



Early Years Visual Impairment Education: A Retrospective



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Early Years Visual Impairment Education: A Retrospective

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Early Years Visual Impairment Education: A retrospective

Introduction

Interest in the world and in people is usually awakened through the eyes of a newborn baby
(Sonksen and Stiff¹).

Children with a visual impairment may develop skills in a way that is different to sighted children therefore it is essential that those with responsibility for supporting them and their families have a critical understanding of their needs and the appropriate competences required to provide opportunities which will encourage the children to develop.

There are many people across Scotland currently working with young visually impaired children including those who have other additional difficulties.

In 2007, The Scottish Sensory Centre (SSC) invited professionals and parents with an interest in the education of young visually impaired children and babies to a meeting in Edinburgh. As a result of this meeting, a curriculum support group of professionals from across Scotland was established. The group members have experience in different skills, professional knowledge and understanding and work in a variety of settings including the home, special schools and mainstream nurseries. The group developed and delivered a series of workshops, on behalf of the SSC, which reflected this expertise. The focus of these workshops has been to stress the importance of early intervention and the requirement for ongoing collaboration between parents, teachers and other professionals involved in their education.

The workshop participants have been given the opportunity to gain an insight into strategies that can be employed when working with young visually impaired children and their parents, teachers and any others involved in their education. This has been achieved by allowing participants to take part in practical activities, simulation exercises, and by watching and discussing relevant video materials. Details of these workshops are available by accessing the SSC website: www.ssc.education.ed.ac.uk

The workshop evaluations reflect the high standard of the workshop presentations and the vast knowledge and experience that the curriculum support group members are able to offer. Many individuals, including parents of visually impaired children contributed to the workshop presentations and their input is fully acknowledged. The following curriculum support group members have been persuaded to write an article for this publication, which reflects their particular area of interest and expertise. It must be pointed out that the views expressed in these draft articles are those of the individual and are not necessarily those of the SSC or the schools and services that they represent.

You are welcome to use any of the resources produced in this document but request that you acknowledge its source. The SSC would like to receive your comments or ideas, especially if you are able to identify specific gaps that you feel should be included.

Janis Sugden

1) Sonksen, Patricia & Stiff, Blanche *Show me what my friends can see* Institute of Child Health, 1991

Contributors

Janis Sugden

Janis Sugden, the Scottish Sensory Centre Co-ordinator, chaired the Early Years Curriculum Support Group meetings. Janis is also a lecturer in Visual Impairment in the Moray House School of Education. Previously she worked for many years as a peripatetic teacher of the visually impaired in central Scotland. Much of her work focussed on the early years and working in partnership with parents, teachers and other professionals involved in the education of young visually impaired children. She is very proud and privileged to have had the opportunity to work with the individual members of the core group in delivering courses and in the production of the following articles.

Alison Duthie

Alison Duthie is the Braille tutor within the SSC where she supports a distance learning Braille Competence Course. Until recently, she was principal teacher in Fife Sensory Service where she managed a team of teachers. Alison has many years of practical experience in this area of special education, ranging from the very young to working with students on postgraduate programmes of education in visual impairment. Alison started working with visually impaired children over twenty years ago when she was living in Africa and she has continued to develop her expertise in this area ever since.

In her article 'Thinking about Thinking' she introduces ideas to help parents and carers to start to think about the experiences that are missing for their young visually impaired child and how to fill the gaps in a way that makes sense. She explores the requirement to find a balance between the need for intervention and allowing time, security and space to explore. A similar balance is needed between guiding experiences by talking to the child and keeping quiet to allow ideas to form independently.

Mary Lee and Lindi MacWilliam

Mary Lee worked at Canaan Lane Campus of the Royal Blind School. She has written an article with former colleague, Lindi MacWilliam. Mary and Lindi have built up an international reputation for their work with blind and visually impaired children who also have additional learning difficulties. In their article 'Building a Partnership: Finding out About the World Together' they discuss some of the difficulties that may arise and offer some sound practical ideas to help parents in a way that suits them and their family.

Grace Stuart

Grace is well known to many parents and teachers throughout Scotland; she worked professionally as parent counsellor and although she had a national remit she was based in The Royal Blind School in Edinburgh. Grace provides sound advice on how to deal with what can be a particularly difficult time for parents and the other family members of the young baby who is visually impaired. Although this article is aimed primarily for visiting teachers of the visually impaired, it contains lots of information that will also be very useful for parents and other professionals too.

Lynn Lymer

Lynn Lymer discusses the importance of collaborative working between parents, teachers and other professionals. She discusses recent legislation in Scotland that will help to ensure that all children are served well, including those with a visual impairment. Lynn is a Chartered Teacher who works in Edinburgh and its surrounding areas. She is well placed to share her experiences in multi-disciplinary working and how multi-disciplinary working, if carried out effectively and consistently by everyone involved, will benefit the child and their family.

Lorna Hall

Lorna Hall works as a consultant for the SSC and delivers seminars and workshops around Scotland and beyond. Previously Lorna was a principal teacher of the visually impaired. In this role Lorna supported many young visually impaired and blind children as a peripatetic teacher. She worked closely with these young children, their families and parents to provide support in a variety of inclusive settings including the children's own houses, playgroups, nurseries and in the early primary classrooms. In her article, Lorna provides many practical suggestions that will prove invaluable for those working with young visually impaired children. Lorna has used these techniques for many years and she has finally been persuaded to write them down and to share them with others.

Mary Dallas

Mary Dallas, in her work with RNIB Scotland, where she was employed as Education and Family Services Manager worked with visually impaired children and their families across Scotland. Families and professionals alike often asked Mary where they can turn to for advice about their visually impaired child. In her article Mary has drawn up a list of professionals who may be involved with a young visually impaired child and organisations who may be able to offer support and information to those involved with these young children and their families.

Young Visually Impaired Children and Babies in Scotland: What support can be expected?

Janis Sugden

The Scottish Sensory Centre (SSC) is committed to providing a national centre, which promotes innovation and good practice in the education of sensory impaired children and young people in Scotland.

A central aim of the SSC is the dissemination of good and innovative practice. The SSC in collaboration with other educationalists and other professionals ensures developments within the centre reflect current policy and legislation. One aspect of this is the centre's focus on early years development support groups. The overall aims of these groups was to continue to provide early years development training focussing on the issues and strategies that are relevant to parents and those who work with this age group. It also aimed to consider how the wealth of knowledge and expertise that the groups' membership is able to demonstrate might be shared.

The Education (Additional Support for Learning) (Scotland) Act 2004 became law on 14th November 2005¹. This Act provided a legal framework for the identification and addressing of the additional support needs of children and young people who face barriers to learning including those with visual impairment. This Act introduced the concept of additional support needs and its main provisions included:

- New duties on local authorities and other agencies
- Rights for parents
- Resolving difficulties for families and authorities, mediation, dispute resolution and the Additional Support Needs Tribunal

Briefly, the Act aims to ensure that children with additional support needs and their parents are able to access any support that is necessary to enable them to achieve their full potential. Collaborative working between professionals and parents is promoted; indeed parents' rights within the system are identified.

In 2009 a bill was passed in the Scottish Parliament; the Education (Additional Support for Learning) (Scotland) Act 2009² became law and this reflects minor changes in respect of children with additional support needs and in arrangements between education authorities.

The articles in this document demonstrate some of the different ways it is possible to offer support to visually impaired and blind pre-school children and babies. Important and valuable learning starts long before formal education begins at around age three and that what happens in a child's early life can set future patterns and influence life-chances.³

LTS, (now Education Scotland) have now revised national guidance Birth to Three⁴ by producing Pre-Birth to Three: Positive Outcomes for Scotland's Children⁵ to support and inform practice across Scotland. The Early Years Framework⁶ stresses the importance of children and families having the best support for all children as early as possible; Getting it Right for Every Child⁷ is now a shared principle in how we work with all children including those with additional support needs. Many of these children including those with a visual impairment require sensitive early intervention from education, health and the voluntary sector. A positive and coordinated approach that helps to develop parents' confidence enabling them to make informed choices and to be full partners in team decisions about their child's individual needs.

The SSC Group recognises the central role parents have; their knowledge of their own child is crucial. Careful planning is needed to develop shared understanding of aims, standards and expectations. Susan LaVenture⁸ gives advice to parents of a visually impaired or blind child. Some of this advice refers to the situation in America but the concepts are similar; the advice may also be more suited to when the child is a little older but I think that it is worth bearing in mind even in the very early years of your child's life:

- 1. Have the right attitude about blindness and visual impairment. Blindness doesn't need to be the 'end of the world' or a 'tragedy'. Your child should be encouraged to accept blindness as a characteristic but not a barrier. Don't be preoccupied with what your child can't do or see. Focus on what he or she can do now and in the future with training and development. And don't be embarrassed about having a visually impaired child; be proud of his or her accomplishments.*
- 2. Have high expectations for your child, even if your child has multiple disabilities. His or her potential is probably greater than you think.*
- 3. Treat your child the way other children are treated. When he or she is old enough, encourage your child to engage in different activities. Your child should be responsible for doing chores, around the house and should clean up his or her room after play, just as sighted children do.*
- 4. Try not to lose sight of key priorities. Make sure your child develops social skills, a good personal appearance, adaptive skills like Braille (if feasible and recommended), travel skills, and personal adjustment skills (like how to identify clothing, cook, shave, or apply cosmetics), and uses technology. Technology is revolutionizing the way blind and visually impaired people function. As the years progress, talk to your child about your expectation that he or she will work. And teach yourself to be an advocate for himself or herself - encourages your child to cope with his or her problems and make decisions independently. You'll want your child to be as independent as possible after you are no longer able to take care of him or her.*
- 5. Know your rights and the rights of your child and be prepared to fight for them. Know the law, like the Individuals with Disabilities Education Act and the Americans with Disabilities Act. [In this country we have the Additional Support for Learning (Scotland) Act and the Disability Discrimination Act etc.]*

6. Get services for your child. There are many organisations of and for the blind. You can find information on the website of the American Foundation for the Blind (www.afb.org)

7. Interact with other families. Get to know parents of other visually impaired children; you can learn so much from each other. Be active in National Association for Parents of Children with Visual Impairments. You can gain much support, information and encouragement from this organization. You can help others in the process. [In this country, you may want to contact a local organisation such as www.viscotland.org.uk]

LaVenture, Susan **A Parents' Guide to Special Education for Children with Visual Impairments**

Children's visual problems vary from relatively minor to profound in nature (Bowman, Bowman and Dutton⁹). It is likely that any visual problem that cannot be corrected, either by wearing glasses or by corrective surgery, will have implications for a child's ability to learn. It has already been acknowledged in the introduction that the first years of a child's life are crucial for all aspects of development. Young children who have sight difficulties are no different so it is essential that from a very early age intervention strategies are introduced to encourage learning and child development.

Each of the contributors reflects on their specific areas of expertise and practice with young visually impaired children. Early intervention is essential, if the young visually impaired child is to be encouraged to learn and for child development. The following articles explore aspects of this, which the group has considered at length. It is acknowledged that each child's individual needs will differ; nevertheless, there are recognised strategies that can be put in place to assist learning. Many individuals, including parents of visually impaired children, contributed to the workshop presentations that are the basis of these articles.

The intention of this document is to demonstrate how everyone involved with these young children has a role to play and requires a clear understanding of all of these roles. Joint planning with partner agencies will help to ensure that appropriate and effective strategies are employed.



Photograph by Michael Knight

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Thinking about Thinking: Ensuring that our children with low vision develop understanding of their world

Alison Duthie

Most parents of children with visual impairment grew up as people with normal vision. The same is true of most teachers of children with visual impairment. As we crawled, toddled and rushed from babyhood, through childhood, our parents could almost take our development for granted. Knowledge about ourselves, our family and our house expanded into knowledge of the wider world, and with that knowledge came language. With language and practical knowledge came the ability to understand more abstract concepts.

Although our young children with low vision have to learn all about a world organised predominantly for sighted people, their learning follows different routes, and therefore the way they organise their knowledge and lay the foundation for thinking and reasoning, may differ significantly. In this article readers will be encouraged to

- consider how lack of sight influences the development of thinking; and
- use strategies to maximise the child's opportunities to learn from the earliest age.

Vision is generally acknowledged to be a unifying process, making sense of what we feel, smell and hear. We hear a tinkling sound, look round, see a bracelet with bells on, and reach out to touch it. Standing in shallow water, when we feel something brush against our legs we look down and relax when we see it is only seaweed. Vision brings together much more information than we can gain from touch or hearing. Crucially for the infant, it brings information about people and objects which are beyond the reach of his arms.

Without vision, a child's world consists of what comes within his reach. Beyond his reach, sounds are made, but unless he can touch the source of the sound it has no substance and therefore carries no meaning. A blind baby learns that his mother's voice represents her presence and all the love and security she represents. He learns that the sounds made by other members of the family also mean that they are near and may interact with him. Other sounds, of less immediate relevance to him, do not gain meaning until he is about 10-12 months old. Auditory processing is slower to mature than visual processing.

Learning by touch is also fundamentally slower; until he is a year old a child cannot easily hold an object in one hand and rub it or explore it by touch with the other hand.

Vision can give continuous, uninterrupted information. Hearing and touch give fragmented bits here and there, now and then, from which an impression has to be synthesised. A five year-old blind child was discussing with us a car journey when he revealed that he thought that it was the road that moved, not the car. Relative to him, of course, the car did not move: he felt it stay quite still, and without visual information about the countryside whizzing past, his conclusion was quite reasonable.

Stimulation by early intervention

A baby with limited vision has a lot to learn about his own body: where does it begin and end? Where does he stop and Mum begin?

He needs you to play with his body:

- Massage his whole body including feet, legs, arms and hands
- Help his fingers to find his toes
- Blow raspberries on his skin
- Play a feather duster or air from a fan over his skin
- Trickle water over his body and limbs in the bath
- Lay him naked on cloths of all sorts of textures

This baby is not going to be motivated to reach for things because he is unaware of them.

One good way to help him, for those who are good with their hands, is to make a 'Little Room' as described by Lilli Nielsen. Alternatively, the BeActive box is available to purchase from the RNIB.



Little Room

The principles of the 'Little Room' and its purpose are described more fully in Learning through play on page 21.



BeActive Box showing examples of dangling objects that the child will find interesting to touch.

This necessity for intervention is apparent at the age of about 6 months when we expect the child to start sitting up unsupported. If we try to imagine ourselves as the low-vision baby we have to ask “Why would I want to sit up?” The baby has not seen other people sitting up, so is not inclined to imitate. When he does sit up, there is no immediate benefit: he cannot feel or hear anything more than he did when lying down, unlike the sighted baby for whom a whole new world is revealed when he sits up. Anyway, having his whole body in contact with the floor feels much safer.

To manufacture incentives for sitting up, for tolerating being on his tummy and then for creeping and crawling, use a favourite sound-making or vibrating toy, or one with bright flashing lights if he can see it. Hold it where he can reach it if he adopts the required position, and make sure you give it to him immediately when he does. Use your voice to encourage, and lots of cuddles and boisterous play when he has managed it.

Concept Formation

A sighted child sees the same thing over and over again. A child with low vision needs us to provide the same experience over and over again. Why? All the time the child is grouping together things which share characteristics, and rejecting those which are different. He differentiates experiences one from the other, and forms generalisations about those that are similar. This is the beginning of concept formation and is the way in which we all make sense of the world. The child needs many repetitions of contact with the same object or experience so that he can recognise similarities which allow membership of the same class of objects and the differences which preclude membership of that class.

An oft-quoted example is the concept of ‘dog’. What constitutes ‘dogginess’?

The sighted toddler meets lots of dogs on the street and sees many more at a distance. Touch and vision teach him about fur. Hearing and vision tell him that the furry object with legs is also the source of barking, while Mum and Dad say “There’s a nice doggy”. Sound and touch, which may seldom coincide, tell him of the substance, or reality, of the dog, and close up like this, the smell of dog will be introduced. His experience of dogs will be continually reinforced by images in story books and on television.

The toddler with low vision will have far fewer experiences of different dogs on which to base his classification. Be aware of the limited opportunities your child has to experience everyday things like dogs as in the example above. Draw his attention to the real object when possible, and let him touch it.

Do not assume that the child knows what a bird is. Try to bring him to a place where a bird will sit on his arm and allow itself to be stroked. It might be a family budgie or an owl at a Birds of Prey centre. If you find a recently dead bird, let him feel the weight and open up its wings.



Sharing Attention

Most adults and children share attention easily: one looks at something, the other follows his gaze, then when both visually explore the item, the adult will usually add speech such as: “Look at those hungry ducks. They’re gobbling up your bread.” Each time the sight of the ducks coincides with the words, the child is learning language: he is ascribing meaning to the phrases he hears.

It is more difficult for the parent to know what is attracting the attention of a child with low vision, because you cannot be sure that he is listening to a particular sound. Also, by the act of speaking the parent may obliterate the sound to which the child is listening.

It is very important to share attention with your child and talk about what interests you both. Blind parents of blind children are better at sharing tactile attention. Sighted parents should try to do the same:

- When the child is exploring the feel of something, slide your hand over or under his so that he knows you are attending to the same thing, that you are interested too.
- When you want to direct his attention to something, give it to him, but keep your own hands on it while talking about it, so that he is aware that you are sharing his experience.

Learning and language

Repeated experience brings about knowledge of the world. The experiences are classified, concepts are formed and tested out as more experiences are added. The child continually adjusts his concepts and continually builds on those he has already formed. Gibson showed that movement and active exploration are essential to such learning.² As the child develops, and both his language and his experience expand, he is able to form abstract concepts, such as object permanence and conservation of number.

‘Object Permanence’ is the understanding that when an object disappears from view, it still exists. Piaget postulated that infants did not understand permanence, assuming instead that anything they could not see ceased to exist. Donaldson’s trials with small children convinced her that what children had not yet learned about was location and movement: if a child is visually attracted to a toy, and then the lights are switched off, the child will still reach for that toy in the dark.³ The low vision child, dependent on hearing and touch, only has clues from location and movement to signify the existence of an object. Both sound and touch give intermittent, discontinuous information, and so the concept of object permanence is understandably delayed. The exceptions are objects of major importance to the infant, viz family members.

- When a toy has been dropped and has rolled out of reach, help the child to pat the floor or sweep it with his hand to search for it. When he is more mobile, help him to learn to be systematic in the search.
- Hide an interesting small object inside a plastic box and help him to get the lid off to find it. Help again to replace the lid.

‘Conservation of number’ may actually be more straightforward for a child who gains information by touch rather than vision. If toy cars are spaced out in a line, then bunched up together children will usually say that there are ‘more’ in the line. Perhaps language and vision conspire to confuse perception³. A blind child will feel each car in the row and each car in the pile. If he can count he will know whether he has the same number in each. If he cannot count, how will he judge equivalence? Donaldson’s experiment matching one car to each garage would be very interesting to replicate with blind children.³

Parents of children with low vision use sighted terms to talk about things. Do not try to avoid phrases like “Did you see Granny today?” but do try to put yourself into the child’s position when you’re talking together.

One young mother said recently of her 5 year-old blind boy: “I always think that he is understanding when I’m talking to him, but then I find out that really, he isn’t.”

Ideas and concepts take a lot more time to be formed and need a lot more involvement and explanation from you. Language helps but is not the whole story. Share experiences of everyday activities with your child, taking plenty of time to help him to pick out the most important features of whatever it is he is feeling or listening to. This could involve regular activities like finding the cutlery in the drawer and putting it on the table or taking the washing out of the machine.

The visually impaired and blind child will continue to develop concepts and to learn in a way that may be different. Some of them take some ingenuity to explain.

For instance, a blind child has no concept of distance, but only of time. He learns that it takes a couple of minutes to walk a hundred metres or the family can travel 100 miles in 2 hours in the car. Maps and scale may remain a mystery to him unless these concepts are carefully introduced as he develops. The notion of height may extend only to the height of a ladder.

Take him up to the different observation platforms on a tower or balconies or a high building while a friend waits on the ground to call up. If you can, get the child to lower a rope and mark off the length needed to reach the friend on the ground, then stretch it out on the ground to measure it.



These are only introductory ideas to help parents and carers to start to think about the experiences that are missing for the child and how to fill the gaps in a way that makes sense to him. There is always a balance to be found between intervening to ‘scaffold’ the experiences of the child, helping him to know what is available to him in any situation, and allowing him the time, security and space to explore for himself. A similar balance is needed between guiding his experiences by talking to him, and keeping quiet so that he can formulate his own ideas.

A leap of imagination is required to put yourself in his shoes so that you know how best to encourage his discovery of his world.

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Building a Partnership: Finding out about the world together

Mary Lee & Lindi MacWilliam

Babies and young children learn positively and begin to make sense of the world through warm accepting relationships, enjoyable play and from being involved in everyday routines.

Birth to 'Three'

Being a parent

Parents of a very young child with disabilities will, like any other parents, love their child deeply. They will have the same strong need to build a bond between them and to care and nurture this vulnerable member of the family. However they may also have to recognise and acknowledge that there are particular emotional problems and practical difficulties that can make the earliest years of their child's life especially stressful.

Consider what can be a fairly typical situation.

After a prolonged stay in hospital your baby is finally at home. You have looked forward to this and have tried everything to make her feel safe and secure. In spite of this she cries a lot and can only be soothed when you walk around with her. She does not smile nor even seem to look at you. She appears passive and does not show interest in people or in any toys you offer. She does not sleep well and routine tasks such as feeding can take a long time and be very stressful.

You may still be feeling sad and sometimes bitter at how things have turned out. You may also be feeling guilty that your child is the way she is and that you sometimes find it difficult to love her because of her lack of response and recognition. Because she seems so frail and vulnerable you worry about her constantly and are unwilling to leave her on her own or trust her to anyone else. At the same time you feel overwhelmed by your responsibility and a feeling of helplessness.

Most parents of young infants will experience moments of inadequacy at some point, and for parents of children who are visually impaired and who may have other disabilities, these feelings can sometimes seem overwhelming. However, as parents, they are in the unique position of being able to work out the best way forward for their own child. By considering some of the difficulties that face children with visual impairment and additional disabilities, this chapter aims to offer some practical ideas to help parents to move forward in a way that best suits them and their family.

Learning with a visual impairment

Being born without sight presents a number of challenges to the infant and has a profound effect on learning. It does not, of course, mean that the child cannot learn, but rather that she will have a very different style of learning. If a sighted person puts on a blindfold and tries to experience the world by

taking away the sense of sight, they will nevertheless be relying heavily on visual memory to guide their explorations. However, if you have never had sight, then your impressions of the world will have been gained from touch, smell, hearing and possibly some very imprecise visual images. For the sighted baby, the sensory impressions they experience are all brought together or integrated through vision. Vision allows you to know instantly what it was that made the sound or smell you experienced, or where the interesting objects are that can be touched. It also allows you to filter out what is less important and concentrate on what is of interest. For the young child without vision, the world is made up of unconnected, imprecise and unpredictable sensory impressions that need to be made sense of through cognition rather than sight. In other words, the visually impaired baby needs to learn, largely through repeated experiences, that a certain sound and a certain touch sensation always go together and relate to a particular object. This requires time and the development of memory.

When considering a young child with visual impairment and, in some cases, other additional learning needs, a number of factors will come into play:

- She may have restricted movement which prevents active tactile and physical exploration.
- She will have very limited experience of encountering objects and surfaces and opportunities to learn what they are.
- The motivation to explore and to integrate sensory impressions may be diminished due to feelings of insecurity.
- She will not have been able to learn by watching others or by watching her own body movements.
- There may be medical or emotional factors that will affect the ability to reach out or to respond
- She may have little choice or control over what happens to her.

The young child may experience different sensations during tactile exploration from that which we might expect. She may not have been able to anticipate what the feeling will be. This can lead to children with visual impairment becoming defensive of their hands.

Getting to know each other

Every child progresses at her own pace and develops in a different way from any other child. Learning takes place when the child is actively involved in what goes on around her through exploration, discovery and, above all, interaction with others. Through interaction the child begins to develop a sense of self, a sense of who they are and what influence they can have. This is a prerequisite to learning.

One to one interaction is the most natural thing in the world for parent and baby. Through the use of movement, touch, vocal sounds, eye contact and natural rhythms, parents support and develop their youngster's attempts at communication. In this way a relationship is built up based on respect and mutual understanding. It can bring a lot of joy to both parent and infant.

Parents of young children with visual impairment can encounter difficulties when they do not receive the expected signals from their child. Much of early interaction is based on vision - mutual gaze and eye contact. Parents who are sighted, will experience this as their own most natural means of making contact. However parents of children with visual impairment are also very inventive in finding ways to overcome these difficulties and build a rich rapport with their baby.

Here are some of the ways:

- Respond physically as well as with facial expression eg; if the young infant smiles reflect this back by tickling her body or shoogling her knees.
- Use voice and vocal expression to reflect emotions (happy and sad), anticipation, excitement etc.
- Take account of the rhythms of the child's communication patterns. Pace and timing are crucial to successful interaction. Go at the child's pace, however slow this may be.

It can be extremely difficult within the schedule of a busy household to find the time to have a quiet one-to-one interaction with the disabled infant in the family, especially when trying to balance the demands of her physical care with the needs of siblings and others. However it can be a very rewarding experience for both parent and infant to take time out, in a quiet, undisturbed room, to spend time together in face-to-face interaction, where the parent is picking up on the infant's own little sounds, gestures and movements, reflecting these back, or mirroring, through touch and voice. It allows the parent to slow down and tune in closely to the rhythms and interests of the infant without a sense of urgency. This urgency or feeling of wanting to push things on, to make something happen, can so often cut across the building up of mutual communication and destroy the infant's sense of her own competence. Allowing the interaction to move forward at the child's pace can give both partners a feeling of success and control. It may be as simple as tuning in to the infant's breathing pattern but the infant surely knows that she is being noticed and is the one who is important at that moment.



Credit:
Sharon Pruitt

As well as simple interaction, there are also songs and rhymes that are highly motivating for the infant with visual impairment. Most parents and babies have a repertoire of songs and rhymes that they love to sing together. It is equally important to ensure that these are kept at the child's pace, allowing her to control how the songs are sung. While singing the song, the parent should be watching the infant and all the time reading the signals to know how fast to sing or when to pause and allow the child to vocalise in response.

Parents are also helping to develop their infant's understanding of language. Parents quite naturally slow their speech down, using exaggeration, repetition and vocal intonation to aid the infant's understanding. Always ensure that the infant with visual impairment is involved in conversations and, as far as possible, is aware of what it is that is being spoken about. A system of 'on body' tactile signs have been developed for young children with visual impairment that can be used as a means of helping to make language meaningful in the early stages of development. Both the systematic and the natural use of touch in 'on body' signing aids this process and supports successful communication between adult and child. (Lee & MacWilliam²)

Children's emotional and social development cannot be separated from their cognitive growth and development. In order to be able to learn effectively, young children need to have the self-belief and knowledge that they can learn; they need to be able to see themselves as competent and capable individuals.

Birth to Three¹

Learning through play

Children with a visual impairment and particularly those who have additional physical difficulties are likely to be more dependent on their parents than other children, which can mean that their belief in themselves as competent, independent learners can take longer to develop. Whilst recognising that their young child may need a high level of support, parents and carers need to find ways of encouraging their child to understand that they can learn for themselves.

All young children learn by doing, they do not learn by being directed. Through active play and exploration they find out about their environment and acquire the knowledge and confidence to be independent learners. This happens naturally from a very early age and in the way that best suits them. Babies and young children with a visual impairment also learn through play, but the path they take may be different and they are likely to need some careful guidance from their parents and carers. Unlike a sighted child these infants, particularly those with physical disabilities, will be largely unaware of the colourful objects and exciting possibilities that surround them so will have neither the motivation nor the opportunity to explore in the same way.

They are likely to spend more time focused on play with a parent or carer. People are safe and predictable whereas some toys offer little reward and may be a little bit frightening. Parents can start to encourage their child's interest in objects by introducing things like drums, bells, balloons and shakers into the close interaction sessions described above, perhaps as part of the singing games.

Creating a safe stimulating play area

Moving from the safety of play with a known adult can be daunting for an infant with visual impairment and until they feel safe they are unlikely to explore independently. One of the ways parents can help their baby or child to become confident enough to do this is by defining and limiting the area they can play in.

Hanging objects

The objects chosen to hang in these play areas should be given careful thought. Bright, shiny objects that move as they dangle will motivate young children to use their residual vision and objects that give an immediate reward when hit, will be motivating for babies and very young children. Objects that are easy and interesting to hold like keys, chains, bangles and beads will help those who are learning to grasp. Some children love to kick, and objects can be positioned near their feet. Kitchen cupboards, hardware shops and car boot sales can provide a wealth of ideas for the creative mind.

Parents are sometimes concerned that their child seems to spend a great deal of time mouthing objects. It is worth bearing in mind that this is an effective means of exploration for babies and infants and children who are visually impaired and who may also have limited hand function will rely on this for longer.



Learning is fun

The hanging objects are positioned very close to the infant or young child, so that when she moves she will contact an object, which in turn results in something happening - a feeling, sound or movement. Although this may not be intentional to start with, when the movement is repeated with the same effect, the infants start to realise that they were the cause of it. This is highly motivating and emotionally satisfying because she becomes aware that she can make things happen on her own. By having fun they have learned the basic rule of cause and effect.

Once the hanging objects have been decided on, they should remain in the same spot for some time, so the child can learn to search and reach for them. In this way the children can understand that objects are there even when they are not touching them. This is an important concept and one that is difficult for young children with visual impairment to learn.

Learning about sound

Some young children with a visual impairment, particularly those with other physical disabilities, will find it difficult to link the sounds she hears to any kind of meaning because she is unable to see how they are caused and where they come from. The partially enclosed play area has the effect of cutting out some background sounds and allowing the infant to concentrate on the sounds within the area. In this way the idea that sound is caused by something - in this case their own movement - is established.

Developing vision

The best way to encourage a young child to use their vision is to give them something interesting to look at. A young baby with limited vision lying on its back in a cot has little to look at except the bright lights on the ceiling. A mobile hanging over the cot or some bright and simple shapes laid around the side of the cot, help to provide interest and a reason for looking. Infants are attracted in the first instance to shiny objects and to the contours of shapes. These should be highly contrasted; black and white or yellow and black are good combinations. Movement of the objects also aids perception and a fan playing on the mobile can create an interesting effect. Babies are also naturally drawn to the human face. It can be a good idea to add contrast to facial features through the use of lipstick or other make-up. For men a beard or moustache can add tactile interest and aid recognition.

There is no right way to play

We all have ideas of what play is and expectations that children will play in a certain way. However, young children with a visual impairment may not be motivated by the same objects as sighted children. Certain features like sound and movement will be important in choosing playthings, but although plastic, musical sound making toys may be rewarding for some, they sometimes require manipulative skills beyond the child's ability and do not offer much scope for invention and creativity.

As already mentioned, the best playthings for young children are not expensive shop-bought toys but the huge variety of everyday objects that can be found within the house. Objects from kitchen cupboards, tins and their lids, pots and pans, kitchen roll holders, wooden spoons, kitchen cleaners, beads and bangles can form a 'treasure box' of playthings. By using these objects in different ways and in combination with each other, children can develop skills such as sorting, matching, filling and emptying, building towers, balancing, etc. They can be used to build up concepts of size, shape, number and volume.



Parents can monitor what their child is doing and help where they feel there is a need, but should avoid directing in any way. The important thing about these playthings is that because there is no right way to play with them they offer countless possibilities for discovery, creativity and learning.

Making sense of the world - everyday learning

For a child who has very little vision and may also have other disabilities, the world can appear a confusing even frightening place. If she does not feel safe and secure and feels like she has no control over what happens to her she sometimes shuts out or withdraws from what she finds a confusing or frightening world. By creating an environment and setting up daily experiences that genuinely include young children with visual impairment, parents can give them the understanding and confidence needed to find out about and make sense of their world.

Routine

Routines often occupy a large part of the day for all children and parents and they provide valuable opportunities both to learn and to develop relationships and this is particularly true for young children with visual impairment. Through routines they learn to anticipate and predict what is going to happen and this helps her to feel safer and more confident. She begins to realise that events are not random but have a pattern and consistency that she can recognise and be part of.

Routine applies not only to events of the day but also the sequence of events within an activity. So, for example, dressing and undressing is done the same way with the various stages simply explained as they happen. As the baby or young child recognises what is going to happen she can start to become increasingly involved and in control of the activity.

Incidental learning

Children do not learn through direction; they learn incidentally through observation and through interacting with people and objects around them. This is more difficult for the child who has a significant visual impairment and may also have limited mobility. She needs to be helped to anticipate what is about to happen and to be told what is actually happening in a way she can understand. 'On body' signs can be very helpful in this way. It is also important that verbal information is kept simple and linked very closely to what the child is experiencing. As parents start to appreciate how the world appears to a child with very limited vision they can help to explain it to her by showing her how the various sounds and smells are caused. By allowing her to actually experience the banging of a door or the ringing of the doorbell she can understand that there is a reason and meaning to sound.

Objects or mobiles can be placed around the house so the child can more easily recognise where they are in the house, from the sounds these objects make. For example, a bell can be hung near the cot or a bunch of keys near the front door. Parents can help their child to anticipate what is about to happen through simple songs and jingles or by using an appropriate sound-making object as part of the experience.

Learning by doing

When a child has a visual impairment and may also have physical difficulties it is natural that parents are more directly involved in helping their child in everyday activities. From this it is easy to slip into the habit of doing everything for her and if this happens, the child begins to accept that she has things done to and for her and does not learn that she can do things on her own. For example, rather than putting an object, like a toy, or a spoon into the young child's hands, encourage her to reach for it, by sounding it nearby or touching her hand with it. In this way she learns that she can find things for herself. In every activity there will be opportunities for the child to participate and even initiate actions. When parents are sensitive to this, they will gradually allow their child to do more for themselves. This can be difficult for parents with a busy schedule of things to be done, but if the child is given time to play her part, these everyday activities provide valuable learning experiences. Sometimes it is important to make the child the focus of the task rather than aiming just to get it done. For any infant the level of participation will vary, but every child will be able to be a part of the activity in some way, however tiny this may be.



Examples include allowing the infant to:

- Raise her arms before being picked up
- Lift her legs or wiggle before having her bottom wiped
- Open her mouth or make a sound before being given a mouthful of food
- Lift an arm or a leg to help, with dressing and undressing

Enjoying each other

In the early years of their baby's life, parents of a young child with visual impairment and perhaps other disabilities can often feel isolated. They sometimes feel demoralised by having to repeat the same story to the many professionals they encounter at home and in hospital - which inevitably tends to emphasise what their child cannot do, rather than celebrating the spirit and determination that they show. It can be very helpful for families to meet others outside the home in a similar position to themselves, through playgroups and other organisations. Support groups like these often provide a lifeline for families and can result in lasting friendships. See "*An overview of support*", p 41.

Bringing up a young child with disabilities can become an all consuming task, leaving little room for anything else in the parents' lives. It is important to step back from this sometimes, and to focus on the child as a child rather than on her disability. Looking ahead and worrying about the future is difficult to avoid, but finding things to enjoy and discover together at each stage of their child's development has allowed many parents to surmount their child's disabilities and see her as the uniquely special young person that she is.

References

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- 2) Lee, M & MacWilliam, L *Learning together - a creative approach to learning for children with visual impairment and other additional disabilities* RNIB, 2008
- 3) Nielsen, Lilli *Early Learning Step by Step* SIKON 1993

Resources

LilliWorks A website on active learning founded by parents in America
www.lilliworks.org

BeActive box
www.suffolkplayworks.co.uk/products/be-active.htm and www.rnib.org.uk/shop/Pages/Category.aspx?category=toys&PID=LC11101

A Counselling Role for Visiting Teacher of the Visually Impaired

Grace Stuart & Janis Sugden

Teachers of the visually impaired who work in the early years sector must also take on the role as a counsellor and the ability to be a willing and non-judgemental listener. When parents are expecting a child, especially their first child, they can be anxious and at times apprehensive. In anticipation of the birth all parents have expectations and plans for the future of their baby. These expectations and plans are likely to be put on hold if the child is born with limited use of vision.

From our own experience of working with families, we believe that it is essential for parents to be able to access the support of a qualified teacher of the visually impaired (QTVI). The QTVI is a teacher who has additional qualifications that provide them with the skills, knowledge and understanding of visual impairment and the possible implications that specific eye conditions may have on a young child's development. This person works as part of a multidisciplinary team which can help guide the parents through the challenges that they are likely to face.

The QTVI has an important role to play and it is vital that the child and their family are visited as early as possible so that a trusting relationship can evolve between the parents and professionals involved with the child. When parents first learn that their baby is visually impaired or blind, usually shortly after birth or in some cases when the child is several months old, there is likely to be a period of uncertainty and the parents will have concerns. At this stage the parents are very unlikely to know what the impact of the child's eye condition will mean for the child and all the other family members and how likely it is to affect their lives.

The QTVI should realise that this may be a time of real trial and turmoil for families and that parents will react in different ways when they learn about their child's eye condition. It is common for parents to enter a period of grieving although this will occur in varying degrees of intensity and follow different patterns.

Parents often reflect that when they first found out about their child's eye condition they experienced a feeling of unreality: this initial stage is one of denial. This has been described by parents as if they were looking down on the situation that they were in but in some way dissociated from what was happening. Some parents have said they valued the opportunity to talk out their concerns with a trained professional. These parents needed to go over, re-examine and question what has been said to them. However the QTVI should be able to recognise that these parents may require more specialised support from a qualified counsellor because many parents also recall their frustration at having to repeat the same story several times to different professionals.

It is natural that parents will discuss concerns which may demonstrate to the QTVI that they have a lack of knowledge and experience of visually impaired people; for example they may worry that their child will be living in a world of darkness or they may not be able to think beyond white canes, Braille and even at this early stage "what school will my child go to?"

Parents can experience grief and loss at many stages during the child's development. Many factors can rekindle these feelings: anniversaries, family gatherings or an unexpected meeting with a parent from their antenatal class. QTVIs, as skilled listeners, can reassure the parents that what they are feeling is quite normal. Denial is a normal healthy reaction and can often help parents to cope at this early stage.

Although the QTVI's primary role is that of teacher, it is widely acknowledged that parents should not be overwhelmed with educational programmes at this stage. The QTVI has to work in partnership with families by listening and responding to their needs at the time. Parents and other family members will have many questions about eyes and vision and will often ask "how much can my child see?" The QTVI must answer honestly by giving a well-informed response about severe visual impairment and the implications for the development of the child. Parents and grandparents are likely to ask for ideas regarding toys and playthings. An experienced QTVI person will have lots of ideas and activities which are discussed in some detail elsewhere in this document.

Very young babies' brains are hardwired to respond to faces. Many parents are very confused by the absence of mutual gaze that is shared between a parent and their child. This is an intensely emotionally satisfying activity that the parent and baby share of looking into each other's eyes.



Use sounds to direct gaze

The absence of mutual gaze may cause distress, the parent may feel that they are not connecting with the baby and this feeling of not developing a relationship and perhaps, of feeling rejected, may add to feelings of depression. The QTVI can encourage the parent to discuss the difficulties that they may have in establishing a bond with their baby and can recommend strategies that will encourage parents to interact with a visually impaired baby who appears passive to handling. For example, they may demonstrate how to hold their baby, face to face, how to caress, stroke and talk to the baby to encourage a response. In this way the parents will learn that their baby may respond in a different way to sounds or being touched than a sighted baby. The baby may appear to flinch when touched or 'still' to sound; the QTVI can give reassurance that their child is communicating and that these signs are normal behaviour for a child who has a significant visual impairment. At this stage families are often in need of support to inform them about what is normal in children with visual impairment. Parents may present with feelings of low self-esteem, failure and isolation. It is unlikely that family members and friends will be able to offer support to the parents.

The QTVI has to identify times when it is appropriate to question the parents to tease out just what parents understand about the baby's eye condition. In a busy eye clinic, parents may be given information that they do not fully understand. With the parent's permission, the QTVI can get in touch with the child's doctor to find out what has been said to the parents and to clarify any misunderstandings with them. It is expected that as part of the team supporting the child the QTVI will be able to explain a report from the child's ophthalmologist in language that is clearly understood by everyone involved with the child.

It is not unusual for parents to enter a further stage in the grieving process which could be called the 'negotiating stage' where parents search for a 'cure'. Parents will refer to internet or magazine articles and may seek a second medical opinion. This in itself can be helpful if the search and outcome help the parents to have a better understanding of the situation. However if this stage becomes prolonged then parents may need to be encouraged to focus on the more positive things the baby is doing and enjoy these little successes.

The visually impaired child's basic needs are the same as any child - to be loved, to be accepted into the family and to be raised in a loving environment in which he can grow. But the child with severe visual impairment has his own unique needs in addition to those of a sighted infant and may need the additional input from a team of professionals experienced in working with visually impaired children. The QTVI will work with parents and other professionals to create an environment that will support the child's needs.

In summary, the diagnosis of a severe visual impairment is likely to affect most aspects of a child's development. In the early stages parents may also be in need of emotional support from a counsellor who also has a critical knowledge of visual impairment and its implications. A QTVI will usually fulfil this role as they have these additional skills as well as a knowledge of typical child development. The QTVI is able to offer advice and strategies that can encourage visually impaired children to develop concepts and also identify when it is appropriate for other members of the professional team to take the lead role.

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Multi-disciplinary Working

Lynn Lymer

The term ‘multi-disciplinary working’ has been used for many years and has as many possible interpretations as it has contexts. At last however, we have a programme across Scotland which aims to serve all children well and will be based on the best practice amongst professionals working together to support families and young children with visual impairment or with any other additional support needs. This programme is Getting it Right for Every Child (GIRFEC).¹

The national strategy

GIRFEC is a national programme that is changing the way adults think and act to help all children and young people grow, develop and reach their full potential.

Over the coming years, GIRFEC will help practitioners and organisations to remove the obstacles that can block children’s paths on their journey from birth to adulthood.

Children and young people are central to GIRFEC. The involvement and contribution of children, young people and families is a fundamental principle of the programme.

The overarching concept of GIRFEC is a common, coordinated approach across all agencies that supports the delivery of appropriate, proportionate and timely help to all children as they need it.

The necessary alignment across Scotland to deliver a programme of this breadth and magnitude requires a long term commitment which is why we need change on three fronts;

- culture change
- systems change
- practice change

Although the programme will involve shifts in working for some professionals, the core components of the GIRFEC approach reflect good practice that is already happening in areas around the country.

www.scotland.gov.uk/Topics/People/Young-People/gettingitright/

Good multi-disciplinary working requires professionals to demonstrate an understanding of current services and agencies in their geographical area and a sound knowledge base in their own discipline or field. Respect for the wishes of the family, the child and the knowledge and experience of other professionals involved is of great significance. This can best be created by building strong working relationships with all concerned, but especially with the family.

The local strategy

Care Coordination, which has been implemented in Edinburgh, is one system for fostering these strong links, for children with complex additional support needs. It is included within the GIRFEC framework for this group of children. Regular meetings are held, where parents are offered the main say in who is invited to attend and what should be on the agenda. Reports are gathered and circulated in advance so that no time is wasted during the meeting discussing past events. At the meeting, questions can be raised about the content of reports and plans are made for future actions. Anyone unable to be present can make their contribution in their report and has a record of the main issues. Everyone will receive minutes after the meeting.



Photograph by Beth Rankin

A pilot scheme called Team around the Child has been taking place in Edinburgh to deliver the Getting it right for every child objectives. All Scottish local authorities have begun to implement systems of their own to bring GIRFEC into effect. The intention is that it will facilitate collaborative working between all agencies involved with a family and avoid the pitfalls which have previously failed to protect vulnerable children.

Team around the Child will ensure that a key professional will lead all colleagues in drawing up a single plan for each child, with information shared across all agencies to lead towards the best possible outcome for every child's protection and development. This strategy will be implemented where a child has a disability or where other factors give rise to concern about the well-being of a child.

Working together to share relevant knowledge leads to our deeper understanding of the child as a whole and of the dynamic within the family. We can avoid compartmentalising the needs of the child, eg, their vision, physical development, social or communication skills and take better account of the whole situation in which the child is living and growing.

Experiences of multi-disciplinary working with children with visual impairment

In Edinburgh, as in other parts of Scotland, clinics have been established by community paediatricians to check the functional vision of children, most commonly referred by the ophthalmologists or paediatric neurologists. The community paediatrician frequently involves the QTVI in assessments. This is usually the first occasion when the team of professionals will meet a family and observe their child. Everyone involved can hear at first hand some of the background information about the child's health and development and can contribute to the assessment, by taking a role in the testing or by focussing on the child, perhaps playing a game together, while the parents talk to the doctor.

As well as examining the child's functional vision, these clinics give an opportunity to discuss the services available to the family and to offer our input as QTVI. Information is gathered about any professionals already supporting the family and we can ask permission to speak to them, so that we coordinate our approach. If the family agree that they might find home visits helpful, an initial arrangement can be made immediately or contact details can be given, so that this happens soon afterwards. As far as timetables and busy schedules allow, it is preferable to give the family choice about the timing of home visits, so that we fit around their family commitments and routine.



Keeler: Visual Activity Cards

At an initial home visit, the QTVI will give the family information about their role. Service leaflets and written contact details are left with them. Visits are offered at intervals which suit them, perhaps fortnightly or monthly. This may change at different stages in the child's life and might include visits to the home, the nursery, the Child and Family centre or other setting where the child spends time. Some families find frequent visits helpful, while others prefer longer gaps between visits and an opportunity to make contact if they have questions in between. Some choose to have most of the work done by professionals with their child at the Child and Family centre or nursery. Often phonecalls or emails are a useful way of keeping in touch, or of discussing problems which a parent is not happy talking about in front of their child, or an issue which only cropped up after the latest home visit. Email also allows parents to highlight a problem with one message sent to several professionals at the same time. This can be helpful in setting us all to work on the difficulty together.

Where a child has additional needs as well as the visual impairment, the QTVI will often already know the therapists involved. In fact our initial referral often comes from them, where visual impairment has not been seen as the primary difficulty. In discussion with the family we may well agree to do joint home visits. This has many benefits. If we share visits we reduce the number of separate appointments a family has to juggle. In the early stages, there are often frequent hospital visits as well as our involvement, so anything we can do to cut down the demands on the family's time, will be worthwhile. Especially where there are siblings to take into account, or where parents are juggling work and childcare, we should be careful not to add complications to their lives. By visiting together we allow parents to give information once, without having to repeat the same story separately for each professional. We can ask about the priorities for the family and all benefit from hearing their views. When we work together we have a broader knowledge base for finding solutions to problems.

Professionals trained in different disciplines can learn from one another, by working together and sharing perspectives. We can plan our own objectives for the child with an understanding of the objectives of other professionals.

For example,

- if the QTVI is aware of the positioning that a physiotherapist wants to use with a child, perhaps supported sitting, then they can plan games which will entertain the child, encourage her use of her vision and make use of that position;
- if the QTVI shares the knowledge that a child is using only peripheral vision, the speech therapist will learn where to demonstrate signing so that the child can use the information most effectively.

We can reinforce each others' aims and make sure we do not appear to contradict one another. In discussion with families, we can work out priorities, which will best support the child's development given present circumstances. By refining our knowledge of the role of other professionals, we can learn when it may be advisable to suggest parents seek advice from additional agencies or services. We may be able to offer to refer the child and pass on initial information.

There are also times when a family may feel that our visits are not relevant to them at present, but they may be happy for other professionals to contact us to guide their input. Where we are happy that the needs of the child are being met, we can remain on the periphery until we are invited to become more involved. Equally, we may be the lead service and agree to call on others when the need arises. This requires a high degree of respect between professionals, but should make best use of everybody's time.

One way to develop this mutual respect is to share training time. It is useful both to have opportunities to train one another and to attend new training together. Our service is fortunate to have built up good links, particularly with local allied health professionals so that we have opportunities to listen to one another and discuss our shared involvement in the care of children. Time is agreed at management level for us to meet and hear about projects being undertaken by various agencies or services. As well as the formal business of these days, there are opportunities to meet informally and catch up with colleagues during intervals. Sometimes these events are a chance to put a face to a name on a written report, and this is often helpful. Sharing good practice benefits us all and supports better services for children. Keeping our knowledge up to date helps us to give current and relevant information to families.

QTVIs may be working with parents and other family members, physiotherapists, occupational therapists, speech and language therapists, doctors with various specialisms, nursing and care staff, health visitors, nursery and playgroup staff, mobility teachers, educational psychologists, social workers, IT support staff, transport coordinators, staff in toy libraries or resource centres and a variety of others - all before the child even reaches nursery age. If we are working effectively together we can facilitate the child's transition between the various settings involved in their care and education. This may be from home to day care, from there to nursery and eventually into school. With the permission of parents we can pass on our information about the child, their needs and interests and about our current goals for them.

By building up good links with schools and the staff who work there, we can ease the concerns of families as their children move into nursery or primary school, whether this is mainstream or special school. We can support families to look at a range of provision for their child and discuss any concerns which arise while they make their choices. By sharing up-to-date and relevant information we can help

to alleviate concerns the nursery or school may feel. We can work with them to ensure the environment and the curriculum are accessible to the child and that social aspects of school life will take account of their needs.

Children with significant visual impairment may require support from a QTVI throughout their school years. By the time the child reaches school age, there may be fewer agencies involved, often just a range of education staff and perhaps occasional visits to an ophthalmologist. The child is increasingly able to make her own views known, which leads to useful discussion about appropriate courses of action. For example, many pupils have strong preferences when it comes to the kind of technology support they may require. From the very beginning we should be developing their ability to communicate these preferences clearly.



A magnifier used in distance mode

For children with complex needs it may prove harder for us to interpret their preferences, but with good multi-disciplinary working we should find ways to listen to them. Their wishes must be at the heart of the decisions made and the support offered. Good Communication Passports² and careful preparation for review meetings or drawing up Additional Support Plans will help to allow the child's views to be taken into account alongside family members and the various professionals. This requires time and on-going planning, in addition to well-kept records of agreed action and of targets planned and achieved.

In summary

Good multi-disciplinary working starts with respect for the wishes of the child, the family and for the experience of colleagues with other skills. Everyone benefits where good working relationships are established and each person's understanding of the whole child is improved. Each professional needs to make time for the kind of inter-disciplinary discussion which improves collaborative working. Parents are offered coherent and well-informed support and feel they have some control over its delivery. The children benefit from a consistent approach by the whole team, listening to their views and working together to meet their needs.

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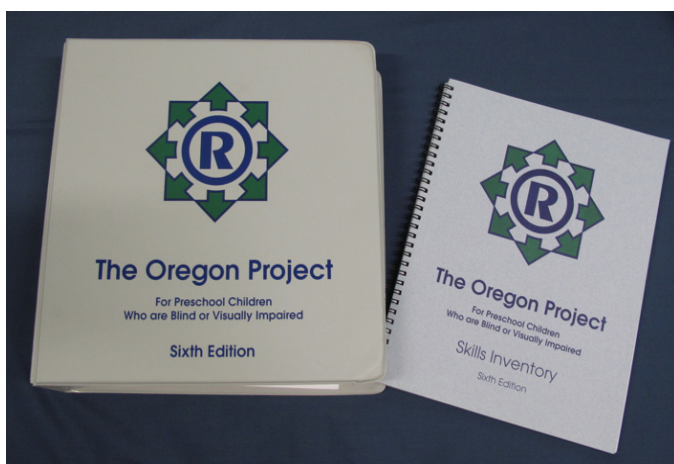
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Some Thoughts on Pre-Braille Activities

Lorna Hall

Parents of severely visually impaired children may have concerns about how their children will learn. How will they access books and learn to read and write? For a very small number of children it will be evident from a very early age that Braille will be their main means of communication. It will become obvious as other children develop that Braille may be more accessible to them than print. Many visually impaired children will not require Braille but the thoughts shared here can be helpful to all children.

All babies start to develop the skills and concepts that are necessary for learning at birth. Blind and visually impaired babies are no different but they may learn concepts in a different way to sighted children. Much of what we learn is through incidental learning – visually impaired babies may be limited in what they are able to learn by looking. Good vision co-ordinates what we learn from our other senses but visually impaired babies must learn to use their other senses to compensate for lack of vision. Much of their learning will be by tactile means but many concepts have to be established in many developmental areas such as cognitive skills, auditory skills, fine and gross motor development and language acquisition.



It is generally accepted that blind babies develop some skills later than sighted children. It is important that parents are made aware of this as they may worry unnecessarily when comparing their baby's progress to that of an older sibling or relative. Some parents may be introduced to a developmental checklist via the internet. The Oregon Project Skills Inventory¹ was the principal checklist favoured by professionals to record developmental progress until recently. This was designed for visually impaired children including a section for vision skills and compensatory skills.



In 2006 the Department for Education and Skills (England and Wales) produced The Developmental Journal for Babies and Children with Visual Impairment² which is now more often used with families. This observation document, created for parents, was developed by vision experts in the Developmental Vision Clinic in Great Ormond Street Hospital. In line with current thinking, parents and supporting professionals can complete the document in partnership to monitor the baby's progress in all developmental areas.

Encouragement should be drawn from research that demonstrates that all children learn through play using everyday objects and toys in everyday situations. This is no different for a child with visual impairment. The topics discussed in this chapter are important for the development of many concepts especially for those children who may require Braille at a later stage.

Motor Development

Body awareness

Body awareness is very important in the all round development of a blind child - including Braille. When you tell the baby “I’m washing your arm”, you’re developing language, motor skills, and awareness of self, etc.

Initially the baby can be helped to become aware of different body parts by play activities and materials.

- Wrist bells are readily available - they can also be ankle bells!
- Lying baby on various materials will raise awareness of their body - silky bedcover, velvet curtains, fur coat, bubble wrap, survival blanket, shiny rustling wrapping paper.
- Wrap baby up in a variety of materials
- Slide baby down your body until his feet touch the cold tiles, fur rug, grass.



Body awareness can be a part of the daily dressing time or bath time - developing a routine, washing limbs and body parts in a certain order every day, naming arms, legs etc, as part of the routine. In time, the child knows what’s going to happen next.

The usual baby games “where’s your nose/eyes/ears?” are of course teaching body parts as well as language, listening and understanding skills.

Later, body parts can be taught through singing games, for example, “head shoulders, knees and toes”. This moves on in time to the planes of the body, for example, the top of your head, the back of your hand, front of your leg. Later the theme is continued through stories and games - “I’m going to put this cream/custard/ice cream on your nose/ear/knee!” No one said this couldn’t be fun!

During all these stages the child should also be made aware of the same parts of the adult’s body. “Find what’s on the back of my hand, tickle Daddy’s knee, scratch my back for me!”

Manipulative Skills

When the baby is able to use both hands, toys and other objects that encourage fine finger control should be introduced. These include any toys with handles to pull, buttons to push, etc. Any items with finger-sized holes will encourage the discovery and exploration of the use of individual fingers, like dial telephones. Keyboards are also useful at this point.



The use of Playdoh, plasticine, etc, helps to develop the muscle strength necessary for using a Braille and help to prevent 'Flabby Fingers'.

Threading toys, beads, small construction toys, (Lego) - all these help to develop good manipulative skills - making agile fingers!

Songs such as "Tommy Thumb" and "This Little Piggy" direct attention to individual fingers - necessary from the very beginning when using a Braille. Games can be played to increase awareness and teach finger names, for instance making plasticine rings, wrapping tinsel to make "fairy fingers", pointing the magic finger to make that person shout/jump/clap.

The BeActive box is mentioned in earlier chapters, see p13. Although mainly recommended for visually impaired children with additional support needs, it is also a very useful piece of equipment that can be used to encourage the young blind baby to explore and be active. It provides a safe environment in which to explore.

Auditory Skills

Listen On!

Good auditory skills are necessary for a severely visually impaired baby.

It's never too early to introduce the baby to sounds - they are there from the moment of birth. However the baby will need help to interpret the sounds that surround him. This includes the sounds that you would present to any baby - rattles, squeaky toys.

The manner in which the toys are presented is extremely important. Toys should not be placed in baby's hand. Rather, touch the back of his hand with it, or allow his hand to touch it accidentally as he moves. Allow him then to turn his hand to explore it. If you can keep it producing sound - all the better.

Introduce the baby to a wide range of sounds in every aspect of daily life. To help the baby make connections between sounds and its source when possible take the baby to the source of the sound. Sit him on the vibrating washing machine, place his hand on the handle of the vacuum cleaner and tell him what he is touching and what is making the sound.

Be specific about the source of the sound; background noises such as the constant blaring of the television in the corner may confuse and distract the child. Allow him to experience quiet times when he is able to distinguish and differentiate sounds and voices.

Talking to your baby from day one is important, moving around the house, in the garden, in the street. Other members of the family should be encouraged to do this too. They can then give a name to new sounds as they occur - washing machine starting, door slamming, dog barking, lorry passing. Some blind children can become very sound sensitive and giving explanations can help reduce this.

Introduce sounds into stories wherever possible. Simple stories can be written to include new and familiar sounds. These stories will give a framework, maintain interest and aid learning. Some baby books have sound effects built in.

Commercial products are also available to aid sound identification, for example sound lotto games. Again, simple sound matching games can be made with 'pairs' of sounds - 2 sets of pot lids, jangling necklaces, spoons in cups. "What do you think I'm banging", "Can you make this sound?"

Teach the usual nursery rhymes. Nursery rhymes teach the rhythm of language as well as developing memory and rhyming skills and should be sung to the visually impaired baby as you would with any baby. Initially the songs can be accompanied by particular movements - swinging, bouncing etc.

At a later stage particular toys/objects can be used to introduce the song/rhyme. The development of rhyming skills should be no different to that used with sighted children. Rhyming games can be played with objects or raised pictures, rather than illustrations or photographs. A rhyming box can be made with pairs of objects eg; fish and dish, dog and frog.

Commercially produced kits are also available for rhyming games, but household materials and home-made games are equally effective and much less expensive. These can be kept in a 'song bag' or box which can lead to the child requesting a song before he has to the words to do so, as he can select an object himself.

When he is older and tactile skills are more developed, simple tactile cards can be introduced for songs, for instance a card with some fleece attached for Baa Baa Black Sheep. Textures can also be attached to nursery rhyme books that are also being used by sighted children, whether in the home or nursery. This will help the child to integrate their senses and with the development of concepts.

Tactile Recognition

Object recognition

Object recognition starts at a very early age and continues throughout learning. Objects should be named correctly from the beginning to help the child make sense of the world and to integrate input from all senses. Introduce the baby to everyday objects and allow him time to play with them. Use items that are likely to arouse interest and that are safe such as metal or wooden spoons, combs, keys etc. On the SSC website are ideas are given on how simple stories can be created around the objects to enhance understanding (<http://www.ssc.education.ed.ac.uk/courses/vi&multi/vmar084ii.html>). These simple stories allow family members to use the same words to describe objects. From baby's point of view, the same objects do reappear!

'Treasure baskets' can also allow babies to explore and experience a wide variety of textures, shapes and weights as they play. Beware of a plastic world! Most manufactured toys are made of plastic which is not always meaningful to the visually impaired child. Parents should be encouraged to introduce their children to heuristic play which involves the use of natural materials. Nature provides a huge variety - shells, cones, twigs, stones. Although care has to be taken when the baby is at the mouthing stage, these natural items will allow the child to develop their concept of tactile recognition and may allow the child to develop preferences and dislikes among the materials.

Texture recognition and 'Feely' books

Tactile books are available commercially; however, there are many advantages to producing them yourself. Although many of these commercially produced tactile books are visually quite pleasing, they can be meaningless to the blind or visually impaired child. Objects are often represented in a very abstract way that is beyond the concept development of the child. For example, in a commercial book a tiny piece of material may be used to represent a dress. If you make your own book, a large piece of material that the child can feel with both hands will likely be much more meaningful to the child. Tactile pictures have a place but, as they are only representations of objects, care has to be taken when using them and lots of explanation is essential.

Shape recognition – 3D/2D shapes

Sighted children are exposed to geometric shapes in all aspects of daily life. They are able to make comparisons about size, shape and colour. This helps them to recognise the 2D representation of 3D shapes. Visually impaired children are not exposed to this incidental learning and although they may have had similar play opportunities to experience and gain concepts of shape in container play, shape sorters etc, they are likely to rely on concrete objects for much longer than sighted children to make comparisons. However they need to progress from using solid shapes to using flat shapes that are stuck down to allow them to develop the skill of recognition using only the pads of the fingers.

Gradually the depth of the shapes will be reduced as the child's skills develop. Initially thin wooden or plastic shapes can be glued to the page, progressing to foam shapes, then felt shapes.

Shape recognition can be introduced through games and activities, such as:

- Find me a card with this shape.
- Are the shapes on these 2 cards the same?
- Are all the shapes on this card the same? Which one is different?

Home-made Shape Lotto, with initially only 3 shapes on each card can then be introduced before the next stage of gradually reducing the size of the shapes, from 2.5cm down to about fingernail size.

Tactile lines

Tactile lines can be introduced at this stage, initially using material such as sticky backed felt or foam - both available from craft shops. This allows you to create width to the line and string follows on as the next step, reducing in thickness if necessary. Where available, a raised line copier can then be used to produce lines of decreasing widths. Craft shops now sell a wide range of embossing machines and wheels, which can also be used to produce tactile lines and shapes. These activities and materials help with the skill of moving along a line of Braille, from left to right.



It will be appropriate to introduce the child to a Perkins Brailler, merely to play with at this stage. If the child is in nursery, it is a great attraction to the other children! Gradually the child can be told the names of the various parts and allowed to experiment with the various functions.



‘Feeling Ready to Read’

The RNIB produces a series of tactile books in its pre-Braille reading scheme Feeling Ready to Read. This is an excellent resource but as with many commercially produced materials it requires supplementary examples. The scheme is based on the story of Snow White but as each book focuses on a different aspect of tactile recognition the books do not have to be followed in a progressive order.

Simple games can be used to encourage the child to develop the tactile recognition of dots, spaces, pattern of dots and missing lines that are essential in pre-Braille skills.

- There are some words on this card, all in a straight line. Can you find where there’s a space?
- All the words in this line are the same, except one. Can you find it?
- All these cards have your name on them, except one. Can you find it?

Initially the differences will be quite marked, gradually the differences can be reduced.

Reading Awareness

Exposure to Braille

Babies can be introduced to Braille as soon as they are introduced to tactile books. At this stage the baby is merely being exposed to the Braille in the same way as sighted children have the words pointed out when being read to by an adult, long before they are learning to read. Books with a Braille overlay are available from the RNIB National Library Service but if your child has a QTVI they may have adapted books that you can use.

As the child begins to understand that the Braille means something, just as a sighted child is able to recognise that print does, it is a good idea to label items. In nursery Braille labels should be placed alongside printed information like coat pegs, artwork, playhouse etc. It can be helpful if this system of labelling is continued in the home; to label rooms, furniture in the child’s room, items in the kitchen etc.

This strategy can be used in everyday life and increasingly Braille is being used in public buildings for lift buttons, on packaging, on information boards and the child should be exposed to this whenever possible.

Language of books

We use words and phrases to describe the parts of a book, for instance front cover, back page, top of the page. These words all mean different things when used in other contexts for example top of your head is up high, as is top of the television. When it’s the top of the page, it can be lying on the floor! Turning a page is very different from turning a corner!

The language of books and text is very important from very early stages of Braille, so should be introduced while the child is using tactile or Brailled books.

Hopefully these thoughts will have shown that the teaching of Braille starts for the baby from their first days and that the parents and carers play a very important part in this.

References

- 1) Anderson, Sharon; Boigon, Susan; Davis, Kristine; deWaard, Cheri *Oregon Project: for preschool children who are blind or visually impaired* (6th Edition) Jackson Education Service District, 2007
- 2) *Developmental Journal for Babies and Children with Visual Impairment* DfES Publications, 2006

Further Reading

Focus on Foundation (2nd Edition) RNIB, 2008

Raynor, Sherry & Drouillard, Richard *Get a Wiggle On* Blind Children's Fund, 1996

Haughton, Liz & Mackevicius, Sandie *Little Steps to Learning* Royal Victorian Institute for the Blind, 2004

Haughton, Liz & Mackevicius, Sandie *I'm Posting the Pebbles* Royal Victorian Institute for the Blind, 2001

McDonald, Mary *Setting Out* RNIB, 2002

Resources

BeActive box

www.suffolkplayworks.co.uk/products/be-active.htm and www.rnib.org.uk/shop/Pages/Category.aspx?category=toys&PID=LC11101

An overview of support

Mary Dallas

Health Professionals

Ophthalmologist - a specialist doctor in eye conditions. Responsible for diagnosis and treatment

Orthoptist - an eye specialist. They mainly investigate, diagnose and treat eye movement problems.

Optometrist - a health specialist, trained to examine the eyes to detect signs of injury, disease, abnormality and defects in vision.

Community Paediatrician - a qualified doctor who has specialised in child medicine. GPs and health visitors will refer pre-school children to a paediatrician for general assessment. The community paediatrician will monitor overall progress and refer the child on to other expert professionals eg; education, social work sensory support services, speech, occupational or physiotherapy.

Specialist Education services

Group of teachers who are specially trained to support children who have sight difficulties.

- Provide information and support from the time your child is diagnosed as having sight difficulties even if this is at birth;
- Provide advice on early stimulation, suitable play materials and support you with suitable nursery and school placements.

Social Work

Social Work services can provide information and advice on benefits, aids and adaptations.

They have specifically trained workers who can give advice on mobility skills and provide assistance in developing independent living skills.

Organisations that give support

Royal National Institute of Blind People (RNIB) Scotland www.rnib.org.uk/scotland

- Education and Family Services Department promotes the interests of children and young people with sight problems. They work with children and their families throughout Scotland.
- They provide information and advice to parents, home-visits, supported family events and advice on local and national support networks. They also provide conciliation and mediation services to assist parents in expressing their views with education, health and social work professionals.

- Parents' Place website (www.rnib.org.uk/parents) is a safe place to meet other parents, pick up tips and advice, and get information about health, rights and services.

National Blind Children's Society (NBCS) www.nbcs.org.uk

- Holidays & Activities - giving visually impaired children the opportunity to participate with fully sighted children in a programme of recreational activities. A choice of family weekends and activity days.
- Family Support and Information - offering a comprehensive, holistic approach at the time of diagnosis and throughout the child's life.

Complex Needs

- **Enable Scotland** a dynamic charity run by its members. We campaign for a better life for children and adults with learning disabilities. www.enable.org.uk
- **Capability Scotland** works with disabled people of all ages and their families and carers throughout Scotland. www.capability-scotland.org.uk
- **PAMIS** The organisation in Scotland working with people with profound and multiple learning disabilities, their family carers and professionals who support them. www.dundee.ac.uk/pamis
- **The Family Fund** give grants for things such as washing machines, driving lessons, hospital visiting costs, computers and holidays. info@familyfund.org.uk
- **Sense Scotland** uniquely supports deafblind and disabled children right through to adulthood. We visit families to develop individual communications programmes for children. www.sensescotland.org.uk

Organisations

- **Vision Aid** is a national charity based in Bolton helping the families of children with sight problems. Provide a toy loan. www.visionaid.org.uk
- **Contact a Family Scotland** provides information, advice and support to families of disabled children. www.cafamily.org.uk/scotland/index.htm
- **VICTA - Visually Impaired Children Taking Action.** VICTA provides support for visually impaired children and their families. Our main aim is to work towards parents obtaining early diagnosis, correct medical treatment and the best social and educational support so that our children can reach their full potential. www.victa.org.uk

- **LOOK UK** Support for the Visually Impaired So you have a million questions? We'd like to help you and your child with a visual impairment. The Enquiry Service provides practical advice and emotional support, information about your child's condition and contacting other families with similar problems.
E-mail steve@look-uk.org

Information

- **Visual Impairment Scotland.** www.viscotland.org.uk
- Specific eye conditions website. www.eyecconditions.org.uk

Resources and Strategies

- Resources for parents of Blind Children. A site developed by parents themselves. They've spent a lot of time on the internet looking for resources for our blind child. Here, you'll find all the websites and organisations that they felt were the very best and most helpful. wonderbaby.org
- The Royal Blind School Edinburgh Playgroup on a Friday morning for children aged 0-5 years. Scotland-wide. enquiries.canaan@royalblind.org.