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# Guide Dogs Queensland Volunteer Peer Support Program

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This pilot study conducted between January 2010 and December 2014, investigated whether or not a structured peer support program would benefit people with vision impairment. The program was designed to provide support and information to clients over the telephone about mobility and vision conditions. Fourteen volunteers with vision impairment who provided the telephone support were matched with 71 clients with vision impairment. On completion of each client's support program an evaluation was completed by the client to determine their satisfaction with the program. The evaluation revealed that 86% of clients were extremely satisfied with the information they received and 89% of clients were extremely satisfied with the support they received.

## BACKGROUND

In October 2009, Guide Dogs Queensland (GDQ), Australia developed a Volunteer Peer Support Program for clients with vision impairment. The program, overseen by a GDQ rehabilitation counsellor, is a telephone service that provides information (about eye conditions, local services, and resources) and support (regarding vision challenges, mobility concerns, and the effects of low vision/blindness specific to the client) to relatively new clients with vision impairment who want this type of service. This paper considers the effectiveness of the program for clients between the period of January 2010 and December 2014.

The program came about as a result of observations made by mobility specialists over a series of residential mobility sessions. For instance, when some clients were exposed to other clients who were confident and positive about orientation and mobility (O&M), they became inspired and positive about mobility and their capacity to be mobile and independent. However, when some clients were exposed to others who were negative, they then seemed influenced by this attitude and became less confident in their abilities to be independently mobile. In response to this observation, GDQ sought volunteers with vision impairment who were positive, inspiring, confident, and independent who could provide O&M-related information and support new clients seeking this type of advice (Hudson, 2013).

The Peer Support Program commenced in 2010 and currently involves 14 volunteers with vision impairment. Toward the end of 2015 the support program had provided service to approximately 100 clients with vision impairment living in Queensland.

## EVALUATION OF THE SUPPORT PROGRAM

### *Participants*

#### **Volunteers**

The 14 volunteers included six males and eight females between 26 and 80 years of age ( $M=54$ ). Volunteers experienced a range of eye conditions that included glaucoma ( $n=3$ ), retinitis pigmentosa (RP) ( $n=3$ ), macular degeneration ( $n=2$ ), Bests disease (the macular is affected) ( $n=1$ ), as a result of an acquired brain injury ( $n=1$ ), medically induced eye condition ( $n=1$ ), and congenitally blind ( $n=1$ ). Volunteers were either cane users or guide dog handlers and 10 volunteers also used electronic travel aids such as the Miniguide, Ultracane, or Trekker Breeze. One female volunteer also had children with vision impairment.

Clients were invited to volunteer in the program based on their mobility skill and positive attitude. Each volunteer was interviewed and required to complete an application for 'working with children' and 'criminal history' checks.

Volunteers contacted clients over the telephone from their home. Clients were selected to be part of the program by the rehabilitation counsellor who conducted an assessment and established a specific goal for the program (Ehrich, 2013). The client was then matched to a volunteer based on which volunteer was best suited to assist the client achieve the goal (Figure 1). The volunteer then contacted the client via telephone from home. At the time

of the initial call, the volunteer arranged subsequent phone calls at a time which suited both parties.

### ***Clients***

The 71 clients included 15 males and 56 females aged between 23 and 94 years ( $M=57$ ). All clients were initially referred to the rehabilitation counsellor for an assessment of needs. The rehabilitation counsellor identified clients who might benefit from the support program and invited them to join. Clients were matched to a volunteer based on gender, age, eye condition, and personality. For example, if a client wanted information about RP, then the client was matched with a volunteer with RP. Client confidentiality was maintained through the rigorous monitoring of contact notes and associated reporting processes, as well as volunteer training.

### ***Volunteer training***

Volunteers received three days of training that included extensive role-play scenarios based on typical topics that the client might wish to discuss. Annually, volunteers were required to partake in a three-day refresher training course that included mental health, note-taking, approaches to difficult conversations, volunteer code of conduct, and client confidentiality. Volunteers were also coached about the way to complete progress notes detailing the content, concerns (if any), and follow-up items for each client. Feedback from volunteers repeatedly reported the benefits from being involved in the program (Ambrosetti & Dekkers, 2010).

### ***Program evaluation***

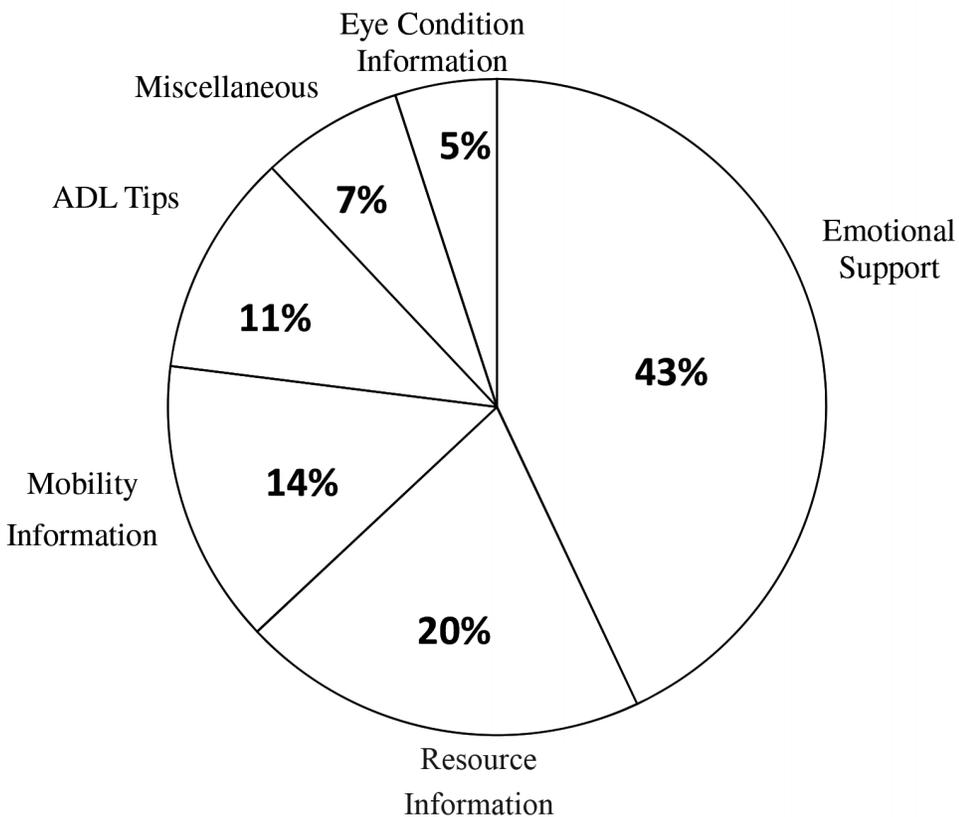
Seventy-one clients who participated in the Peer Support Program were asked to rate their level of satisfaction with the program once completed. The evaluation tool consisted of four questions with responses provided on a four-point Likert-type scale. The four questions included:

- (i) How satisfied were you with the information you received about the program? (Figure 2)
- (ii) How satisfied were you with the support provided by your Volunteer Peer Support Person? (Figure 3)
- (iii) How satisfied were you with the information provided by your Volunteer Peer Support Person? (Figure 4)
- (iv) Would you recommend Guide Dogs Queensland to a friend or an acquaintance who is interested in receiving/using its services? (Figure 5).

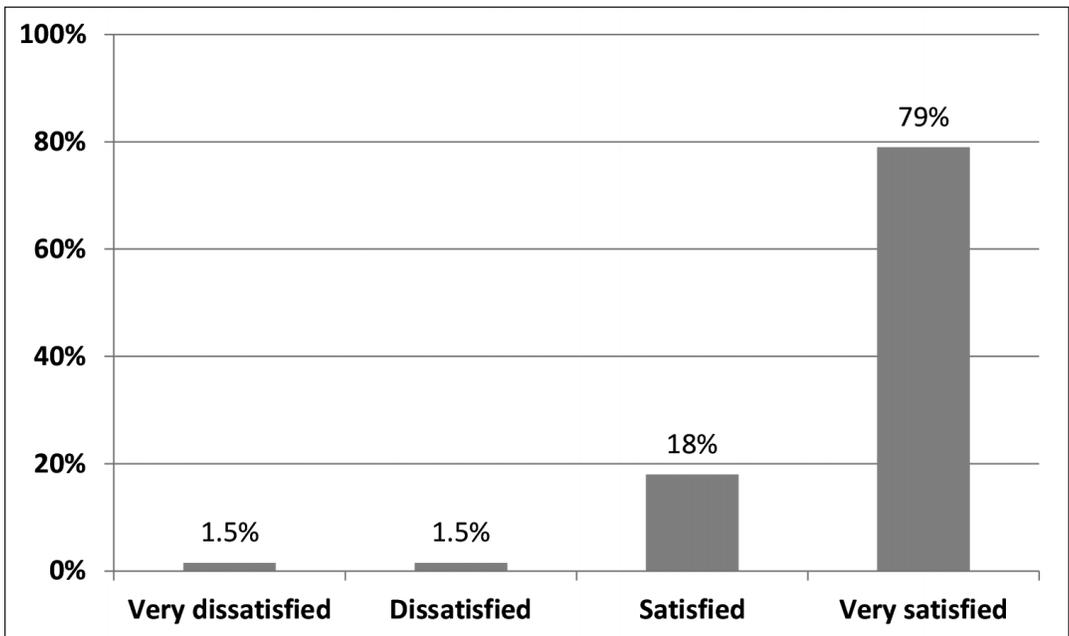
**Procedure**

An administration officer phoned each client after the conclusion of their support program and administered the evaluation form. The completed evaluation was then reviewed by the program coordinator and stored in a locked filing cabinet. The ratings were not discussed with volunteers, other clients, or co-workers with the exception being when a client requested further contact with a volunteer, or requested further service from GDQ. In these instances, the coordinator made the appropriate referral.

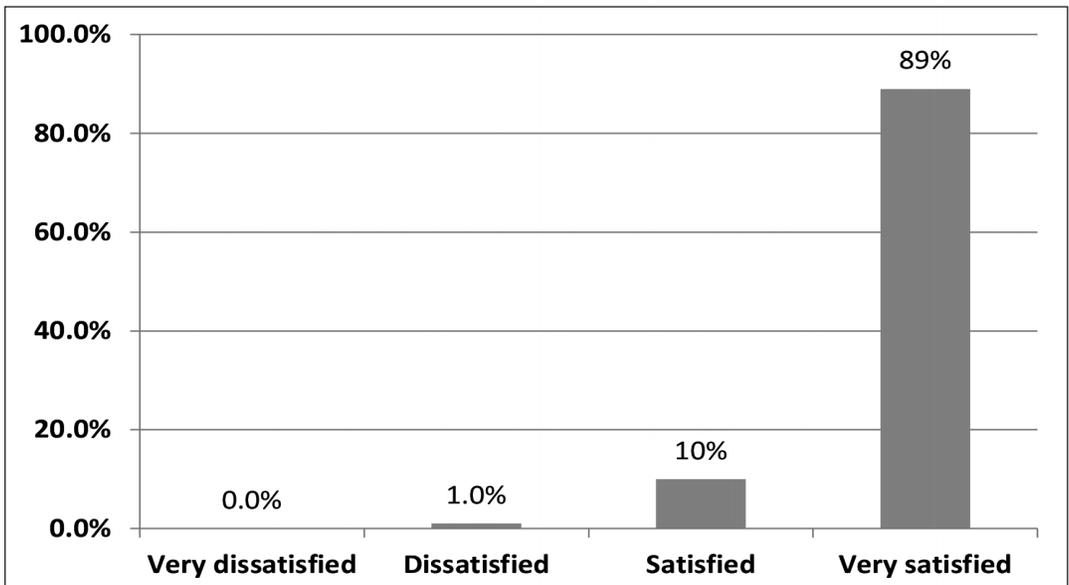
**RESULTS**



**Figure 1.** Client program goals.



**Figure 2.** Client satisfaction with the information about the program.



**Figure 3.** Client satisfaction with the support provided by the volunteer.

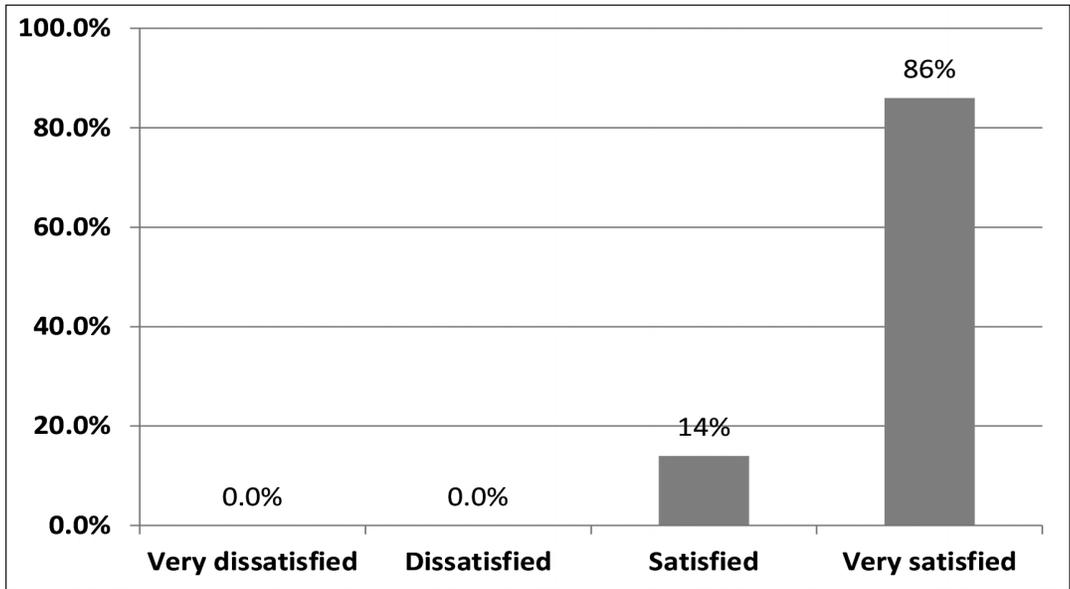


Figure 4. Client satisfaction with the information provided by the volunteer.

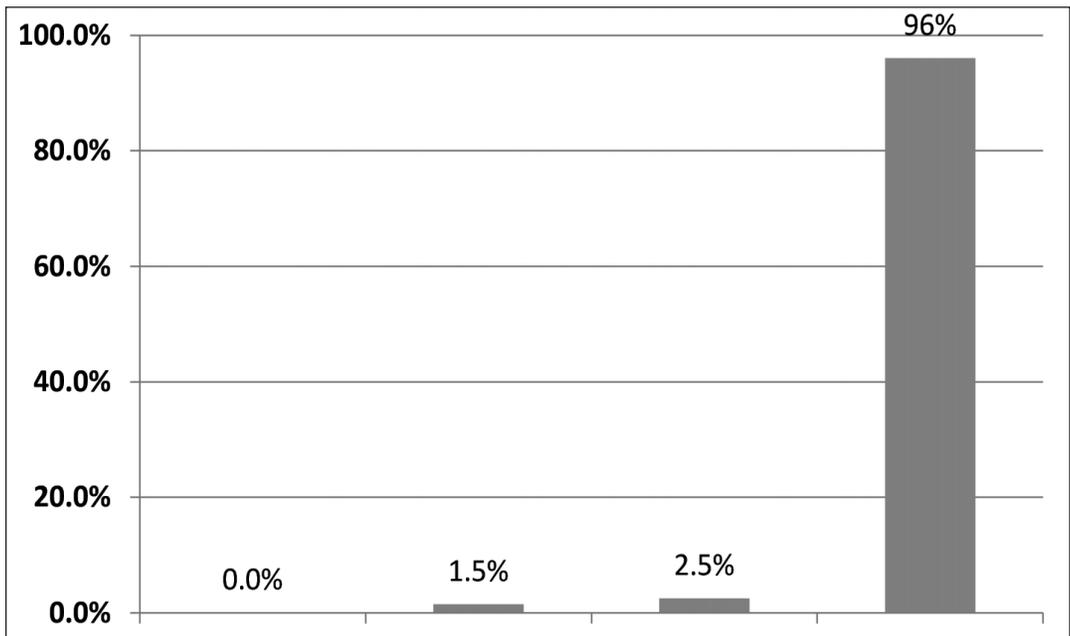


Figure 5. Client recommendation of a friend/acquaintance to GDQ for services.

## DISCUSSION

The goal of the Peer Support Program was to provide useful information and support to clients with vision impairment who had recently sought the services of Guide Dogs Qld. The results were encouraging with the majority of clients reporting they felt very satisfied with both the information they received and the support. All clients seeking information about their specific eye condition had RP with the exception of one client who was diagnosed with Usher syndrome which includes profound hearing impairment.

Clients reported feeling emotionally supported, and benefitted from information about resources and mobility.

### *Resources*

The resource information sought from clients included adaptive technology agencies, community transport options, sporting and recreational organisations, and information about pensions and subsidies. A small percentage of clients also requested miscellaneous information such as vocational assistance, study advice, or IT support. Clients also asked for ADL advice about cooking, cleaning, parenting, and grooming.

### *Mobility*

The mobility information proved invaluable to clients. Being matched with a volunteer who is a competent and confident traveller, has contributed to many clients overcoming their reluctance about the cane, and increasing their confidence to travel independently. For example, a client disclosed during an O&M class that she would:

*“More than likely put [her] cane in the cupboard when [she] get[s] home.”* After being matched with her volunteer, a comment in her evaluation was *“I no longer feel embarrassed to use my cane.”* Another client commented, *“My volunteer gave me confidence to use my cane and get out of my comfort zone.”*

Another client considered making an application for a Guide Dog. Previously, she was indecisive after talking with Guide Dog Mobility Instructors, though was connected to a volunteer who was a proficient cane and guide dog user. This client reported:

*“She gave me both sides of the story, without being pushy.”*

The volunteers were responsible for many clients attending further GDQ residential classes after telling them about their own experiences using electronic travel aids such as the Trekker Breeze, Ultracane, and Miniguide. As a result, one client went on to learn the Ultracane after saying:

*“It was a Godsend to discover GDQ and your services, and this program is no exception.”*

### ***Emotional support***

Clients often looked for emotional support when their vision loss was recent. In many cases, clients benefitted from hearing the volunteer's story which validated their situation and grief. Other situations where emotional support was sought by clients was when they felt isolated, misunderstood, or had limited family support. For example, a client's husband and carer did not fully understand his wife's need for independence given her vision impairment. In her evaluation the client commented:

"If I hadn't had this opportunity, I would have probably let my vision problems take control of my life."

### ***Limitations***

This study identified that several clients needed more clarification about the program during the initial assessment. Whilst data captured the types of support and information that the client was seeking at the time, it did not capture secondary conversations between the volunteer and client.

It was also evident that the post-program evaluation form needed revision. A new evaluation form might ask the client a question such as "in what other ways has this program assisted you?" also having the client rate in number priority order, some other topics discussed such as ADL, mobility, adaptive technology, resource information etc. Whilst the evaluation feedback appeared to indicate a correlation between emotional support and mobility, a further targeted study might reveal whether or not a significant correlation exists between clients receiving emotional support and increasing mobility confidence.

## **REFERENCES**

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