AFRICAN CARIBBEAN AND BLACK WOMEN LIVING LIFE TO THE FULL

Base line Evaluation Report

Prepared by Notisha Massaquoi of Nyanda Consulting

Table of Contents

Project
Summary

Numerous studies have documented the need for mental health services and treatment that are culturally appropriate for racialized populations. The literature suggests that African, Caribbean, and Black (ACB) women experience barriers to mental health care due to stigma, lack of awareness and trust in services, and lack of cultural competence on the part of providers of services (Chiu et al., 2018)[1] Overall mainstream mental health care is considered inconsistent with the values, expectations, socio-economic realities and patterns of help-seeking of ACB women. As a result, access to care is often delayed, and mental health concerns are often undiagnosed. Improving mental health services and outcomes for African, Caribbean, and Black women has been a long-term health system challenge. To this end, a culturally adapted mental health promotion model is seen as a solution to increase accessibility and effectiveness for a population that is typically underserved by the mental health system.

Women's Health in Women's Hands Community Health Centre (WHIWH-CHC), located in downtown Toronto, provides racialized women, trans and non-binary clients from the African, Black, Caribbean, Latin American, and South Asian communities in Toronto and surrounding municipalities with culturally safe, relevant, and responsive primary healthcare. In keeping with this mandate, they have developed a 12-hour group-based interactive course modeled on Cognitive Behaviour Therapy (CBT) principles. The peer-based course is delivered over eight weeks. ACB women have been recruited and trained as facilitators fostering community leadership, strengthening knowledge, skills, and social connections of community members and, as such, increasing the capacity of ACB women to address the barriers to mental health services and care in their communities.

The WHIWH-CHC program entitled African Caribbean and Black Women Living Life To The Full (LLTTF) aims to meet the key objectives of the Promoting Health Equity: Mental Health of Black Canadians Fund, which is to:

[1] Chiu M, Amartey A, Wang X, Kurdyak P. Ethnic Differences in Mental Health Status and Service Utilization: A Population-Based Study in Ontario, Canada. Can J Psychiatry. 2018 Jul;63(7):481-491. doi: 10.1177/0706743717741061. Epub 2018 Mar 7. PMID: 29514512; PMCID: PMC6099776.

- Increase understanding of the unique barriers to and social determinants of mental health for Black Canadians;
- Increase knowledge of effective, culturally focused approaches and programs for improving mental health and addressing its key social determinants for Black Canadians, including a focus on youth and their family and community environments; and
- Increase capacity within Black Canadian communities to address barriers to mental health.

The ACB Women LLTTF project's long-term goal is to improve the mental health of African, Caribbean, and Black (ACB) women, particularly those who are marginalized or face barriers due to the social determinants of health.

LLTTF OBJECTIVES

- Increase the availability of gender responsive, evidence informed and culturally focused mental health promotion programming for ACB women;
- Increase the capacity (knowledge and skills) of ACB women to provide leadership in addressing the barriers to mental health in their communities;
- Increase ACB women's access to and participation in gender responsive, evidence informed and culturally focused mental health promotion programming;
- Strengthen understanding of and social support for mental health promotion among ACB women and Black communities, and
- Enhance understanding and foster collaboration among organizations and agencies who serve ACB women.

MONITORING AND EVALUATION METHODOLOGY

A variety of evaluation methods were utilized to measure the performance, effectiveness and quality of the program. The main goal was to assess a small program pilot in order to engage in program improvement, and innovation to increase effectiveness and efficiency from an evidence-based position. The evaluation plan was developed at the start of the project and was integrated into the overall execution of the program in order to gain valuable insights and make informed decisions to improve operations and achieve the program goals.

PROGRAM GOALS

- Train and certify 55 women from ACB communities to deliver the *Living Life to the Full (LLTTF) Course;*
- Supplement LLTTF Peer Facilitator Training to ensure that Peer Facilitators from ACB communities have the capacity to deliver culturally appropriate and gender specific mental health promotion that addresses the unique determinants of, and challenges to, mental health for African, Caribbean and Black (ACB) women;
- Test the ACB Women LLTTF Course with a diverse number of African, Caribbean and Black women to assess for appropriateness and effectiveness;
- Deliver the ACB LLTTF Course to ACB women throughout Ontario with a focus on Toronto, Ottawa, Hamilton and Windsor, and
- Promote the ACB Women LLTTF Course as an effective mental health promotion program through robust knowledge translation and dissemination.

A variety of evaluation methods were utilized to measure the performance, effectiveness, and quality of the program. The following methodologies were used to provide a more comprehensive understanding of the impact and effectiveness of the program and to explore the underlying contexts that contribute to program outcomes and identify areas for improvement and success.

DOCUMENT REVIEW

Document review involved the analysis of program documents, such as reports, policies, plans and procedures, to understand the program context, design, and implementation. This helped to identify gaps in program design or implementation and suggest ways in which they can be improved.

KEY INFORMANT INTERVIEWS

In-depth interviews were conducted with individuals who had expert knowledge or experience related to the program and ACB communities. Key informants included program staff, volunteers, advisory committee members and peer facilitators These interviews provided valuable insights into program implementation and effectiveness.

FOCUS GROUP DISCUSSIONS

Focus group discussions were used to gather qualitative data on program implementation, participant experiences, and program outcomes. They also provided insights into the diversity of perspectives within the stakeholder group.

SURVEYS

Data was collected through standardized questionnaires and provided quantitative data on project participants' attitudes, opinions, and experiences, in order to help to measure program outcomes and impact. Baseline and Endline Surveys were conducted at the beginning and end of the pilot program activities to measure changes in knowledge, attitudes, behaviors, or other outcomes. These surveys provided a snapshot of program impact and allowed for comparisons between pre- and post-program data.

EVALUATION RESULTS

PEER FACILITATOR RECRUITMENT

Fifteen African Caribbean and Black Women were recruited as peer facilitators in the evaluated pilot phase. All completed 47.5 hours of training which included 40 hours of self-directed LLTTF review; 3.5 hours of LLTTF virtual training; 4 hours of adapted curriculum virtual training. 7 Community of Practice sessions with each held for 2 hours were completed with 50% of Peer Facilitators attended at least 2 sessions.

PEER FACILITATOR SOCIODEMOGRAPHIC INFORMATION		
Age	30-39 20-29	72% 29%
Country of Birth	Born in Canada Lived in Canada 10yrs or more	71% 86%
Language Preference	Comfortable communicating in English	100%
Gender	Female Gender Diverse	71% 29%
Sexual Orientation	Heterosexual Bi-Sexual Gay or Lesbian	71% 14% 14%

Relationship Status	Single Married Steady partner living together Steady partner not living together	49% 17% 17% 17%
Employment Status	Unemployed Employed	50% 33%
Education	Bachelor's degree or higher College	83% 17%
Salary	Less than 30K Greater than 30K	50% 50%

MENTAL HEALTH STIGMA

A baseline measurement of the level of mental health stigma in the facilitator cohort was assessed to guide facilitator training content and measure the change in stigma level throughout the program. Assessing mental health stigma involved evaluating the attitudes, beliefs, stereotypes, perceptions, and behaviors of peer facilitators towards mental illness. Questions explored perceptions of dangerousness, ability to recover, and the causes of mental illness. The goal was to understand the level of mental health stigma and inform efforts to reduce stigma and promote mental health equity through the training. When comparing baseline stigma levels with post-training levels, we can see significant positive effects and impact of the training on peer facilitators' perceptions and beliefs about mental illness.

BASELINE PEER FACILITATOR STIGMA ASSESSMENT

Stigma Indicator	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I am confident that I know where to seek information about in mental illness	14.29%	42.86%	42.86%	0%	0%
I am confident using the computer or telephone to seek information about mental illness	57.14%	42.86%	0%	0%	0%
I am confident attending face to face appointments to seek information about mental illness (e.g. seeing a doctor)	42.86%	28.57%	14.29%	14.29%	0%
I am confident I have access to resources (e.g. doctor, internet, friends) that I can use to seek information about mental illness	14.29%	57.14%	28.57%	0%	0%

People with a mental illness could snap out of it if they wanted	0%	14.29%	0%	28.57%	57.14%
A mental illness is a sign of personal weakness	0%	0%	0%	28.57%	71.43%
A mental illness is not a real medical illness	0%	0%	0%	28.57%	71.43%
People with a mental illness are dangerous	0%	0%	14.29%	28.57%	57.14%
It is best to avoid people with a mental illness so that you don't develop this problem	0%	0%	0%	14.29%	85.71%
If I had a mental illness I would not tell anyone	0%	0%	14.29%	28.57%	57.14%
Seeing a mental health professional means you are not strong enough to manage your own difficulties	0%	0%	0%	28.57%	71.43%
If I had a mental illness, I would not seek help from a mental health professional	0%	14.29%	14.29%	14.29%	57.14%
I believe treatment for a mental illness provided by a mental health professional would not be effective	0%	0%	28.57%	28.57%	42.86%

POST TRAINING PEER FACILITATOR STIGMA ASSESSMENT

Stigma Indicator	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I am confident that I know where to seek information about mental illness	66.67%	16.67%	16.67%	0%	0%
I am confident using the computer or telephone to seek information about mental illness	83.33%	16.67%	0%	0%	0%
I am confident attending face to face appointments to seek information about mental illness (e.g. seeing a doctor)	50%	33.33%	16.67%	0%	0%
I am confident I have access to resources (e.g. doctor, internet, friends) that I can use to seek information about mental illness	66.67%	16.67%	16.67%	0%	0%
People with a mental illness could snap out of it if they wanted	0%	0%	0%	16.67%	83.33%
A mental illness is a sign of personal weakness	0%	0%	0%	16.67%	83.33%
A mental illness is not a real medical illness	16.67%	0%	0%	33.33%	50%
People with a mental illness are dangerous	0%	0%	16.67%	33.33%	50%
It is best to avoid people with a mental illness so that you don't develop this problem	0%	0%	0%	16.67%	83.33%

If I had a mental illness, I would not tell anyone	0%	0%	16.67%	50%	33.33%
Seeing a mental health professional means you are not strong enough to manage your own difficulties	16.67%	0%	0%	33.33%	50%
If I had a mental illness, I would not seek help from a mental health professional	0%	0%	0%	66.67%	33.33%
I believe treatment for a mental illness provided by a mental health professional would not be effective	0%	0%	16.67%	33.33%	50%

FACILITATOR TRAINING

Peer facilitators received 47.5 hours of extensive culturally customized training before conducting workshops. This included 40 hours of self-directed LLTTF review, 3.5 hours of LLTTF virtual training, 4 hours of adapted curriculum virtual training, and 7 Community of Practice sessions, with each held for 2 hours. Based on respondents' survey responses, they ranked their overall training experience very high and indicated success in accomplishing the goal of reporting satisfaction with the LLTTF Peer Facilitator training.

OVERALL QUALITY OF THE TRAINING		
	Strongly Agree	Agree
I am satisfied with the quality of training	33%	67%
I am confident in my role as a peer	67%	33%
I am a stronger leader than before the training	50%	50%
I have a clear understanding of the needs of ACB women in regard to mental health	17%	83%

Peers also expressed significant satisfaction and confidence in the new skills that were gained through training which enabled them to deliver workshops effectively and confidently.

TRAINING SKILLS		
	Strongly Agree	Agree
I can communicate well with participants	67%	33%
I can identify issues and resolve them in one-on-one and group settings	50%	50%

I am comfortable mediating and bridging between individuals	50%	33%
I can use culturally aware language & bodily language with participants	50%	50%
I can communicate well with participants	67%	33%
I can plan effectively for activities on my own	33%	67%
I encourage self-determination among participants	17%	83%

QUALITATIVE DATA

Qualitative peer facilitator, volunteer and community advisory committee focus groups provided clear understandings of both the successes and challenges experienced in conducting the LLTTF training.

Peer Facilitator Key Themes	
OVERALL PROGRAM IMPRESSION	
Safe and Encouraging Space	"Chantel did such an amazing job of creating that really safe space for us, an encouraging space for us."
Supportive Training which provided opportunities to observe facilitation	"Watching other facilitation styles during the training was helpful."
Support from program volunteers	"Having volunteers to support the session was very useful." -Helpful for online support -Provided feedback after sessions -Stepped in to lead sessions due to a last-minute issue
Inclusivity	-LGBT friendly -Accommodated disability
Healing Space for Black Women	"So, for me, what drew me to the project was simply that it's a space for Black women, and we need that space for us without having to share it with other people."
POSITIVE IMPACT OF BEING A PEER FACILITATOR	
Empowerment and confidence	"It was such an affirming experience in that ... I think, prior to this, I was really doubting my facilitation skills. I was like, "Do I have it? But I got it!" And I think that through this experience, I was able to realize that this is something that I can do and not only can I do it, I'm pretty good at it. So, I would say that confidence was great."
Sense of Community	"Being around so many Black people and having such culturally-affirming, informed conversations that I don't get to have with so many other folks, that was really special. And also quite eye-opening about the similarities we have in upbringing, about the similarities we have in the things that we experience now, about the similarities"

Mental Health Support	“I reflected more of myself, and I realized I needed to take more care of my own mental health. Because it was so much of mental health that we're facilitating. Then sometimes I realized, maybe I was breaking down, or burning out, and I was never really taking care of myself. So, the only thing I would say is that, ever since then, I have really learned to do self care.”

Program Volunteers Key Themes	
OVERALL PROGRAM IMPRESSION	
An opportunity to provide support for Black Communities	“When the pandemic hit, and that was going to obviously affect racialized communities, I saw the need for there to be something regarding wellness, especially when everybody was kind of cooped up indoors. And so I thought this would be a really great opportunity to kind of help out in this way.”
Sense of Community	“I believe that what I got from the program, hope, and people hope, and community, and I don't have... Here like Back in my country, we have the community idea, that's something that don't happen there”
CHALLENGES	
Not being able to participate in the session	“Because I'm behind the screen, I'm taking like attendance, whatever, I wasn't able to fully participate as much. And it was like, my facilitator was just doing such an amazing job that I almost wished that I was not a volunteer, and that I was actually one of the participants, so I could participate more.”
Compensation/Change role	“Of course we got a small honorarium afterwards, but obviously very small in comparison to the hours we spent. And so, I think maybe turning from a volunteer position to, I don't know, maybe like a facilitator assistant kind of role, maybe you could expand the responsibilities in that way to make it a position that could better warrant some type of honorarium that you're offering facilitator assistance from the get-go. I think that could be more helpful, yeah.”
Not being able to support facilitation.	“We did not receive the facilitators guide or facilitator training. This would have been helpful to provide more support or co-facilitation.” “As a facilitator you have also the idea that I have to do right, it has to be amazing, we prepare ourselves. You're in active position, so be in a passive position (participant) has to be a

	lot more accountable, just with sitting the entire experience. So, I believe I would like to be part of both at some point."
Duration of the program	"Because it's too short, it's just eight weeks. We need more, and I don't know if the feeling is because it was so good that needing more is like the moment that it makes you stop, or because you've really needed more."
Individual Session length	"I guess like the only thing I could say is that there were sometimes where we would have to choose between what activity or the other, because there just wasn't time to get to both because the discussion was so good, or sometimes we went over. And so, maybe the time that the spaces were run for, maybe that's something that has to be adjusted a bit more."

Community Advisory Committee Key Themes	
OVERALL PROGRAM IMPRESSION	
Sense of Community	"It was wonderful to connect with community members, clinicians, and policy advocates from the ACB community."
Safe and Encouraging Space	"Chantal's facilitation style was very open, inviting, and she was very receptive to integrating constructive feedback. It's been a good experience. Meetings are timely and chaired well. Opportunities to provide feedback have taken place throughout. The project leads have good energy and are professional."
Importance of Culturally Informed Programs	"I felt that we were all motivated to ensure that the intervention was informed by an Afrocentric lens and centered our communities' voices."
Program Limitations	"The limitation was that the initial review of the intervention (prior to the hard work of Chantal's team) showed that it contained language, concepts, and activities that were very Western-centered. With Chantal's leadership, we were able to collaborate to restructure the intervention to ensure that it will facilitate empowerment within the community."
Program Sustainability	"This project continues to show how Peer counsellors and facilitators are instrumental when delivering mental health care. I think they laid a good foundation that can enable sustainability "

PARTICIPANT OUTCOMES

Eighty-five participants were recruited and participated in the pilot of the program. The LLLTTF program was initially designed for people who want to maximize their ability to deal with life's challenges. LLTTF classes appear to be practical and cost-effective in improving depression, anxiety, and social function when delivered in a community setting. The WHIWH-CHC LLTTF program was adapted to be women-centered and culturally and linguistically appropriate based on an anti-oppression framework to leverage peers/community leaders and community resources in the ACB community. This model has proven to be effective in the promotion of mental health because it leverages interpersonal relationships to activate change; and embodies widely recognized person-centered principles of patient choice and empowerment, shared decision-making, cultural competency, and strengths-based problem-solving.

Participants completed workshops online for eight weeks, and the pilot results showed excellent outcomes for indicators of success.

Sociodemographic Information		
Age	20-29 30-39 40-49 50-59	46% 33% 15% 1%
Immigration Status	Born in Canada Lived in Canada 10yrs or more Refugee Claimant Convention Refugee Permanent Resident	63% 87% 7% 2% 2%
Country of Birth		71% 86%
Ethno Racial Identity	Black Caribbean Black Canadian Black African Black Black Latin American Other	61% 48% 42% 37% 7% 4%

Language Preference	Comfortable communicating in English French Other	 100% 9% 2%
Gender	Female Prefer not to answer	96% 2%
Sexual Orientation	Heterosexual Bi-Sexual Gay or Lesbian	63% 20% 4%
Relationship Status	Single Married Divorced/Separated Steady partner living together. Steady partner not living together	57% 9% 9% 20% 9%
Employment Status	Unemployed Employed	50% 41%
Education	Bachelor's degree or higher College High School No high School	43% 15% 11% 2%
Salary	Less than 30K Greater than 30K	70% 30%

PARTICIPANT ASSESSMENT OF MENTAL WELLNESS AND BELONGING

Assessing participants' mental wellness and sense of belonging is crucial for evaluating the effectiveness of programs like the LLLTTF program. Pre- and Post-Program Assessments of Mental wellness and belonging allowed for tracking changes in participants' mental wellness and sense of belonging over the course of the program. This longitudinal approach helps evaluate the program's impact on participants' outcomes and identifies areas of improvement. By employing a combination of quantitative and qualitative assessment methods and considering cultural and contextual factors, we are able to gain a comprehensive understanding of participants' mental wellness and sense of belonging from the pilot to ultimately informing program refinement and optimization for maximum effectiveness.

Based on both the quantitative and qualitative data we can see significant improvements in the mental wellness and sense of belonging reported by the participants post program workshops.

Baseline Participant Pre-Assessment of Mental Wellness and Belonging

Indicators	Very Strong	Somewhat Strong	Don't Know	Somewhat weak	Very Weak
How would you describe your sense of belonging to your local community?	10.87%	39.13%	13.04%]	15.22%	19.57%
	Excellent	Very Good	Good	Fair	Poor
In general, would you say your mental health is...?	2.17%	2.17%	32.61%	43.48%	15.22%
	Every day	Almost Every day	2 or 3 times a week	Once a week	Once or twice
In the past month, how often did you feel that you had warm and trusting relationships with others?	4.35%	34.78%	23.91%	17.39%	17.39%
In the past month, how often did you feel confident to think or express your own ideas and opinions?	21.74%	23.91%	30.34%	13.04%	4.35%
In the past month, how often did you feel happy?	6.52%	23.91%	39.13%	21.74%	6.52%
In the past month, how often did you feel satisfied with your life?	8.7%	15.22%	19.57%	23.91%	19.57%

Post Program Participant Assessment of Mental Wellness and Belonging

	Very Strong	Somewhat Strong	Don't Know	Somewhat weak	Very Weak
How would you describe your sense of belonging to your local community?	18.52%	37.04%	3.7%]	25.93%	14.81%
	Excellent	Very Good	Good	Fair	Poor
In general, would you say your mental health is...?	3.7%	7.41%	37.04%	40.74%	7.41%
	Every day	Almost Every day	2 or 3 times a week	Once a week	Once or twice
In the past month, how often did you feel that you had warm and trusting relationships with others?	22.22%	18.52%	22.22%	14.81%	11.11%
In the past month, how often did you feel confident to think or express your own ideas and opinions?	21.74%	23.91%	30.34%	13.04%	4.35%
In the past month, how often did you feel happy?	14.81%	22.22%	29.63%	22.22%	0%
In the past month, how often did you feel satisfied with your life?	18.52%	18.52%	18.52%	18.52%	7.41%

Participant Feedback	
OVERALL PROGRAM IMPRESSION	
Enjoyed the session exercises and Activities	"I feel like they were unique, and they really made you tap into parts of your creativity and self-reflection, that I think as adults we sometimes don't always get to interact with, because for most of our lives it's just like money, bills, goal setting. this, it's always so serious, you never really get to tap into that creativity"
Compensation	"Being compensated. It was respectful and facilitated participation."

Sense of Community	"I think that one of the biggest things that we enjoyed was being able to connect with each other."
Workshop flexibility	"We would just kind of end our sessions with a 30 minute conversation where we would kind of just debrief or just chat and talk about our experiences. And those, I think, were the highlights for a lot of people, just getting to kind of chat with each other and just share in sort of a less structured way."
The interactive nature of the workshops	"I loved the breakout room because it was the opportunity to really connect and not just have someone talking at you."
Formal Exercises that were noted as enjoyable	-Exercise- Create window showing ideal society -Exercise- Inner child exercise -Workshop with physical activity -Exercise- Grounding exercise -Exercise- Colour Schemes
Facilitator choices that were appreciated	-Reflection Questions -Poetry and music -Added meditation to workshops throughout the program -Land acknowledgement -Affirmations Jar -Made sessions more interactive

-

FINAL RECOMMENDATIONS

The pilot evaluation played a crucial role in refining and optimizing the LLTTF program prior to wider implementation, ultimately increasing the likelihood of success and maximizing the impact on the target population. Adapting the LLTTF program to be women-centered and culturally appropriate demonstrates a thoughtful approach to addressing the diverse needs within the community. Leveraging interpersonal relationships and community resources aligns with person-centered principles and can indeed be powerful in fostering change and empowerment. The fact that the pilot results showed excellent outcomes for indicators of success over the 8-week online workshops is promising. It suggests that the program is effective in improving depression, anxiety, and social function among participants. This success underscores the importance of community-based approaches to mental health support and the value of tailoring programs to specific demographics and cultural contexts. Moving forward, it would be important to continue evaluating and refining the program to ensure its effectiveness and sustainability over the long term. Additionally, expanding access to such programs to reach more individuals who can benefit from them would be beneficial.

OPPORTUNITIES FOR GROWTH	
Additional Guidance and Training required	-What it means to be trauma informed -How to handle trauma responses from participants -How to navigate triggers to trauma -How to handle emotional trauma
The time between the training and conducting the first workshop	Peer facilitators felt that the time between training and conducting workshops was too long and much of the training was forgotten before starting the workshops
Program ending (need for continued support)	Peers and participants felt the program ended abruptly when weekly sessions were completed. There is a request to explore how can ongoing support be provided? How can the program facilitate continued meeting and maintenance of the community created
Difficulty completing Feedback forms/surveys.	Feedback forms took at least 20 minutes to complete, and it was often difficult to incorporate completion in the workshop time. Also awkward to ask people to complete forms after a very emotional session
Peer Facilitator payment	Current payment structure does not account for extra time required by the facilitators to support session participants, revise program and debriefing. Compensation should be reviewed.
Guide/Manual	Not used by participants (Instead used notebooks and journals) “I do want to say though that a lot of the participants, pretty much all of them honestly, opted out of using the participant guide that they were given. I would be like, "Okay, so let's fill it out in our guides." And they'd be like, "I have a notebook." I'd be like, "Okay, that works just as fine." Or they'd say that they'd just simply sit and reflect about things. And so that was a thing”
Diverse Group Dynamics	Think about not having so much diversity in each of the workshop groups. The importance of shared background among group participants was emphasized. E.g. groups based on age, ethnicity, language, or sexual orientation.
LGBT Terms	“Not everyone was at the same starting point, so it was difficult to facilitate. We needed more training in appropriate language for working with the lgbt community.”

Lack of childcare	"So, we were not giving childcare, where they would leave their children, to be able to fully participate in these workshops. So, there were a lot of interruptions."
No master recruitment/participant list	"Participants were attending multiple sessions and receiving compensation for each. There was no way to track if someone was repeating the training."
Participant Recruitment	More support is required from WHIWH-CHC to facilitate the recruitment of participants in the workshops
Volunteers	-Mandatory meeting between the facilitator and volunteer before the session -Support was not consistent -Better vetting process to ensure commitment and skill -Guaranteeing having a volunteer when requested -Assign multiple volunteers to each facilitator to ensure support -Train the volunteers to co-facilitate