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Orientation and Mobility for Persons with Visual Impairment

Steps to Independence

A Publication of



**The International Council for Education of
People with Visual Impairment**

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The International Council for Education of People with Visual Impairment

Our Mission

Founded in 1952, the International Council for Education of People with Visual Impairment (ICEVI) is a global association of individuals and organisations that promotes equal access to appropriate education for all visually impaired children and youth so that they may achieve their full potential.

Our Values

We believe that all children and youth with visual impairment have basic human rights.

- ◆ They are entitled to a full range of educational services and to be included in the educational programmes of their communities.
- ◆ They should receive pre-school support.
- ◆ Their teachers and other professionals supporting them should be properly trained.
- ◆ Their parents and other family members should be encouraged to support their education.
- ◆ Appropriate educational materials and methods should be made available to meet each child's needs.
- ◆ Educational programmes should be of a high standard and conform to best practices.
- ◆ The children should be able to live in an environment free of barriers, social stigmas, and stereotypes, and to lead productive life according to their aspirations and capabilities.

Our Goals

- Goal 1 : To ensure access and full participation in education for all visually impaired children and youth by 2015.
- Goal 2 : To promote and assist in building of local capacity to develop curricula, to provide training and to identify and provide equipment and materials to children and youth with visual impairments and their parents, teachers and others in their communities.
- Goal 3 : To collaborate with and make use of networks to ensure that substantially more visually impaired children and youth receive quality and comprehensive education.
- Goal 4 : To ensure that ICEVI initiatives are based upon current evidence of best practice.
- Goal 5 : To provide information on ICEVI and its services through all possible and appropriate media to all target groups.
- Goal 6 : To build an appropriate and sustainable organizational structure for ICEVI, to include the required financial base.



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RECENT ACHIEVEMENTS OF ICEVI

Capacity building for Teachers, Parents and other Personnel

- ☞ Nearly 200 programs conducted in 2003, 2004 and 2005.
- ☞ More than 9000 teachers and personnel trained in various skills
- ☞ More than 130,000 children with visual impairment benefitted
- ☞ Free Distance Education courses initiated

Advocacy

- ☞ Developed Joint ICEVI-WBU Policy Statement on Education
- ☞ Coordinates with International Non-Government Organisations in developing a Joint Policy Statement for Education For All.
- ☞ Working with Parent Organisations for children with visual impairment.
- ☞ Conducted Regional Conferences on Education for all children with visual impairment.
- ☞ Working with UN Bodies and The World Bank to include disability issues within their Development Programs.

Research and Development

- ☞ Preparing Concept Papers on themes such as developing standards for teachers.
- ☞ Developed Instructional Materials to help children with visual impairment learn mathematics.
- ☞ Used new technology to produce e-text materials and to address accessibility issues.

Publications

- ☞ The Educator (*bi-annual magazine*)
- ☞ Newslines (*bi-annual inhouse information sharing magazine*)
- ☞ ICEVI-WBU Policy on Inclusive Education
- ☞ Mathematics Package
- ☞ Research Reports
- ☞ ICEVI-WBU Joint Education Policy Statement
- ☞ ICEVI Annual Reports
- ☞ Implementation Guidelines for Projects
- ☞ Strategic Plan
- ☞ Concept Papers

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Message from the President

Dear Colleagues:



Larry Campbell
President

As this issue of **The Educator** is readied for press its preparation is being done amidst much other activity in preparation for our 12th World Conference in Kuala Lumpur, Malaysia.

As this quadrennium draws to a close let me use this opportunity to thank you for the privilege and honor of serving as your president for the past four years. This has been an exciting time for ICEVI as we strengthened our organization, particularly our regional structures. We are happy to share with you the achievements of this quadrennium in a report that is enclosed with this issue of **The Educator**.

In a sense, I feel that that past four years have been a phase of ICEVI history that can be compared to a runner preparing for a great marathon. Our training routine has involved strenuous efforts to build a stronger regional base for our race and has also involved workout routines in the form of awareness raising and capacity building activities to strengthen our endurance for the most important race of our lives. This is a race to assure that educational equity is extended to all children and youth with visual impairment in the decade ahead.

The starting line for this marathon is now prepared at the Putra World Trade Center in Kuala Lumpur and the Deputy Prime Minister of Malaysia has the starters gun in his hand. On Sunday, July 16th the race for educational equity begins and so does an exciting new chapter in the long and proud history of ICEVI.

The race course ahead will be challenging with many steep hills to climb and weather conditions that will not always favor our efforts to reach the finish line by 2015. However, our race strategy has been developed through the collective experience of ICEVI, WBU and a Task Force

composed of some very elite "runners and coaches" with many years of experience in international development.

Now the challenge before us is to work together as a team to implement our race strategy. We know, before we even hear the crack of the starters gun, that we can only win this race by working together to achieve our shared vision, a world in which all children with visual impairment have access to a quality education. Although this global campaign and program of action is being led by ICEVI we know that this is a race that can only be won with the full and active partnership of government and non-government sectors and the active support of our partners at UNESCO and UNICEF.

ICEVI and WBU believe that the race strategy developed by the Task Force is well crafted. If you, our colleagues around the world, will do your share we can reach the finish line and turn the dream of assuring that all children with visual impairment, no matter where they live, are no longer denied that basic human right, the right to education.

The Educator, our electronic newsletter and our newly designed website will regularly provide race updates. However, if we are to win this race we cannot afford the luxury of too many fans standing on the sidelines. This is a race in which all of us need to become runners so that by the year 2015 we can cross the finish line and know that all children with visual impairment have attained the right to education.

I look forward to being with many of you at the starting line in Malaysia and to running along side many more of you on the race course in the years ahead.

Sincerely,

Larry Campbell
President

Message from the Editor



Steve McCall
Editor

I am fully sighted but I have no sense of direction and I can get lost very easily even in relatively familiar environments. At conferences I am prone to spend much of the week wondering around hotels looking forlornly for my room - utterly confused by the corporate layout. I often make spectacular mistakes in navigation on car journeys, confusing (for example) north with south. Even the satellite navigation system I have recently installed in my car gets annoyed with me and the system's synthesised voice adopts

a tone that is far too judgemental for my liking.

I have a good friend in Liverpool called Frank. Frank is totally blind and is a very able independent traveller. He regularly comes to the University in Birmingham where I work to give lectures to teachers of the visually impaired and thinks nothing of travelling alone to the University. He often teases me about the fact that when we drove around our home town of Liverpool together in our younger days he used to have to give me directions about when and where to turn.

So, as you can imagine, when it comes to the abilities of people who are blind to travel independently, I have a great deal of healthy respect for their achievements (and no small degree of wonderment). Mildly amusing as my own inadequacies in orientation are to people who know me well, mobility and orientation is no laughing matter for people with a visual impairment. Over half a century ago Berthold Lowenfeld argued that blindness has the potential seriously to affect children's development by imposing limitations in three key areas: the range and variety of the child's experiences; the child's ability to get about; and in interaction with the environment. I suppose we could go on to argue that as children grow, their ability to get about independently determines to a great extent what the range and variety of their experiences will be, and what opportunities they will have to interact with their environment. So there is no question that teaching children to get about efficiently and confidently needs to be taken very seriously.

Safety must clearly be a consideration. While there is an element of risk in independent travel, as a former colleague of mine, Juliet Stone, once pointed out "Understanding danger, assessing risks and taking responsibility for your own welfare is an important part of personal development and the raising of self esteem."

The ability to walk briskly and independently constitutes a form of aerobic exercise that helps improve health, muscle tone, posture and coordination throughout the lifetime. Good mobility is often a prerequisite of employment and facilitates social interaction within the community. In short, independent mobility is a key to children's present and future development.

In this edition of the Educator we explore different aspects of this multilayered topic. In articles from around the world we see that while there is a long historical tradition of people who are blind using canes to assist travelling, modern approaches to travel based around the long cane are directly descended from techniques developed in the USA for the rehabilitation of blinded war veterans after the second world war. While these techniques have stood the test of time, they

were developed for adults and not children and were formulated with an assumption that travel would take place in an American city designed around regular grids of roads. How these techniques should be adapted for children and for rural areas is the challenge for educators around the world.

We see in the article by Bach Viet that systems of training introduced over 40 years ago to Vietnam are still too often applied rigidly and have not evolved to meet the country's changing needs. We see too the sometimes tragic consequences that a lack of public acceptance of the adaptations required for independent travel can bring.

In the article by Nurit Neustadt we see how the shortage of trainers in the developing world has led to a re-appraisal of the traditional one to one teacher-client approach in skills training. Mobility specialists are most likely to be trained in groups that are large and they need to be motivated to take responsibility for refining and developing their individual skills through practice. Because their scarcity, trained specialists will need to see themselves as the designers of programmes that are delivered by others. In order to reach the large numbers of children who require training they must enable parents and teachers to undertake a key role in developing their children's mobility. A one-to-one trainer/client relationship is often a luxury of cannot be afforded.

In A.K.Mittal's piece we see the challenges of providing mobility training to children with visual impairment in India and anxieties that movement towards inclusion is being hampered by the lack of professionals who can offer mobility and independence training.

Anxieties about the lack of mobility specialists are not limited to the developing world. Robert Avery describes how the profession of Rehabilitation Workers in the UK is under threat from lack of agreed national training standards, funding problems and uncertainty about the alignment of the profession - should it be seen as belonging to Social Services, Education or Health Services? .

Sue Pavey summarises the results of a major research project into the Mobility and Independence needs of children with Visual impairment in the UK and concludes that training in travel should be seen as inextricably linked with training in broader independence skills and proposes a Mobility and Independence curriculum. She also outlines a mobility online resource that emerged from the research - a free bonus for our readers!

Our Parents' Column provides us with a valuable insight into what Mobility means to a child with complex needs and his family. It also highlights the issues of children with low vision and the importance of environmental adaptations in meeting mobility needs.

Finally, thanks as ever to all our contributors to an edition I hope you enjoy, and to Dr Mani and his staff for their patience and skills in bringing this edition to print. I am looking forward to seeing many of you in Kuala Lumpur - it's not the long journeys I have a problem with, it's the short ones!

Steve McCall

Long Cane Training – A Global Approach

Nurit Neustadt, Ph.D.
Peripatologist, CBM Adviser, Israel

Introduction

A human guide, a stick or bamboo pole have been used by persons who are blind for travel purposes throughout history and references to blind persons using such devices can be found in writings of many ancient civilizations. Although the systematic use of a cane as a travel aid was first described in England over 120 years ago (1) and there is evidence of some use of the white cane in England in the 1920s, its widespread use began in the United States in World War II in the rehabilitation of soldiers who had been blinded in action.

The process began in hospitals where an “**Orienter**” introduced methods of moving about that involved interpreting landmarks, layout, echo and changes of surface in the environment. Initially independent mobility was achieved using a cross-body protective technique but in June 1945 Richard Hoover introduced the methodology of the modern long cane as a protective and navigational tool (2).

After the early development of modern O&M instruction, the professional training of O&M instructors soon spread across North America and into Western Europe. But in most parts of the world O&M training for adults and children did not become available until the latter part of the 20th century with the emergence of social and political justice movements. In many countries training in O&M and rehabilitation skills had been rejected not just on grounds of cost but because of a lack of awareness of the capabilities of people who were blind and

ignorance of the opportunities that independent travel could open up for blind individuals within their communities.

Training programmes

The uneven provision of O&M across the world possibly reflects historical differences in the development of services to people who are visually impaired. Currently O&M training programs range in length from a two year academic Masters degree in USA; 12-18 month Diploma training programmes in Western Europe; training by correspondence in some Eastern European countries and programmes of two weeks or less in remote developing regions of the globe.

It is widely agreed that O&M professional preparation programs must address the pre-cane foundations of O&M which include the development of sensory awareness; sound localization; spatial concepts; and independent movement to assure effective navigation and safe travel. In practice however, very little time is given to these fundamentals of holistic rehabilitation and the majority of training time is often focused on the development of simple basic technical skills in the use of the long cane and negotiating the travel environments and transportation systems which vary so much from country to country.

The classic model of O&M training comprises the teaching of theory, observation sessions, practical instruction and field work. The practical instruction is traditionally delivered on an individual basis with a one to one teacher-



A group of teachers are introduced to basic cane skills at the S.f.t.B in Chujan, northern Tajikistan

student ratio. However in the developing world, international organizations tend to provide short term courses in which a single instructor is

expected to deal with all aspects of training for classes of 16-24 sighted trainees. Lessons are usually delivered through an interpreter and practical instruction becomes a group exercise. Success is dependent on the motivation of the trainee to continue to practice and fine-tune the skills introduced in the short training programme.



First step in long cane skill training for parents and teachers of VI children in Minsk, Belarus

O&M in Schools

Unlike in US and Western Europe, participants in O&M training workshops from developing regions are usually already employed by an agency for the blind, most frequently in school settings. Their newly acquired expertise in O&M becomes part of their repertoire of work skills but not their major activity. It is common for a teacher of mathematics, computer science or geography to be designated by the school to teach O&M too.

At the former USSR Internats (residential schools for the blind), it was the afternoon care giver who was trained in O&M skills as the

government did not allow the inclusion of O&M in the school curriculum. The implication in many countries is still that O&M skills should be taught in children's free or recreation time.

O&M and parents organizations

Increased exposure to the media has enabled parents in developing countries to find out more about what is available to blind children in other parts of the world. As a result they are voicing their opinions and demanding that their governments supply O&M training. If their dialogue with the Ministry about O&M training for their children does not bear fruit, they often exercise their right to register as a Parent's Organization. They then typically initiate contact with international organizations that can support their efforts to secure training in O&M and Activities of Daily Living (ADL). Once one group of parents are trained in O&M skills, they take responsibility for training other parents how to teach their children basic O&M skills and the use of the long cane.

The Parents' Movement is often very influential in the development of good travel skills in blind children through the early years. During weekends and holiday workshops parents learn to teach their children how to navigate in space, to orient their bodies to landmarks, to formulate mental maps and use various long cane techniques. The process can be greatly rewarding both for the child and the parent.

There is a clear indication that parents are no longer dependent only on what the government system provides, but can be active partners in supplying the necessary O&M and life skills to their children. Parent Movements greatly expand the reach of the small core of trained professionals and semi professionals offering O&M training in their country.

Professional leadership training

The aims of the basic O&M skills training in the developing world should be to provide the first generation of professionals in a community who will themselves become leaders and trainers of other instructors, establishing a chain of local training for future generations.

In recent years in many agencies where the need for O&M instructors outstrips demand, the cascade model of training is being applied effectively to groups of new professionals. This new group approach makes the training of O&M instructors more affordable and increases the availability of instructors especially in the developing parts of the world where services for the blind are in their infancy.

In the majority of programs, the international organizations that support the training endorse the achievements of the trainees through a diploma or certificate. However for many people in developing countries, the certificate serves as a springboard to a higher administrative post and the initial investment in them is lost if they subsequently change their field of interest.

The Growing Need

90% of people with visual impairment live in the developing world (3), and can be roughly divided into children (10%), adults (25%) and the elderly (65%). Yet surprisingly 90% of trained O&M service providers are based at schools and only 10% serve homebound adults and the elderly.

With expansion of life expectancy (with the exception of HIV affected regions) it could be argued that the time has come to re-evaluate this uneven distribution of support and to build up a wider core of O&M professionals to respond to the growing needs of the majority of

visually impaired people whose onset of blindness starts at later stage in life.

The concept of O&M as a paramedical discipline aligned to health care professions (which is how the profession initially started) should be reconsidered, after its journey through a full circle encompassing community, educational and social services.

No one questions the positive impact that O&M training can have on the life of visually impaired individuals of all ages and the closer to onset training is offered, the better the results in independent travel using the long cane (4). In order to expand the core of O&M specialist, this discipline should be looked at as an equally important contribution to one's future as literacy is.

To fully achieve the goals of Vision 2020 "The Right to Sight" which aims to establish community eye health programs and to fully achieve the aims of "Education for All by 2015", it is necessary to expand and further develop O&M services on a much larger scale than currently available through a combination of higher education, technical schools, short term workshops or parent education.

Reference

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Exploring the mobility and independence needs of children with visual impairment in the UK: the Steps to Independence project

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Introduction

If children with a visual impairment are to be fully included in mainstream schools it is not enough that they are enabled to engage in class based learning activities - they should be enabled to move from lesson to lesson independently; to manage as independently as possible in the dining hall; participate in physical activities such as PE and sports and in informal recreational activities during break-times and to engage in the many other aspects of school life. Such abilities encompass not just orientation and mobility but also independent living skills.

Independent living skills and social and emotional development have not traditionally been associated with the rather narrow, popular definition of 'mobility', which seems to relate largely to 'travel' aspects of mobility. For example Blasch, Weiner and Welsh (2000) provide one of the most comprehensive overviews of the field of orientation and mobility (O&M), yet independent living skills (ILS) are not discussed. Other literature which describes a broader curriculum including ILS and O&M tends to simply list these two areas of the curriculum as though they can be treated separately (e.g. Dodson-Burk and Hill, 1989; Stone, 1997). When they are brought together, it appears to be out of convenience. This is presumably because both ILS and O&M are areas of development with which

children with a visual impairment tend to require additional support, and because the same 'rehabilitation' professionals often provide this support. However, this grouping of convenience is over-simplistic, since a closer inspection of these areas reveals that many of the foundation skills required for both ILS and O&M are shared.

Mobility has been described as "a skill of primary importance in the development of each individual", one that most sighted people take for granted (Welsh and Blasch 1980, p.1). Whilst sighted children acquire such skills "gradually and without planned, systematic instruction from adults" through their ability to watch and learn from others (Lewis and Iselin 2002: p335), studies have shown that visually impaired children do not achieve the same level of competence in the mastery of independent living skills as their sighted peers. In contrast, many will require the intervention of direct instruction. Lewis and Iselin go on to argue that visually impaired children who lack competent social and daily living skills will not have the same opportunities to participate in the adult world of employment and contribute to their community's wider life. Thus, support for mobility and independence has a crucial role to play in the 'inclusion' of children with special needs not only within education, but also in wider society.

A recent survey suggests that there are approximately 24,000 visually impaired children and young people of school age (i.e. up to and including the age of 16) in England, Scotland and Wales (Keil and Clunies-Ross, 2003), the vast majority of whom would be educated in mainstream schools. According to Stone (1995), the issue of providing mobility support for visually impaired children in mainstream education in the UK did not really emerge until the 1980s in response to the initial integration of visually impaired children (see also McCall 1997).

In recent years, there has been increasing concern over the patchy nature and quality of provision of mobility and independence support for children in mainstream schools within the UK (Lee 1988, Dawkins 1991, and Franklin *et al* 2001). A number of practitioners involved in teaching mobility to children were also concerned that current training programmes did not adequately prepare professionals for working with children, and that the growth in the number of professionals working with children has not been reflected in corresponding changes in the curricula of training courses offered in the UK (MSIE, 1997).

In order to address these concerns, a consortium of organisations including the Royal National Institute of the Blind, the Guide Dogs for the Blind Association, Opsi and the Department for Education and Skills funded a one year research project with the broad remit of investigating mobility and independence education for children in mainstream education.

The Visual Impairment Centre for Teaching and Research (VICTAR) at the University of Birmingham responded to the 'invitation to tender' and was successful in gaining the

contract. This paper provides an overview of the key findings and recommendations from the research, and suggests ways that the findings can be used to help develop services both within the UK and overseas.

Background to the project/method

The aims of the project were somewhat ambitious; specifically, they were to define the mobility and independence skills that visually impaired children require; investigate the processes and people involved in delivering mobility and independence support to children; and to explore issues relating to professional training and the funding of services within the UK.

The research team adopted an eclectic approach to research methods, operating from the premise that there was already an enormous amount of expertise in the field. The research team sought to tap into this body of knowledge and expertise through a combination of literature reviews, information collection and consultation through documentation analysis, and semi-structured interviews and focus groups with a variety of professionals and people involved in the provision of mobility and independence education within the UK. The main data collection consisted of focus group sessions and interviews with more than 70 people involved in mobility and independence education, as well as reference to mobility and independence policy and curriculum documents held by services around the UK which were obtained in response to a letter sent to 156 LEA services and 19 special schools for the visually impaired across the UK.

Summary of the Findings

The wealth of information generated from the research resulted in a number of key

recommendations aimed at both policy makers and providers of mobility and independence support, along with many more practical recommendations about the delivery of M&I support, illustrated with examples of good practice drawn from the field. The aim here is to provide a brief summary of these findings, but further details can be found in the ‘Steps to Independence’ project reports (see Pavey, Douglas, McLinden, McCall, and Arter 2002a and Pavey, Douglas, McLinden, McCall, and Arter 2002b). An online version of the report is available at www.education.bham.ac.uk/research/victar.

Recommendations for a mobility and independence curriculum framework

Although much good practice in the field was identified in the research, there was an apparent lack of clarity about what the term ‘mobility and independence’ should encompass. Therefore one of the most important outcomes from the project was to construct a curriculum framework which would establish a shared definition of mobility and independence. Views from the educational field suggested a broad definition of the term was preferred which included not only orientation and mobility (O&M) and travel, but also broader issues such as “independent living skills” (ILS), “social development”, and “communication”. The importance of early intervention was also often highlighted, and there was common agreement that many of the foundation skills required for both independent living skills and orientation and mobility are similar. The final framework presented here (Figure 1) emerged from a combination of the views of mobility and independence educators and key recommendations from literature on mobility and independence and child development.

Early and Foundation Mobility and Independence

- Body and spatial awareness – e.g. early sensory-motor development, spatial language, mobility and orientation in different settings
- Social and emotional development – asking for assistance, social conventions, manners, confidence and motivation.

Advanced Mobility and Independence

- Travel skills – e.g. route planning and technical aspects of travel, mobility and orientation, road safety, cane techniques
- Independent living skills (ILS) – e.g. kitchen skills, eating, hygiene, money handling, dressing.

Figure 1. Framework for mobility and independence curriculum

Children with visual impairment live in a social world and not just a spatial one, and therefore social and emotional development was seen as a prerequisite to enable children to communicate appropriately, to acquire a clear sense of how they fit into their social context, and to develop self-confidence and self-esteem. A key aspect of the framework is the distinction between early and foundation mobility and independence and advanced mobility and independence. While the concepts of early and foundation mobility and independence underpin the higher order activities, it is clearly unrealistic to expect that all the foundation skills will need to be mastered before the higher order skills can be introduced. Nevertheless all aspects of mobility and independence should be considered as

making up an applied discipline in which children learn to interact with, and move through, the environment with independence and purpose. Children with visual impairment are not a homogeneous group and children will have different needs depending on, for example, their level of useful sight, the age of onset of their visual impairment and the level of previous support available to them.

The first key recommendation of the research was for services to consider adopting the key concepts and skills in the curriculum framework set out in Figure 1 as the basis for their provision in order to ensure consistency in provision of mobility and independence education to children with visual impairment.

Recommendations for delivery of the M&I curriculum

One of the surprising findings from the research was that many more professionals were involved in the delivery of M&I support than had first been thought. As well as having a multitude of different job titles, they often had very different backgrounds in terms of their professional training, and were employed by different agencies: for example local education authorities, social services departments, and voluntary organisations. For the purposes of the research reports and this paper, the main professional overseeing the delivery of mobility and independence support is referred to as the ‘mobility and independence educator’ or MIE for short.

Fifty one interviews were carried out with professionals from ‘mobility and independence services’ in 29 Local Education Authorities (LEAs). Table 1 shows the providers involved in delivering mobility and independence services to children in mainstream education in the LEAs:

Table 1. Summary of main providers involved in the 29 LEAs

Provider	No. of M&I Services	%
LEA*	17	59%
Social Services	6	21%
Voluntary Organisation	5	17%
Outside consultant	1	3%
Total	29	100%

* The LEA mobility providers were either Qualified Teachers of the Visually Impaired (QTVI) with an additional qualification in mobility and independence, or qualified professionals employed to solely provide mobility and independence training to children.

However, the picture was even more complex than this table suggests, since there was often more than one agency involved in the same LEA. While the ‘main provider’ could be defined as the agency delivering the majority of mobility and independence education, many providers worked alongside another agency involved in the delivery of particular aspects of the mobility and independence curriculum.

An investigation into the delivery of the M&I curriculum revealed that it involved a complex set of processes and procedures. This process was seen as a cycle of delivery, from first referral through to completion:

- Referral
- Assessment
- Programme design
- Intervention
- Review
- Completion

This framework helped provide a clear structure for organising the interviews and the subsequent analysis. The extensive interviews provided information about the workings of the delivery process, and the subsequent analysis identified issues, challenges, and provided examples of possible solutions. Whilst a summary is presented here, they are presented in detail in the full research report (Pavey et al, 2002a).

It became clear that those working most closely with the child (e.g. class teacher, special educational needs coordinator, parent) often lacked the skills, understanding and knowledge to be able to identify the child's mobility and independence needs and to judge whether the child needed to be referred for support. For this reason, one of the key recommendations of the study is that all children with a visual impairment should have a basic assessment to determine whether they require mobility and independence support immediately. If the assessment does not identify an immediate need then it should also indicate if the child could potentially need support in the future.

The mobility and independence educator should be responsible for carrying out all Assessments. Assessments should:

- *be carried out in relevant locations (e.g. home, school, both familiar and unfamiliar), and involve people closely involved with the child*
- *include observation, discussion with the child and key people, use games and relevant tasks, as well as consulting records and reports*
- *be holistic, covering the broad mobility and independence curriculum*

- *use formal record keeping methods (e.g. checklists)*
- *result in clear action points and future responsibilities, copied to parents, school and other services involved*
- *result in programmes that promote inclusion and are directly relevant to the child by establishing links both within and beyond the school curriculum.*

Since many people have responsibilities in the delivery of mobility and independence education it is important to define the distinct roles and responsibilities of the professionals and carers involved. The research found that one-to-one tutoring required the specialist knowledge of the mobility and independence educator, but that the reinforcement and practice of mobility and independence skills were equally important, and these could be implemented by teaching assistants (in school) and parents (out of school) under the advice of the mobility and independence educator. The importance of raising awareness of mobility and independence needs among those working most closely with the child should be recognised and promoted.

Many aspects of mobility and independence education require a considerable amount of time. A single person should be responsible for negotiating time allowances for mobility and independence sessions with the key contact in school, and the mobility and independence policy should clearly identify who these people are.

In allocating the amount of time for mobility and independence education, consideration should be taken of each child's circumstances, for example their age, the nature of their mobility and independence needs, the

appropriate time of day for learning the skill, and the impact of missing particular lessons if it has to be in school time. Time should also be available for the mobility and independence educator to advise others working with the child.

In terms of review and completion of programmes, children should work towards long-term educational goals, rather than experience a series of ad hoc interventions as was sometimes found to be the case. The mobility and independence policy document is vital, and should detail the procedures to be adopted for monitoring children. In particular:

- *Children should be monitored whether they receive one-off support or are on a rolling programme. Responsibility for this monitoring should be allocated to a person with good awareness of mobility and independence issues (e.g. the Qualified Teacher of the Visually Impaired).*
- *The mobility and independence educator should be involved in educational planning and reviewing processes, in the UK this might include Individual Education Plans, statements and annual reviews*
- *Formal record keeping mechanisms should be in place to record the child's progress, which should be linked to other formal educational planning and reviewing processes.*
- *Copies of reports should be given to parents and other agencies involved with the child so that everyone is kept informed and duplication of effort is avoided.*
- *Accreditation should be considered to reward children for their achievements,*

building up their self-esteem, and to raise the profile of mobility and independence with school staff, the child's peers and with their family.

- *Agencies should share information to enable a smooth transition from one agency/authority to another. This depends upon the establishment of clear mechanisms for the transfer of information, and appropriate record keeping as described above.*

The majority of data collected related to children of school age, however, many interviewees spoke of the importance of early intervention with pre-school children, sometimes acknowledging that this need was inadequately met. A qualified teacher of the visually impaired is often ideally placed to be the mobility and independence educator but any pre-school mobility and independence work should also be linked in with the work of other agencies involved with the child. In addition to working directly with the child, particular emphasis should be placed upon empowering and involving parents in the child's development.

While the remit of the research project was mainstream provision, it is important to note that many of the recommendations from this project relating to policies and procedures can, if sensitively applied, also address the particular needs of children with multiple disabilities and a visual impairment (MDVI). The additional needs of these children may include physical disabilities, speech difficulties, behavioural difficulties and learning difficulties. Aspects of the mobility and independence curriculum recommended in the report, particularly those concerned with early and foundation mobility and independence, may

also be relevant to these children provided that teaching methods and activities are modified to be meaningful. This may involve teaching unique techniques to enable children to achieve some level of independence.

Since children's social context is influenced by their cultural and religious background, professionals should provide mobility and independence education which is sensitive and relevant to all the children with whom they work. The mobility and independence policy should make explicit reference to the needs of children and families from different ethnic groups. The specific content of this will depend upon the communities being served. In particular, there should be policies in place to ensure that:

- *all professionals are aware of and sensitive towards cultural differences that may affect the content and delivery of mobility and independence education.*
- *there is a willingness to work with members of the extended family where appropriate.*
- *written information provided to all families is clear. Within the UK, this is particularly important for parents or carers who are not familiar with the English education system and/or for whom English is an additional language.*
- *services have in place arrangements for professional interpreters should a family require the facility.*
- *the service can respond to a request for the mobility and independence educator to be the same gender as the child.*

Training

Until the 1970s, children in the UK with a registered visual impairment were almost

always educated in special schools for pupils with a visual impairment (see McCall, 1997). The schools often employed their own mobility specialists. These specialists were usually trained mobility officers or QTVIs in the schools who had been seconded for a training programme in mobility.

In the 1980s when small numbers of educationally blind children began to receive their education in mainstream schools supported by visiting QTVIs employed by the education service. However, there appears to have been no nationally adopted mechanism for providing mobility and independence education to these children. The number of children with a visual impairment educated in mainstream schools has since grown and a complex and diverse set of arrangements has evolved for the delivery of mobility and independence education.

In most training programmes that lead to the nationally recognised qualification of rehabilitation officer (or rehabilitation worker) there is no direct focus on children - the courses are generic. Students leaving the courses go on to work in a range of settings which include voluntary organisations and some social services departments. However, a number of students do go on to work exclusively with children. It is not surprising then that many of the qualified rehabilitation officers who were interviewed felt ill equipped to work with children - in particular children who are young or have complex needs.

A number of qualities and prerequisites to working with children were identified from the research, and from these recommendations can be made as to what training programmes should provide for rehabilitation officers:

- *a sense that they have a responsibility for the whole age range of people with a visual impairment*
- *a grounding which develops an awareness of the differences between working with children and adults*
- *an opportunity to work with children in their practical placements*
- *an understanding of the role of a rehabilitation officer working with an education service*
- *an understanding of inclusion and inclusive practices*
- *an introduction to the mobility and independence curriculum.*

In addition to rehabilitation officer training, a variety of training programmes exist which are specific to working with children, leading to a range of qualifications. All these programmes appear to focus more attention upon aspects of “mobility and travel” than on the broader mobility and independence curriculum as defined in this report. Additionally, the programmes all claim to be suitable for qualified teachers and teaching assistants, as well as for qualified rehabilitation officers. Second-level training programmes for professionals wishing to be involved in mobility and independence education is good in principle, however rehabilitation officers, teaching assistants, and QTVIs are likely to require different types of training which reflect their existing knowledge.

Unfortunately there is a lack of clarity about the comparative academic status of the different programmes that currently exist and what they equip participants to deliver when qualified. There appears to be no consensus about the ideal duration, design and depth of

training programmes. In addition, interviews revealed that there were serious doubts about the future of a number of the current programmes which could lead to some vital short courses being unavailable in some parts of the country. Additionally, the field is becoming reliant on a few main providers, which may make the future of training provision vulnerable.

In terms of funding for professional training, there is a relatively well-defined route for teachers to secure funding for specialist training through the DfES Standards Fund. However, feedback from heads of support services suggests that access to the fund can sometimes be difficult, especially when budgets have been delegated to schools. It is particularly difficult to obtain funding for the training of teaching assistants. Funding routes for those employed by social services are often less well-defined and it was found that some students were dependent on bursaries from voluntary bodies, such as Guide Dogs, whilst other students were self-funding. In summary, it appears to be difficult to secure funds for the training of professionals in mobility and independence education.

Further research

As with so many research projects, this research identified a number of areas which require further research and development. In particular, the following broad areas need attention:

- *the mobility and independence needs of children with multiple disabilities and a visual impairment;*
- *training standards and training routes for professionals carrying out mobility and independence education.*

- *those evaluating the SEN Code of Practice should monitor its impact upon mobility and independence provision, and the evolution of contractual arrangements between education and other agencies providing mobility and independence education should also be monitored.*

Further Outcomes from the project – a free online resource

Using funding provided by the National Library for the Blind, the findings and recommendations from the first project were used to develop an online resource for professionals who work with children with visual impairment. The aim of this online resource is to help users to understand and consider the different factors that are involved in the delivery of mobility and independence education to children with visual impairment. In particular the mobility and independence skills that need to be covered in a mobility and independence curriculum; how these skills can be ‘delivered’ to children including a description of the various stages, processes and people that are involved, and considering the needs of particular groups of children; the key considerations to make when developing a mobility and independence service including the training and background of professionals and issues relating to multi-agency provision; and the implications of UK educational policies upon the provision of M&I education.

In summary, the resource features six virtual ‘rooms’, including:

- *The Entrance Hall, which describes the background and purpose of the resource;*

- *The Curriculum Room, which outlines the recommended mobility and independence curriculum;*
- *The Delivery Room which describes the 6 stages involved in delivering mobility and independence education to children, including referral, assessment, programme design, intervention, review and completion.*
- *The M&I Policy and Service Room, which considers the issues that need to be addressed when developing new or existing M&I services.*
- *The Education Policies Room, aimed at professionals unfamiliar with educational terminology and policies that affect the provision of mobility and independence education;*
- *The Resource Room, which includes examples of good practice evidenced in the field, a list of the recommendations made by the research team, and other useful resources including examples of assessment checklists, key texts, and links to other sources of information, and references used in the research reports.*

The resource can be used to assess individual practice and/or to develop new or existing mobility and independence services. The resource was launched in the late summer of 2004, and can be accessed for free online at <http://sti.nlb-online.org>.

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40 Years of O&M – The Journey to Independence for People with Visual Impairment in Vietnam

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Preface

I am a teacher at the Nguyen Dinh Chieu School for the blind, in Ho Chi Minh City also known as Saigon. In 2003 I won a full scholarship in a national competition for a 2 years masters degree in Orientation and Mobility Therapy for persons with Visual Impairment held by the International Fellowship Program (IFP) of the Ford Foundation in Vietnam. I am writing this paper as a visually impaired student and as a witness to the historic events that have shaped education for persons with visual impairment both before and after the reunification of my country in 1975. Some of these events have never been previously recorded.

This paper will discuss the different types of schools for the blind in Vietnam; the history of Orientation and Mobility (O&M) in the country; current practice in O&M instruction and will consider some of the practical challenges facing practitioners and my plans upon my repatriation after graduation from Pennsylvania College of Optometry in September 2006. This paper has been written with support from Ms Ha Thanh Van, Vice Director at the Nguyen Dinh Chieu School for the Blind in Ho Chi Minh City and the two of the O&M instructors there, Mr. Hoang Van Tuan and Ms Dao Kim Ph ng, who have contributed to the introduction of O&M during the past 30 years throughout Vietnam; from my brother Mr. Le Dan Bich Viet who spent lots of time with teachers and students to take the photos in this paper; from the Association of the

Blind of Hai Duong Province and from my academic advisor Ms Laurel Leigh. This presentation is dedicated to the Council of Educational Exchange with Vietnam (CEEVN) - Ford Foundation, all of my professors at PCO, and, above all, my fellow blind compatriots in Vietnam.

40 Years of O&M – The Journey to Independence for People with Visual Impairment in Vietnam

Vietnam is a developing country that is located in the center of South East Asia. According to the website of the World Info Zone (<http://www.worldinfozone.com/country.php?country=Vietnam>) the population of the country is 80.9 million (Data on Social Statistics in the Early Years of the 21st Century, General Statistical Office, Vietnam 2003). There are around 900.000 persons with visual impairments, but there is no legal definition of Blindness so this number cannot be considered as reliable. The only national definition of Blindness that I could find is the regulation of the Vietnamese Association of the Blind issued in 2003 (section 4, chapter 3 page 10), which states that membership is open to “anyone who can only count fingers at less than 3 meters”. The health sector uses the same definition of Blindness as that of the World Health Organization (WHO). (Thuy 1991; Dr. Phuc, Hien, and Thuy in lectures delivered at Department of Special Education of Teacher Training in Ha Noi 2001).

Schools for the Blind

There are different types of establishments that support children who are visually impaired in Vietnam and they include Government schools for the blind and some in the private sector. Although the Prime Minister decided to place all schools for disabled children under the authority of the Ministry of Education & Training, in practice these schools belong to various local departments including the Department of Education & Training, the Department of Labor and Social Welfare, the Red Cross, and the Vietnamese Association of the Blind. Schools attended by students with visual impairments can be divided into the following types:

Government Sector Schools

1. Schools for the Blind: there are only 3 government schools for the blind: (1) Nguyen Dinh Chieu in Hanoi, (2) Da Nang and (3) Ho Chi Minh City. These schools belong to the Cities' Departments of Education and Training.
2. Schools for the Disabled: These are the most common form of special schools and are schools in which students of all type of disabilities are educated together. They cater for children with a wide range of needs including hearing impairment, developmental retardation, motor disabilities and for orphaned children.

Private Sector (People's Funded Sector) Schools

1. Schools run by local Associations of the Blind
2. Schools run by religious groups (the Buddhist Church has traditionally maintained residential schools for the disabled where blind students and students with other disabilities are educated.

3. Warming Houses (or shelter houses) which are organized by blind or sighted individuals to support visually impaired children.*¹

Since Ho Chi Minh City is the wealthiest locality in Vietnam, it is where most of the warming houses or religious schools for the blind are located, and many graduates from these schools do not want to return to their mother provinces. Blind people from other provinces and cities also tend to move to the city to seek employment. Among the 38 schools categorized above, 10 belong to the Association of the Blind, 7 are private schools and 21 are government institutions. The map (figure 1) below shows the provinces and cities where there are schools for students with visual impairment.



The History of O&M in Vietnam

The history of O&M in Vietnam can be divided into three stages, (1) 1967 to 1975, (2) 1976 to 1997, and (3) 1997 to the present.

¹ "Warm or 'Warming' Houses" are refuges/shelters set up by individuals or NGOs that give a warm welcome to disadvantaged children such as street children or children with disabilities. Some, such as the Thien An Warming House for the Blind or Nhat Hong Warming House for the Blind in Ho Chi Minh City Vietnam seek to provide some education in addition to welfare.

1967-1975

The Vietnamese culture tends to be family oriented, but generally people do not believe that individuals with visual impairment can travel independently and safely. Most people with visual impairment are reluctant to go out with other people and tend to seek other blind fellows to share their company. In the past, many people with visual impairment used any type of stick while traveling and sometimes traveled without a stick at all. To cross a street, they would raise their stick or cane up in the air, or would whistle to signal that they wished to cross the street.

Although the first school for the blind was founded by the French in Saigon in 1929, it was not until April 1967 that the first orientation and mobility training course was conducted at the National Rehabilitation Institute (NRI) in Saigon, now Ho Chi Minh City (Neustadt-Noy, N. and LaGrow, S.J., 1997, p 635-636). The course was delivered by a graduate from Western Michigan University, Mr. Rodney Kossick who was contracted by the World Rehabilitation Fund to run a pilot rehabilitation project for blind veterans of the war. Within a year, 2 orientation and mobility instructor training courses had produced 8 local instructors. At the same time, 25 trainees (consisting of blind veterans and adult students from La San School for the Blind) volunteered to be instructed in O&M and vocational training. I found a precious and very touching article written by Kossick in the *Blindness Annual Report* published by the American Association of Workers for the Blind in 1970. In his article, Kossick (1970) described challenges of working in Saigon during wartime, and his observations about traffic are still as relevant now as they were then. He wrote:

The downtown area of Saigon has many large traffic circles and a few large

boulevards with about 10 or 12 lanes of traffic. Through this downtown area flows heavy traffic: pedestrians, thousands of motorcyclists, bicycle riders, tri-shaws, cycles, taxicabs, military vehicles and a few pony carts. The sidewalks in the downtown area are usually cluttered with street merchants displaying their wares: those with carts, and small stands scattered throughout the area in random fashion. One also has to contend with trees, power poles and other fixtures. The residential areas have varying conditions: some have boulevards, some ordinary streets, and some dirt streets. There are hardly any sidewalks, only occasional curbing, oftentimes just paths. Moreover, in some places there were rolls of concertina barbed wire and in various places guard installations which blocked the sidewalks. (P 37).

Today, if you come to Saigon or to other cities in Vietnam, you will rarely see military vehicles and you will find more boulevards and larger sidewalks, but the traffic has not changed!

By June 1968 when the project ended, 2 other satellite rehabilitation centers had been opened in the cities of Da Nang and Can Tho, and by 1970, when the program was handed over to the Vietnamese, 180 blind trainees had completed the program (Trac, 1970). The trainees were taught basic light touch long cane techniques and were given exercises in walking over changing surfaces to create “greater sensitivity and feedback” until they “had the agility of a baton twirler” (Kossick, 1970, p 36).

After the historic events of 1975, the NRI was closed and most of the O&M instructors left their jobs. Some were moved to Nguyen Dinh Chieu (NDC) School for the Blind (formerly a school

for blind girls) which was re-opened in 1976. O&M continued to be taught there by instructors who had previously worked at the NRI: Mr. Vo Quan Hai, Ms. Dao Kim Phung and Mr. Hoang Van Tuan.

In 1986, two instructors, Mr. Hoang Van Tuan and Mrs. Dao Kim Phung from NDC School in Ho Chi Minh City, were invited to set up training programs in O&M for the Vietnamese Association of the Blind. Subsequently they were asked to provide training for teachers from the NDC Schools for the Blind which had been established in 1989 with the support of CBM International in the capital city, Ha Noi (Hanoi). They were invited to conduct this training because the people of Ha Noi had been influenced by Soviet training doctrines and had no expertise in teaching people with visual impairment to travel independently and safely. From then on, as the country's economy improved, more schools for the blind and disabled children were opened in various provinces, and these two experts continued to travel the country to introduce O&M to schools and the local Vietnamese Associations of the Blind.

In 1997, with technical and financial support from the Halland Region Association for the Blind in Sweden, The Rehabilitation Center belonging to the Vietnamese Association of the Blind was built and put into operation for the rehabilitative training of blind persons and rehabilitation instructors.

On Monday November 7, 2005, I had a chance to interview Mr. Vu Anh Minh, a rehabilitation teacher who graduated from the Rehabilitation



Hoang Van Tuan



Dao Kim Phung

Center and who is currently working as an O&M instructor at the Association of the Blind of Hai Duong Province in the North of Vietnam. He described how the Rehabilitation Instructor Training Program lasts 3 months and the O&M component includes 70 periods (each period is 50 minutes) of theory and 90 periods of practice. The course covers indoor and outdoor travel, but does not cover areas such as low vision or additional disability. Currently they are applying the same curriculum that Mr. Tuan and Ms. Phung introduced at Nguyen Dinh Chieu School. Each year, the center offers four courses, each course lasts 3 months, and so far 160 rehabilitation instructors have graduated and they all are working for the local branches of the Association of the Blind in the country.

Current Practice

Every year the NDC School in Ho Chi Minh continues to send Mr. Tuan and Ms. Phung to other schools for the blind to train their O&M teachers. The Catholic Church in Ho Chi Minh City also holds annual training courses in the summer for employers who are willing to take on persons who are visually impaired, and they also invite Phung or Tuan come to work with Sister Le Van Nga who was trained as an O&M Instructor, achieving a Masters Degree in Special Education in Australia in 2001. (Interview with Mr. Nguyen Quoc Phong, the head of Thien An Warming House for the Blind in Ho Chi Minh City on January 27, 2006).

Challenges for O&M Instructors in Vietnam Teaching Approaches

Orientation and Mobility instructors always follow a traditional training methodology and curriculum. They are required to follow closely teaching plans prepared at the start of the school year to cover weekly lessons. They also have to register their teaching targets in accordance with

the teacher's appraisal system and at the end of the school year meetings are held for colleagues and school leaders to review and evaluate the trainer's performance.

There is no O&M training for low vision students; they are treated as blind students because the curriculum we are using has not changed much during the last 40 years. There is also no O&M training for visually impaired children with additional disabilities as well as O&M for old aged persons with visual problems.



A lesson in ascending and descending the stairs at the NDC School



Group instruction in O&M is popular and there are no individual education plans (IEPs) for students. Lessons are usually divided into two parts; theory and practice. In the theory section, the

teacher reads mobility instructions out loud for students to write down and in the practice sections the students and the instructor carry out the instructions.



Traffic Risk:

Traffic

According to BBC News, throughout Vietnam, more than 7000 people died from traffic accidents in 2001. During the first eleven months of 2005, the government recorded more than 12,700 traffic deaths, and the World Bank (WB) ranked Vietnam as having the worst record for traffic accidents in the region last year. In Ho Chi Minh City alone it is estimated that 31 persons die each day from traffic accidents (Vietnam News Online, 2006).

In Vietnam, the traffic risks are high even for sighted pedestrians. Modified cane techniques for visually impaired travelers are necessary because of the nature of the traffic in Vietnam.



Modified technique for street crossing

The sidewalks are not accessible because of the number of obstacles on them such as



motorcycles, which their owners park wherever they can. Blind pedestrians

These 2 photos show the sidewalk on Tran Hung Dao Boulevard, one of the main streets in Ho Chi Minh city

therefore are faced with unpredictable obstacles while traveling.

Although they have been trained in its use, some of our blind students do not use the long cane



because they feel that people do not regard a blind person with a white cane as normal.

These 2 photos were taken under the permission of Mr. Nguyen Hoang Bao Vu, one of the former students of NDC School, on March 12, 2006.

In 1994, one of our students was killed in a tragic traffic accident just because she was too embarrassed to use a cane when traveling. The truck driver did not recognize her as a blind pedestrian and although he sounded his horn, instead of jumping out of the way, the girl jumped into path of the truck. She had been to the school in the morning to offer flowers to her former teachers on Teacher's Day and the accident occurred on her way back home.

My plans when I go back to Vietnam

I plan to go back to Vietnam after my graduation from Pennsylvania College of Optometry in Philadelphia. My plans include:

- *Introducing the latest O&M approaches, particularly those relating to O&M for students with Low Vision and to visually impaired students with additional disabilities.*

- *Teaching blind students and training instructors. Communicating with schools for the blind and universities in the country to achieve consistency in training approaches.*
- *Preparing a new O&M curriculum for the NDC School in Ho Chi Minh City*
- *Talking to blind persons and parents of students and acting as a role model for cane users.*
- *Working with the mass media to launch a public campaign on raising traffic awareness and to argue for accessible physical environments for disabled and visually impaired users.*
- *Working with community doctors to promote the early detection of visual impairment and disabilities.*
- *Providing basic training in human guide, cane techniques and daily living skills for community workers, volunteers and parents.*
- *Collaborating with community workers to organize parent support groups and community support for blind persons.*
- *Distributing instructional materials which I will bring from the US, with the support of the Ford Foundation through the Center of Educational Exchange with Vietnam to help O&M instructors develop locally appropriate technology.*

Conclusion

This article was written to present an accurate picture of orientation and mobility in Vietnam and of the challenges that people with visual impairments face every day. I hope in 2007, when we celebrate 40 years of O&M in Vietnam, I will see progress in the journey to independent travel for the blind in my country.

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12th World Conference of ICEVI - An Event to Remember

When you receive this issue of The Educator, the 12th world conference will be underway. Why is this conference unique? Here are some facts:

- *More than 450 abstracts, the highest ever for an ICEVI conference,*
- *More than 300 speakers in plenary and concurrent sessions,*
- *16 Focus day workshops on specialised themes organised to meet special areas of interest,*
- *US \$ 170,000 generated by ICEVI and the Host-Committee to support participants from developing countries,*
- *Regional Focus Day sessions organised to discuss issues of specific interest to our 7 regions,*
- *The launch of the long anticipated global campaign on "Education For All Children with Visual Impairment" and*
- *Approximately 1,000 participants from more than 70 countries registered.*

We invite those unable to attend ICEVI's 12th World Conference to read the conference proceedings that will be posted on the ICEVI website in late July, 2006.

The Future of Training in Mobility and Orientation in the UK

Robert Avery

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School of Vision & Rehabilitation Studies, Scotland*

The training programmes that seek to qualify professionals to work in services delivering mobility and orientation to children and adults in the UK are, at present, in a state of major flux. Courses are offered by different agencies at a range of different levels and they lead to a wide range of outcomes, and because there is no consistency in the what is being offered, potential employers are left very unclear about the skills and abilities of those who have completed programmes and are seeking employment.

The designation and function of specialist staff in this area has evolved over the past eighty years or so. It began with the Home Teachers of the Blind who were trained in skills such as Braille, and undertook regular visits to blind people and aimed to achieve an acceptable way of life for their charges. Whilst the Home Teachers focussed on the needs of the blind at home, formal outdoor mobility began in the UK with the advent of guide dogs in October 1931. These highly trained dogs enabled people to move about safely and independently for the first time. As in the USA, following the Second World War there was a significant number of ex-servicemen who returned from the fighting with sight loss. Training with the long cane was introduced into the UK in the 1960s following a report on the use of the long cane by Dr. Alfred Leonard of Nottingham University and a visit to America by Mr. Walter Thornton, a blind youth worker, to investigate the potential benefits of this equipment. This led to the development of

the role of the Mobility Instructor, training for which initially took place at the Midlands Mobility Centre and later expanded to the North and South Regional Associations for the Blind

Currently the key employment role in the field of visual impairment in the UK is that of the Rehabilitation Worker (or Officer) for the Visually Impaired or "RW". The professional qualification for this position over the past ten years has been a Diploma of Higher Education, but recent developments have seen the major trainer, the Guide Dogs for the Blind Association (Guide Dogs), withdraw from the direct provision of this programme.

In 2001, Guide Dogs embarked on a strategic review to consider service provision for the future aligned to a robust and stable financial position. Annual losses at the Guide Dogs Training School of Vision and Rehabilitation Studies were high and, consequently the charity's Council of Trustees decided to "consider all suitable alternatives to the direct provision of training and education through the School". It had been hoped that Guide Dogs would be able to achieve 3 outcomes:

- *engage with key policy makers in social services, health and education to consider the appropriate funding of RW training for the sector*
- *to identify a suitable strategic partner(s) to secure the ongoing provision of education and training for the profession*

- *identify a more suitable location for training reducing high overhead costs*

Despite stringent efforts, these were not achievable within the timescale required for decision making and Guide Dogs concluded that training of RWs for the external market was not part of its core activity. In an effort to focus on its main functions and break even financially, Guide Dogs decided to withdraw from external training and to close the Schools. A project group was established and timelines for the closure of the School's two training centres sites were set out. This included a programme of redundancies scheduled to complete in December 2004.

Across the UK there was strong sectoral and political reaction regarding the cessation of training and the withdrawal of a national resource. In 2003, this led the Scottish Executive to propose a plan to make available to Guide Dogs financial support over 2004 and 2005 to enable the training of a further intake of students while the longer term future of RW education and training was to be explored. Subsequently the Executive approached Guide Dogs to provide another intake in Glasgow in 2005 with further financial support from them. This valuable intervention by the Scottish Executive has allowed Guide Dogs to work with other organisations to secure a long-term solution to the employment and training of Rehabilitation Workers. The work in Scotland has generated interest across the rest of the UK and it is considered that Guide Dogs are now in a much stronger position to engage in strategic debates on the future of the profession, and to identify robust solutions for the continued provision of training on a national basis.

The need for Rehabilitation Workers has not diminished. Previous attempts to quantify the adult visually impaired population of the UK have been thwarted by poor information and

methodology. The sole statutory source of data is the Registration Process. This process has been the focus of much debate and consideration recently and it is likely that there will be three distinct methods of registration by the end of the year – all of which remain voluntary.

Available data show that the incidence of sight loss, as measured by the number of people who are registered as blind or partially sighted, is increasing. In 1991, the number of people registered was 270,000 and this had risen to 350,000 by 2003. Analysis of trends projects that by 2012, some 450,000 people will be registered. These figures show an increasing population of blind and partially sighted people who require more and more differentiated support services from Rehabilitation Workers.

This increase shows only those people who choose to register; data produced by RNIB on the underlying trends suggest that the figure is much higher. Although there are suggestions that previous studies contained flaws and insufficient statistical evidence to support extrapolated population estimates, nonetheless it should be recognised that we fail to meet all the needs of all visually impaired people in the UK – by a significant margin.

The specialist Rehabilitation Worker for the blind is a relatively new profession. However their value has been widely recognised by service providers and service users and the number of RWs has been steadily increasing over the years.

Currently, the registered population is almost 350,000 and is supported by around 500 RWs giving a ratio of approximately 700 registered clients to one Rehabilitation Worker. The Visual Handicap Group recommends a ratio of 240 clients to one RW and this would indicate that there is a current requirement for almost 1500 RWs to meet the need of the registered population, while only 644 are employed. Based

on the projected increase in the incidence of registered blind and partially sighted, there will be a requirement for 1,871 RWs by 2012. Even at current caseload levels there would be a requirement for 752 RWs in 2012.

To further complicate matters, there is currently no regulation of the profession in the UK, with no plans for registration with relevant regulatory bodies to do so in the near to mid-term. This has a direct impact of the potential salaries and perceived status of the profession, which is one of few professions within the Health and Social Care sector that still has a qualifying award below degree level. The lack of a coherent professional body has a further impact on the professional standing of the Rehabilitation Worker as the profession has no representation at UK or devolved country government level. It is also possible for an unqualified person to be designated as a Rehabilitation Worker since, unlike other professionals, there is no security of title.

A further complication is the lack of national occupational standards to measure the performance of the Rehabilitation Worker against, or to define the elements to be included in the qualifying educational programme. An attempt to address this deficiency was undertaken during 2004, when the Training Organisation for Personal Social Services (TOPSS), now Skills for Care & Development, commissioned the work of researching and writing these standards. LMG Associates in partnership with Guide Dogs were successful in leading this venture, and an extensive range of consultation exercises resulted in the production of a set of draft standards, which were published in May 2005. The standards were not, however, adopted but put aside until a similar exercise covering the rest of the sensory impairment sector has been completed. This is currently taking place and is due to report back in mid 2007.

The lack of a cohesive direction for the future of training has seen a fragmentation of training, with awards at Diploma of Higher Education, Foundation Degree and BTEC Advanced Diploma along with a number of other short courses all springing up to fill the void for service providers. The various awards cover different aspects of the role of the Rehabilitation Worker, from simple orientation and mobility to the full range of skills.

Reductions in the availability of funding is also a major barrier to the expansion of qualified staff and a growing number of students are forced to fund their own training. Continuing in this way is neither economically viable nor sustainable in the long term.

The University of Central England who, with financial support from the RNIB, deliver a course leading to the Diploma of Higher Education, revised the structure of their delivery in 2003 to facilitate easier access for students wishing to join the profession. The revised structure requires only a small number of weeks of attendance at the university over a two-year period, with most of the study being done at home via electronic media.

Guide Dogs' decision to withdraw from the direct provision of training has been tempered by endeavours to secure the future of RW education and training in the mainstream of Higher Education. During Guide Dogs' strategic review, a number of potential partners were approached with a view to establishing their willingness and ability to take over the existing course. While none were able to make such a commitment in 2001, they have been more interested in the proposal at the heart of the model now being considered. It is now likely that a number of universities would be willing to align the RW course with their Social Work or Occupational Therapy courses thereby increasing their own involvement in the sector

and offering a further and more specialised option to prospective students. This model also allows for greater and more targeted marketing to encourage enrolments from school-leavers, those wishing to re-train and enter a new professional field and others looking to develop their career opportunities.

In this model staff expertise in the form of direct teaching input would be bought in by the universities as required, while blending those aspects of the new course which are more generic into existing programmes of study such as Social Work and Occupational Therapy. The draft occupational standards will inform the development of the new programmes within these universities thereby developing a skilled professional capable of responding to the challenges presented by the client group well into the future.

This method of delivery will result in a situation whereby students attending the RW course will be able to apply to their Local Education Authority in England and Wales, the Student Awards Agency for Scotland or the Northern Ireland Office for support with course fees. As a “designated course” the programme will also be eligible for mandatory awards support via the Department for Education and Skills. It will also be eligible for Student Loan and Career Development Loan support.

Overall, this approach complies with the advice from the Department of Health to place RW training in the mainstream of Higher Education and Training so that it might access mainstream funding mechanisms and support, rather than have to rely on organisations such as Guide Dogs and RNIB to fund it.

The service provided to children is even more complex. A recent study undertaken by Guide Dogs as part of the Rethink Rehab campaign indicated that the majority of provision out of

school was provided by Rehabilitation Workers whose primary role is to deliver services to adults. Since independent living and communication skills are generally delivered at school, either specialist or mainstream, the main skill delivered by Rehabilitation Workers is orientation and mobility. Models of delivery depend on the type of school attended by the child. Specialist schools generally employ their own mobility instructor. In the case of the Royal Blind School in Edinburgh, for example, there is a team of mobility instructors, all with different initial qualifications.

Whilst a small number of Rehabilitation Workers based in community social services departments have undertaken additional studies in working with children and young people, most have no specific training in this area. The West of England School for Young People with Little or no Sight offers three training options for persons wishing to work with children, validated by the University of Plymouth. These are primarily aimed at developing their own staff, but some are available externally and lead to qualifications in supporting young people.

The majority of orientation and mobility trained staff with a qualification in working with children are members of an organisation called Mobility Instructors Specialising in Education (MISE). This voluntary body organises Continuing Professional Development opportunities for its members, as well as holding an annual one-day conference to facilitate the sharing of good practice ideas.

There is growing recognition that working with children is one of a range of specialist aspects of the role of the Rehabilitation Worker and that structured post-qualifying training needs to be available to ensure the most appropriate service is available to this section of the service user group. In addition to the generic occupational standards being designed to underpin the initial

education & training of Rehabilitation Workers, a further set of standards will be required for the specialist areas that qualified staff may choose to concentrate on such as work with children.

The significant shortfall of qualified Rehabilitation Workers would need a lengthy period of delivery of the new initial qualifying programme before a satisfactory level of service provision could be achieved. A study amongst Rehabilitation Workers, undertaken as part of the Rethink Rehab project, aimed to identify the activities that occupy the majority of the worker's time. This revealed that organisational pressures mean that there is a heavy focus on undertaking assessments to keep waiting lists down, resulting in Rehabilitation Workers spending 40% of their time doing assessments of various types, and a further 35% of their time on administrative tasks. This has major potential implications for the future role of the Rehabilitation Worker.

In their report "Perspective on Training" (1995) the Visual Handicap Group identified a number of ways in which the role of the Rehabilitation could change to better meet the needs of visually impaired people in the UK. A multi-agency, multi-disciplinary approach would ensure that the full range of needs would be addressed, with the possibility of volunteers being taught to deliver classes such as Braille and to provide support in delivering small items of equipment and to assist with administrative tasks. Whilst the use of volunteers is high in the voluntary sector, an adaptation of this thinking could be applied more universally to the current situation. The application of occupational standards, initially intended to identify the full role of the Rehabilitation Worker, could be utilised to provide a clear set of skills for the Rehabilitation Assistant – a role that is being increasingly utilised to address the shortfall in

the availability of fully qualified staff. Validated training through work-based learning programmes, supported by the Rehabilitation Worker, would enable service users to have their needs met more speedily and appropriately, with fewer Rehabilitation Workers required to deliver the more advanced aspects of the role. This would facilitate greater specialisation for the Rehabilitation Worker, extend their role to include supervisory activity of support staff as well as assisting in the development of others.

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Tribute to PROFESSOR ALLEN FOSTER



Professor Allen Foster became the new President of CBM in January 2006. Allen is well known throughout the world for his many contributions to blindness prevention. He has been associated with CBM in many capacities since 1975. In 2002 he was appointed Professor of International Eye Health at the London School of Hygiene and Tropical Medicine and Director of the International Centre for Eye Health (ICEH). Allen has played a pivotal role in the success of the VISION 2020 - Right to Sight global initiative. ICEVI is confident that his experience with the VISION 2020 initiative will benefit the Global Campaign of Education for All Children with Visual Impairment. Congratulations Allen!

Executive Committee Meeting of ICEVI -Strategic Update

The Executive Committee meeting of ICEVI was held in Haywards Heath, United Kingdom on March 1-2, 2006 hosted by the Sight Savers International. Here is a summary of the main decisions:

1. Each region of ICEVI will select 10 voting delegates, in addition to the chair and up to two deputy regional chairs, for the General Assembly.
2. The amendments to the constitution of ICEVI which were published in the January 2006 issue of *The Educator* will be placed before the General Assembly in Kuala Lumpur for adoption.
3. Work is underway to register ICEVI as a Charity in the UK.
4. ICEVI, in partnership with the WBU, will lead a global campaign "Education for All Visually Impaired Children (EFAVI) which will be launched at the 12th World Conference.
5. New strategies for fund-raising will be formulated for supporting ICEVI activities, particularly the EFAVI, in the next quadrennium.
6. ICEVI has a new more powerful server now and a working group has been formed to review, revise and expand the ICEVI website and to give the site a new look.
7. ICEVI and the Overbrook Nippon Network for Educational Technology (ON-NET) have recently released a new publication entitled *Mathematics Made Easy for Visually Impaired Children*.
8. The ICEVI initiated Uganda research project has been completed. The findings of this research have been published and are available on the ICEVI website.
9. The general recommendations of the low vision workshop held in Oslo, Norway in October 2004 were endorsed by ICEVI. However, members of the executive committee expressed reservations about the creation of a separate organization to address the issues of low vision children as low vision is one of the priority areas of the IAPB Vision 2020 program and the WBU is giving this important area more serious attention within their overall program.
10. The Malaysian Association for the Blind reported that arrangements for the 12th World Conference are proceeding well and are on schedule.
11. A decision was reached to allow each regional committee to select participants for the three post-conference workshops.
12. The regional chairs will send lists of the sponsored candidates from their regions as soon as possible.
13. The Nominations Committee proposed the following slate of Principal Officer should the constitutional amendments related to the Principal Officer group be approved, by the General Assembly.

President	:	Larry Campbell
First Vice-President	:	Jill Keefe
Second Vice President	:	Harry Svensson
Treasurer	:	Nandini Rawal

In the event that the proposed constitutional changes are not approved the Nominations Committee suggest the following slate of Principal Officers for election at the General Assembly.

President : [Larry Campbell](#)
 Vice-President : [Jill Keefe](#)
 Secretary : [Harry Svensson](#)
 Treasurer : [Nandini Rawal](#)

14. The Awards Committee, chaired by Herman Gresnigt (ICEVI Europe) has selected the following individuals as recipients of the ICEVI Award that will be presented during the 12th World Conference:

Individual Awards:

[Larry Campbell](#) : North America and Caribbean Region
[Heather Mason](#) : Europe Region
[Lucia Piccionne](#) : Latin America Region
[K.Piyasena](#) : West Asia Region

Organisation Awards:

[Christoffel Blindenmission](#)
[Sight Savers International](#)

Thanks to the Sponsors of Post-conference Workshops

ICEVI will utilise the opportunity of the 12th World Conference to organise three post-conference workshops for the benefit of participants from developing countries. Workshops will be available to participants who are in a position to pass on the knowledge acquired to others in their country or region. The themes of the post-conference workshops are Early Intervention, Low Vision, and Children with Multiple Disabilities and Visual Impairment. Each workshop will accommodate up to 20 participants. ICEVI is most grateful to Light for the Blind (Austria) and The Hong Kong Society for the Blind for their support of the workshop on Early Intervention and Low Vision.

Other Meetings

EFAVI Task Force Meeting: The Global Task Force of the EFAVI campaign met at Haywards Heath on 3-4 March 2006 to review and suggest revisions in the business plan of the EFA-VI campaign. Though EFA-VI is the working title of the campaign, the Task Force is of the opinion that the campaign should have a shorter name and one that have meaning and significance to the general public. The January 2006 issue of The Educator also announced a contest for a logo and a caption for the campaign and responses from readers are awaited. The Global Task Force is pleased with the consensus achieved between the umbrella organisations and leading funding agencies, and the campaign will be launched during the world conference of ICEVI in Malaysia in July 2006.

Programme Committee Meeting: The programme committee of the world conference met on February 27, 2006 at Haywards Heath and finalised the programme for the conference.

Executive Committee Meeting of the WBU: Larry Campbell, President, ICEVI participated the executive committee of the World Blind Union in Baltimore, Maryland USA on 27-29 March 2006. Members of the WBU executive committee and the WBU Children's Committee expressed solidarity support with ICEVI's aims and a desire to be actively involved as a major partner in carrying out the global campaign of

Education for all Children with Visual Impairment. This partnership of ICEVI, WBU and other leading international organisations augurs well for the development of educational services for children with visual impairment, particularly in developing countries.

Meetings in Europe to Boost Support for the EFA-VI Campaign: Larry Campbell, ICEVI President and M.N.G Mani, Secretary General recently held a series of meetings with international partners in Europe to review plans for the EFA-VI campaign and program and to solicit the active involvement of these organizations in this effort. In Germany they met with Prof. Allen Foster, President, CBM and Mr. Matheias Spaith, Vice-President, CBM and Mokika Brenes at the CBM Headquarters in Bensheim. While in Bensheim they reviewed agreements through which CBM will provide ICEVI with 58,000 Euros of additional support for EFA-VI related activities in the coming year.

On May 23, the president and secretary general travelled to Vienna, Austria where they spent a full day with the young and dynamic team at Light for the World and learned about their program initiatives in Africa, Asia, and Latin America. While in Vienna the president signed a letter of agreement concerning the support Light for the World will provide to the ICEVI post-conference workshop on Early Intervention.

Mr. Campbell, then travelled on to the Netherlands to meet with Hans Welling, Regional Chairperson, Europe Region, who is also the director of Visio's international programs. While in the Netherlands Larry and Hans discussed recent developments within ICEVI Europe and the potential for Visio's international program to play an active role in the EFA-VI campaign and program.

Finally, Mr. Campbell travelled to Sweden for meetings with Eva Nilsson of the Swedish Association of the Visually Impaired (SRF) and Mona-Britt Broberg of the Association of the Swedish Deafblind (FSDB). Kicki Nordstrom, Immediate Past President of the WBU and Harry Svensson, former Vice President of ICEVI joined the discussion that was led by Eva Nilsson of SRF. Our Swedish colleagues expressed genuine interest in the concept of the EFA-VI campaign and program and we hope they will soon be taking an active role in its implementation.

We left these meetings in Europe with a very optimistic feeling that our colleagues in these organizations view the EFA-VI campaign as a great opportunity for collaboration in reaching our mutually shared goal of a better life for children with visual impairment no matter where they live in this world. We take this opportunity to thank our colleagues for their warm hospitality and their commitment to the EFA-VI campaign and program.

Orientation and Mobility Practices in India

A.K. Mittal

Regional Director, National Institute for the Visually Handicapped, Poonamalle, Chennai, India

INTRODUCTION

Restriction in the ability to get about is one of the most apparent and disabling implications of blindness and is, arguably, the reason behind many of the social misconceptions and prejudices about people who are blind. Unless this issue is addressed at an early stage, it can push children who are blind into a life of dependence and ostracisation.

Blindness, clearly, poses several restrictions on the individual's ability to orient him/herself in the spatial environment and to locate its physical features and form reliable mental images of routes through it. This in turn may result in severe restrictions in physical locomotion. Thus, both orientation and movement, two of the essential ingredients of efficient mobility, can be seriously jeopardized. Training in both orientation and mobility therefore has to be an integral component of our educational and rehabilitation programmes for the blind.

While the need for such training is self-evident in all countries, rich or poor, training in developing countries is often delivered in the context of a lack of resources and specialist equipment, a virtual absence of guide dogs and the general low priority assigned to disability issues. O&M practices in our countries, then, need to be looked at with great care and analyzed in their proper perspective.

Like other countries, India too, has had a long tradition of blind persons 'on the move' through the ages. The long staff or bamboo stick was widely used in earlier times. There was, of course, no provision for systematic and scientific

training in movement for the blind, however following our national Independence things started to change, usually in a positive direction, but occasionally less so.

We will look at the existing O&M practices in India from two perspectives - one relating to the development of travel tools for the blind and one concerning the preparation of teachers and other mobility professionals.

THE DEVELOPMENT OF TRAVEL AIDS

The establishment of the Workshop for the Manufacture of Braille Appliances in Dehradun in mid 1950's heralded an era of indigenous production of basic assistive devices for the blind in India. These devices included folding canes as well as long canes based on the design principles of sound pedagogy and rehabilitation. The canes produced at this Workshop have been extremely popular throughout the country and abroad and are also cost-effective, since their production is subsidized by the Government. Many other NGOs have since followed suit and taken on the task of producing canes for the blind, and although these canes tend to be rather more costly because they are produced without subsidy, the majority are quite serviceable and conform to professional norms and requirements.

It is worthwhile mentioning here that the country has also witnessed some sporadic attempts to utilise more advanced technologies to produce of travel aids for the blind. As long ago as the mid 1970's, the National Physical Laboratory, New Delhi developed a prototype of an

ultrasonic mobility device for the blind to be used in conjunction with the long or the folding cane. Worn round the neck of the user, the device could detect obstacles through beeps and audio signals which varied in pitch. However, the prototype never reached production because of its high cost and erratic performance.

About two decades later, the Hyderabad Science Society developed another mobility device, called the Electronic Guide Stick which emitted beeps and audio cues that enabled the user to follow a line of cables laid underground or under matting towards a particular location. Although the device could be used in indoor institutional or domestic settings, it had no relevance for outdoor independent travel and suffered the same fate as the earlier ultrasonic device.

At the other extreme, India has also witnessed the development of canes specifically designed for use in rural areas. One example was the 'Standard White Cane For The Rural Blind' or the 'Saathi' (companion) cane. Three different models of the cane were designed by The National Association For The Blind after extensive research. The samples were made of wood or aluminum and were meant to be easily duplicated by the local village carpenter. However, here, too the results were disappointing, since the samples were not found very effective in coping with the variety of rural terrains.

Thus, the 'good old' reliable folding canes and long canes continue to be the standard travel tools for the blind in India to this day.

INSTRUCTOR TRAINING

The genesis of training of O&M instruction in India can be traced back to initiatives taken by the American Foundation For The Overseas

Blind (AFOB), now known as the Helen Keller Institute (HKI) in the late 1960s. Several teachers and rehab workers for the blind were sponsored by their respective organizations to attend courses conducted by AFOB in Kuala Lumpur. Conducted by the noted expert Mr. Robert C. Jaekle, each course lasted 8-10 weeks. The instructors trained in Kuala Lumpur became the pioneers in the field of O&M instruction in the country.

In another important initiative, the Indian Government set up a fully-fledged training programme for O&M instructors of the blind in 1973-74 at what was then called the National Centre For The Blind (now NIVH - the National Institute For The Visually Handicapped). One of the candidates trained earlier under the AFOB programme was appointed as chief instructor and the project was run in Dehradun for the next 3 years under the guidance of Mr. Jaekle. It was then transferred to an NGO in New Delhi, where it continued to function for the next 8 years or so. The courses were each of 16 weeks duration.

At about the same time another O&M training programme for mobility instructors was established by a leading organization in Chennai. The programme worked very well for several years and opened up new opportunities in mobility training, games and sports for the blind but is unfortunately no longer available.

In about 1987, the NIVH initiated a new programme of training for O&M instructors in Dehradun. The duration of the courses run under this project is 6 months and each course has an intake of 10-12 candidates. The programme is still running and is currently the only dedicated O&M instructors' training facility in the country.

In the meantime training in O&M has become established as an essential element in all courses of special education intended for teachers of the visually impaired. These modules provide 70-75 hours of training in the theory and practice of O&M and form part of all diploma, graduate and post-graduate programmes.

THE PRESENT SITUATION

Since Independence, and particularly during the last three decades, India has come a long way in the provision of O&M instruction for the blind. There are several positive indicators of progress: for example good quality canes are produced within the country (though we need them in much larger numbers); a systematic attempt has been made to develop personnel preparation in O&M; and there is a growing realization among programme-planners and administrators about the need of O&M training for the blind at different levels.

However, the list of positives just about ends there. The flip side of the coin is that in these days of widespread talk of inclusive education, there are hardly any trained O&M instructors supporting visually impaired children in regular schools. Even where O&M instructors are available, they are often grossly under-prepared and lack motivation. Can we have 'inclusion' in any real sense without helping our children to become independent in travel, efficient in personal management skills and able to participate in sports and physical education? Unfortunately, we are still far, far away from achieving those laudable goals of 'inclusion'.

It is true that some residential schools for the visually impaired do have fully trained mobility teachers, but they are conspicuous by their absence in many other similar institutions. Even where there are trained instructors, their services often remain grossly under utilized, and many

of them are forced to take up duties that have no relevance to the job for which they were recruited.

Many residential schools that have no fully trained instructors have worked out a compromise. They recruit physical education teachers and then have them trained (mostly in informal programmes) in the O&M field. The duration, content and methodology of such informal training programmes are highly variable and the quality is often suspect, but visually impaired children do manage to derive useful benefits from such arrangements.

CONCLUSION

This, then, has been a brief but realistic review of O&M provision in India. There is no reason for us to lose heart, the Indian experiences can help clear the path for other developing countries. Our problems in India stem basically from the high number of people with O&M needs, the limited resources and, sometimes, the wavering will on the part of administrators to meet these needs.

We have tried several approaches in the field of O&M to challenges in the areas of developing mobility aids and training personnel. We have had a number of shining successes, though there have been pitfalls and failures on the way, too.



Braille Repair Program in Malawi

Through the combined efforts of people on three continents, students who are blind or visually impaired and their teachers throughout Malawi, a landlocked country in east southern Africa, will soon have hundreds of repaired Perkins Braille machines, along with the parts and training needed to maintain them for years to come.

The Perkins Braille Rehabilitation Project is being undertaken by Malawi Tomorrow, a Scottish charity whose trustees include George Finlayson, a former British High Commissioner to Malawi, and Billy McAneney, a Glasgow businessman with business and philanthropic interests in the country. Mr. Finlayson serves as Project Director.

Ashton Helepa, the charity's Project Coordinator in Malawi, contacted Perkins School for the Blind's Howe Press in the United States, where the Perkins Braille machine was invented for technical support. "Unless very early action is taken to reverse the situation through a combination of rehabilitation and replenishment of stock, there will soon be no usable Braille machines in this country," he wrote. "Although the education authorities attach great importance to Braille, this is not matched by the provision of the necessary funds or equipment. As with chalk, jotters, pencils and other basic teaching materials, there is a chronic shortage of money for Braille machines. . . . As a result, the structure set up many years ago for the supply, maintenance, repair and replacement of Braille machines has all but collapsed."

The first steps in reversing the situation include collecting accurate data on the number and condition of existing Braille machines; identifying needed parts, tools and related supplies; setting up a new

system for managing stock; and training mechanics and teachers. Malawi Tomorrow has described the project's ultimate goal as: "To promote equality in participation in education for highly vulnerable blind and visually impaired students by securing their access to Braille literacy." Sharing the goal of promoting Braille literacy, Perkins staff provided on-line support via e-mail, tools, parts, Braille repair classes, and a DVD that teaches basic Braille preventive maintenance and repair.

In addition to restoring existing Braille machines to working order, Malawi Tomorrow is arranging to purchase and import a supply of new Perkins Braille machines, and is working with the Government of Malawi and other local partners to transfer the project into their hands so that future generations of students and teachers will have the tools they need to develop Braille literacy skills. By the end of 2006, the country's inventory of working Braille machines should reach approximately 370 machines, rising to over 400 by the middle of 2007.

Thanks to people in Scotland, Malawi and the United States, more than 1750 students who are blind or visually impaired, 140 teachers throughout Malawi and those who come after them will benefit. It is the hope of staff at Perkins Howe Press and Malawi Tomorrow that this article will inspire ICEVI members to initiate Braille repair projects in other countries throughout the world.

For more information about the Perkins Braille machine including repair workshops and DVDs, please contact John Price at john.price@perkins.org or visit www.perkins.org.

Introduction

For many years the issue of active inclusion of people with disabilities into mainstream society has been posing challenges for educators, parents, law makers, private and public organizations. In many cases these difficulties stemmed from the fact that the technology used by the non-disabled population, whether at school or at work, has not been adapted to serve the needs of individuals with disabilities. As a result, many facilities (such as libraries, banks, fun parks etc.) are either closed or were difficult to take an advantage of by the disabled population.

Within the last ten years the development of new technologies and, most importantly, new social outlets, such as the Internet, have taken over the everyday lives of millions of people across the globe. Anything from cell phones, ATM machines to computers can now present the information in various formats (Braille, speech, large print) and communicate with humans in various ways (by recognizing voice, by understanding pointing devices and even interpreting facial expressions). However, are people with disabilities taking a plunge and using that technology to open up previously closed social outlets?

This tech talk will focus on the discussion around the new concept known as "social media" and will give you a 'sneak peek" of how computer users with disabilities can benefit from some of the tools that can help them to integrate into society better.

Social Media

In a nutshell, social media is anything that promotes communication and social networking between people by means of electronic interactive media. Since Internet is a free and available worldwide resource, it naturally became the largest social media outlet and the biggest carrier of interactive content. The Internet gives its users the opportunity to express themselves, to find people with similar interests and share their experiences with others.

Blogs

Blog is an abbreviation from the word web log and is a kind of diary-style journal that one can maintain on the Internet. Blogs can be shared with one's friends or with anyone on the Internet. Readers of a blog can leave their comments to any entry in the blog or even refer to one or more entries in their own blogs. It's so easy to do that everyone does it!

If you have something to share with the rest of the world, this is probably the easiest way to do it: pick a free blog service, give your blog a name and start submitting your thoughts or advice to others.

Some of the popular blog services are:

- Blogger - <http://www.blogger.com>.
- Yahoo! 360 - <http://360.yahoo.com>.
- Live Journal - <http://www.livejournal.com>.
-

Try, for example, the following:

- Visit www.blogger.com.
- In the search field, enter the word “education”.
- See what you find.

Groups and Forums

This kind of communication is probably one of the oldest on the Internet. However, in the context of social media groups and forums gain a new meaning by allowing the users to share more than just their interests. Many group services provide group members with tools to share files, photos, set up group calendars, have online meetings and anything else that holds the group together.

The groups may be based around the issues such as music, education, travel, software, romance, kids etc. Group services will allow users to create their own groups or pick an existing one from the list of categories.

Some of the popular group services are:

- Free Lists - <http://www.freelists.org>.
- Yahoo! Groups - <http://www.yahogroups.com>.
- Google Groups - <http://google.groups.com>.
- And more... Just search for them!

Social Bookmarking

Yet another interesting tradition has sprung up as a result of social networking known as “social bookmarking”. The concept is very simple: you can get an account with one of the providers, browse the web and as you do that, save the pages that you like to your account. All the bookmarks and pages that you saved can be categorized and then shared either with your friends or with the Internet audience at large. When you open your list of bookmarks to the general public, you get a benefit of being able to access the bookmarks of other people. If “other people” share their bookmarks with more

people, then you get an access to the bookmarks and pages of those people as well. After a while, you end up with a community of people who like your bookmarks and whose bookmarks you like. Isn’t this the way our society works?

Some of the “social bookmarking” sites are:

- Delicious - <http://del.icio.us>.
- My web - <http://myweb.yahoo.com>.
- Start Aid - <http://www.startaid.com>.

Wikipedia - a free encyclopedia

Wikipedia without exaggeration is one of the latest miracles of the Internet—a true indication of what Internet community is capable of. This encyclopedia features articles that are submitted, edited and proofread by Internet users. For instance, if you found an article that describes your country and you think that some facts are misrepresented, you can go in and edit the content yourself. Of course, there is a team of dedicated people who make sure that no bad or offensive content ends up in the encyclopedia, but otherwise Wikipedia is based upon democratic principles.

Wikipedia comes in multiple languages and features articles on subjects of a wide range. Visit <http://www.wikipedia.com> to see what this is all about. Perhaps you could submit several articles yourself?

Conclusion

This tech talk briefly discussed the new concept known as “social media”. The reason for introducing this topic in “The Educator” is to stress the importance of new technologies and new communication channels that this technology opens for people with disabilities. Look for more tech talks either on the <www.icevi.org> website or in the future issues of the “The Educator” magazine.

Parents' Column

Mobility the Hard Way

My name is Catherine and I have a son called Gregory. Gregory is a bright eleven year old boy who goes to his local primary school where he loves to play hockey and cricket – he is a football fan and is currently very excited about England's chances in the World Cup.

Gregory has a severe visual impairment that was diagnosed when he was three months old. He faces some challenges in the area of orientation and mobility – since infancy he has had spastic quadriplegia and cerebral palsy and speech and language difficulties and is fulltime wheelchair user.

One of the difficulties we have is that people see the wheelchair and don't even notice that he has a visual impairment. At first we ourselves didn't take on board the mobility needs that might result from his visual impairment – there seemed to be other problems that were more important. When he was young he was in a manual wheelchair and was pushed around everywhere and we thought other people would have to be his "eyes" in his life. As he grew older, visual assessments revealed that he had more useful vision than we had thought, for example he now likes to watch the television but needs to sit really close to see anything.

He can raise his head by a few degrees and is aware of people passing by although he has difficulty in identifying them unless they are very close. He recently became angry because he thought one of his school friends had walked past him in the street without saying hello. I was able to assure him that it wasn't the girl he knew but he still got upset.

Our awareness about how we can help Greg's mobility came home to us in a very practical way.

Recently we changed house we had our new house adapted to meet Gregory's needs. We installed special fittings in the bathroom and toilet, we had lifts and ramps and rails and thought we had done a great job for a while. Gregory receives good support at school from the visiting teacher of the visually impaired and she arranged for a mobility specialist to visit us at our new home. The mobility specialist soon helped us to realise that we had adapted the house with Gregory's physical needs in mind and not considered his visual needs. She showed us simple ways in which we could use lighting and contrast to improve the visual environment, for example now we have bright guide strips all over the house to aid Greg's orientation.

As he has become older we are beginning to realise the importance of helping Gregory to become as independently mobile as possible, but the environment often causes him problems. Although he has sufficient movement in his arms to push himself a little, in recent years he has had an electric wheelchair for a provided by a charity called "Whizzkids". The journey to school in our previous house was a short one and we were keen that Greg should have the chance to get there in his wheelchair. He has a folded white cane on the back of his chair to show he has a visual impairment and I accompanied him to school but let him steer himself. In our village there were simple visual enhancements such as painted kerbstones to show the edge of the pavement at road crossings. People said it was because the man responsible for such adaptations across the county lived in our village! These were a great help to Greg.

When we moved house we also moved schools. The journey to Greg's new school isn't any longer but it

