching component) impacts volunteers, agencies, and communities in very positive ways. Although challenges were

identified with implementation, many of these can be alleviated by a supported volunteering program committed to education, training and awareness-building, empowering persons with disabilities, and regular evaluation and feedback.

Based on this evaluation three principles were identified as guidelines for a supported volunteering program. The first principle is that volunteers with disabilities require and deserve equal representation, respect, access to resources, and shared power in a program. It is imperative that volunteers be equally included in decision making processes, especially with decisions that directly affect them. Secondly, a supported volunteering program should focus on education and training for agencies and for the community at large. Education and information sessions targeted to volunteer coordinators would encourage agencies to expand their numbers of volunteers and to welcome volunteers with disabilities. Awareness building for the wider community about the inclusion of persons with disabilities through volunteerism is also very important. Public education is needed to dispel myths and stigma and to foster more inclusive and supportive communities for all citizens, especially those who do not have equal access to power and opportunities. The third principle is that supported volunteerism should incorporate the ongoing feedback and evaluation that inform and shape the program. Evaluation methods should utilize participatory approaches and involve all stakeholders in sharing their perspectives. Listening to and acting on volunteers' and agencies' suggestions would ensure that the supported volunteering program is as supportive and empowering as it could be.

Our study illustrated how important and necessary the concept, practice, and research of supported volunteering is. Persons with disabilities, especially those who have left the education system, require support services that assist them in becoming engaged in their communities through volunteerism. Community agencies require support and education services to make their placements successful for people with disabilities. A supported volunteering program can strengthen our communities by providing community leadership through increased awareness, diversity, and respect for all persons. With these principles taken into account supported volunteering can become as commonplace as volunteering itself.

References

- Armstrong, M., & Korba, A. (1995). Of mutual benefit: The reciprocal relationship between consumer volunteers and the clients they serve. *Psychiatric Rehabilitation Journal*, 19(2), 45-50.
- Brown, D. R., Gary, L. E., Greene, A. D., & Milburn, N. G. (1992). Patterns of social affiliation as predictors of depressive symptoms among urban Blacks. *Journal of Health and Social Behavior*, 33, 242-253.
- Burgstahler, S. (2001). A collaborative model to promote career success for students with disabilities. *Journal of Vocational Rehabilitation*, 16, 209-215.
- Cohen, S., Underwood, L.G., & Gottlieb, B. (2000). *Social support measurement and intervention*. Oxford: Oxford University Press.
- Finn, J. L. & Checkoway, B. (1998). Young people as competent community builders: A challenge to social work. *Social Work*, 43(4), 335-345.
- Graff, L. L., & Vedell, J. A. (2003). "It shouldn't be this difficult": The views of agencies and persons with disabilities on supported volunteering. *The Journal of Volunteer Administration*, 21(1), 9-24.
- Hall, M., McKeown, L., & Roberts, K. (2001). *Caring Canadians, involved Canadians: Highlights from the 2000 national survey of giving, volunteering and participating* (Catalogue no. 71-542-XPE). Ottawa, Canada: Ministry of Industry.
- Hamilton, S. F., & Fenzel, L. M. (1988). The impact of volunteer experience on adolescent social development: Evidence of program effects. *Journal of Adolescent Research*, 3(1), 65-80.
- Hutchison, P., & McGill, J. (1998). *Community, integration and leisure*. Toronto, ON: Leisurability Publications
- Johnson, M. K., Beebe, T., Mortimer, J. T., & Snyder, M. (1998). Volunteerism in adolescence: A process perspective. *Journal of Research on Adolescence*, 8(3), 309-322.
- Krause, L. E., Stoddard, S., & Gilmartin, D. (1996). *Chapbook on disability in the United States, 1996. An InfoUse Report*. Washington, DC: U.S. National Institute on Disability and Rehabilitation Research.
- Leipper, D. L. (2000). Volunteerism: Opportunities for everyone. *The Journal of Volunteer Administration*, 17-27.
- Miller, K. D., Schleien, S. J., & Bedini, L. A. (2003). Barriers to the inclusion of volunteers with developmental disabilities. *The Journal of Volunteer Administration*, 21(1), 25-30.
- Moore, C. W., & Allen, J. P. (1996). The effects of volunteering on the young volunteer. *The Journal of Primary Prevention*, 17(2), 231-258.
- Moran, R. R., McDermott, S., & Butkus, S. (2001). Getting a job, sustaining a job, and losing a job for individuals with mental retardation. *Journal of Vocational Rehabilitation*, 16, 237-244.

- Nelson, G., Ochocka, J., Griffin, K., & Lord, J. (1998). Nothing about me, without me: Participatory action research with self-help/mutual aid organizations for the psychiatric consumer/survivor. *American Community Psychologist Journal*, 26, p. 881-912.
- Nelson, G., Ochocka, J., Janzen, R., Trainor, J. (in press). A longitudinal study of mental health consumer/survivor initiatives: Part II - A quantitative study of impacts of participation on new members. *Journal of Community Psychology*.
- Neubert, D. A., Moon, M. S., Grigal, M., & Redd, V. (2001). Post-secondary educational practices for individuals with mental retardation and other significant disabilities: A review of the literature. *Journal of Vocational Rehabilitation*, 16, 155-168.
- Nietupski, J. A., McQuillen, T., Berg, D. D., Daugherty, V., & Hamre-Nietupski, S. M. (2001). Preparing students with mild disabilities for careers in technology: A process and recommendations from Iowa's high school high tech program. *Journal of Vocational Rehabilitation*, 16, 179-187.
- Ochocka, J., Janzen, R., & Nelson, G. (2002). Sharing power and knowledge: Professional and mental health consumer/survivor researchers working together in a participatory action research project. *Psychiatric Rehabilitation Journal*, 25(4), 379-387.
- Ochocka, J., & Lord, J. (1998). Support clusters: A social network approach for people with complex needs. *Journal of Leisurability*, 25(4), 14-22
- Ochocka, J., Roth, D., & Lord, J. (1994). Workplaces that work: Successful employment for people with disabilities. *Journal on Developmental Disabilities*, 3(1), 29-51.
- Omoto, A. M., & Snyder, M. (1990). Basic research in action: Volunteerism and society's response to AIDS. *Personality and Social Psychology Bulletin*, 16, 152-165.
- Omoto, A. M., Snyder, M., & Berghuis, J. P. (1992). The psychology of volunteerism: A conceptual analysis and a program of action research. In J. B. Pryor and G. D. Reeder (Eds.), *The Social Psychology of HIV infection*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods (3rd ed.)*. London: Sage Publications.
- Pedlar, A., Haworth, L., Hutchison, P., Taylor, A., & Dunn, P. (1999). *A textured life: Empowerment and adults with developmental disabilities*. Waterloo, ON: Wilfrid Laurier University.
- Pillivan, J. A. (2003). Doing well by doing good: Benefits for the benefactor. In C. L. M. Keyes & J. Haidt (Eds.), *Flourishing: Positive Psychology and the life well-lived*. Washington, DC: American Psychological Association.
- Posavac, E. J., & Carey, R. G. (2003). *Program evaluation: Methods and case studies (6th ed.)*. Upper Saddle River, N.J.: Prentice-Hall.
- Reeve, P., Cornell, S., D'Costa, B., Janzen, R., & Ochocka, J. (2002). From our perspective: Consumer researchers speak about their experience in a community mental health research project. *Psychiatric Rehabilitation Journal*, 25(4), 403-408.
- Reinharz, S. (1992). *Feminist methods in social research*. New York: Oxford University Press.

- Salzer, M. S., & Shear, S. L. (2002). Identifying consumer-provider benefits in evaluations of consumer-delivered services. *Psychiatric Rehabilitation Journal*, 25(3), 281-288.
- Smith, H. D. (1997). Grassroots associations are important: some theory and a review of the impact literature. *Nonprofit and Voluntary Sector Quarterly*, 26, 269-306.
- Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Rehabilitation Journal*, 27(4), 392-401.
- Sundar, P. and Ochocka, J. (in press). Bridging the gap between dreams and realities: Employment and mental health; Implications for policy and practice. *Canadian Journal of Community Mental Health*.
- Thoits, P. A., & Hewitt, L. N. (2001). Volunteer work and well-being. *Journal of Health and Social Behavior*, 42, 115-131.
- Urban Poverty Consortium of Waterloo Region (2000). *Let's talk about poverty: Facts sheets #1 and #2*. Regional Municipality of Waterloo.
- Van Willigen, M. (2000). Differential benefits of volunteering across the life course. *Journal of Gerontology: Social Sciences*, 55B, S308-S318.
- Wilson, W. J. (1991). Studying inner-city social dislocations: the challenge of public agenda research. *American Sociological Review*, 56, 1-14.

Acknowledgements

We would like to thank the project Evaluation Committee (Carmen Abel, Pat Boatman, Anne Haromy, Steven Kavanagh, Grace Niezen, Kyle Whitfield, and Larry Mackenzie) for guiding implementation and dissemination of this project and research.

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