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Visit us at: [www.icevi.org](http://www.icevi.org)
Education For All children with Visual Impairment (EFA-VI) Global Campaign

The Education for All Children with Visual Impairment (EFA-VI) is a Global Campaign and programme of the International Council for Education of People with Visual Impairment (ICEVI) acting in partnership with the World Blind Union (WBU) to ensure that all girls and boys with blindness and low vision enjoy the right to education.

The Campaign, launched on July 16, 2006 is focusing on children in the developing world where currently it is estimated that less than ten-percent have access to education.

**Highlights of the Campaign**

- addresses three key Millennium Development Goals: -achieving universal primary education, -promoting gender equality and -developing global partnerships for development.
- stresses the right to education as emphasised in the UN Convention on the Rights of Persons with Disabilities.
- works within the framework of the general and special education systems.
- focuses on awareness and demand creation for education of children with visual impairment.
- Stresses on the provision of appropriate support in educational settings.
- Capacity building of teachers and others, development of literature, production of assistive devices and operational research are important elements.

**Indicators of success**

- increased enrolment rates,
- reduced dropout rates,
- improved access to support services, and
- educational achievement for children with visual impairment, on par with non-disabled children.
Global Campaign on Education For All Children with Visual Impairment (EFA-VI)

Existing Focus Countries

Proposed Focus Countries

Vietnam
Nepal
Pakistan
Palestine
Honduras
Peru
Bolivia
Ecuador
Paraguay
Chile
Sri Lanka
Cambodia
Bangladesh
China
Tajikistan
Laos
Papua New Guinea

The Dominican Republic
Guatemala
El Salvador
Honduras
Nicaragua
Burkina Faso
Ethiopia
Uganda
Kenya
Rwanda
Malawi
Mozambique

Fiji
Ethiopia
Kenya
Malawi
Uganda
Rwanda
Burkina Faso
Guatemala
Nicaragua
Honduras
El Salvador
Panama

Global Campaign on Education For All Children with Visual Impairment (EFA-VI)
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Guest Editor: Kay Alicyn Ferrell
The most significant event that has taken place since my E-News message in April is the two-day strategy planning meeting for the Africa region. This meeting was held with leading International Non-Governmental Development Organisations (INGDO’s) in conjunction with the 5th Africa Forum in Accra, Ghana at the beginning of July. In attendance were more than 35 participants representing CBM, Sightsavers, ONCE, Visio, Light for the World, the South African National Council for the Blind, the African Union of the Blind, Perkins School for the Blind, Braille South Africa, the Francophone Union of the Blind and the World Braille Foundation, along with the Principal Officers, Secretary General and Chair of the Africa Region from ICEVI. Some very businesslike, constructive and fruitful discussions took place. Our EFA-VI committees were also able to meet and an excellent spirit prevailed throughout. There was great unity of purpose and it was clear that everyone felt that ICEVI was adding value.

What was particularly heartening was the way in which our International Partners were willing to put their resources at our disposal in order to make our own limited resources go further to help us achieve our aims. Some examples of the resources that were shared included receiving help with funding applications as well as the production of policy papers to assist us as we pursue our advocacy objectives.

The principal outcome from the meeting was the development of a grid showing which organisations were working in each of the countries in Africa and which services they were providing. It emerged that work is going on in 50 out of 52 countries. This will be an excellent resource for planning and coordination. This grid makes it easy to see at-a-glance which countries should be next in line for developing as focus countries. Steps are already being taken to compile a similar grid for our other regions.

Great thanks go to Dr. Mani, our hard-working Secretary General, not only for the flawless organisation of the meeting, but also for his master-minding of the strategic outcome. Thanks also go to Bernard Mogesa, who has acted as Coordinator for the Africa region for the last three years is, sadly, leaving us to take up a prestigious post with the government of Kenya. The extent to which people were impressed with what has been undertaken in the Africa region is a tribute to Bernard's efforts. Our good wishes go with him in his new post and I am happy to say that he is anxious to remain in touch with ICEVI and will continue to promote our cause whenever he has the opportunity.

I hope we will be able to hold a similar meeting in one of our regions every year as it is obviously very beneficial in terms of morale and profile raising, as well as for planning and coordination. In order to maximise the publicity value of the event, a press release was issued about our plans to take the EFA-VI campaign to the next stage.
At the end of the meeting we were joined by colleagues from the World Blind Union (WBU) and the International Agency for the Prevention of Blindness (IAPB) to take forward the resolutions passed at the recent Executive meetings of ICEVI and WBU and develop a joint strategy for advancing the EFA-VI campaign. In an effort to influence national governments and national education plans, donor countries and the World Bank, a range of actions were agreed upon. These are already beginning to be implemented. I am also delighted to say that we are collaborating more closely with the World Bank’s Fast Track Initiative (FTI) which has two billion dollars to disburse in support of Education for All (EFA) programmes. A representative of ICEVI will be joining an FTI mission to Ethiopia in October. We have brokered a link between FTI and Krousar Thmey, the organisation we work most closely with in Cambodia, to make sure that the interests of children with visual impairments are at the forefront.

In April I mentioned that ICEVI and WBU had submitted a statement to the Annual Ministerial Meeting of the UN’s Department of Economic and Social Affairs in July. It was not possible for us to attend, but we made contact with a number of national governments in hopes that their national delegations would make reference to the statement in their presentation. We understand that the Senegal delegation did just that and, as a result, Article 22 of the declaration issued at the meeting stresses the importance of ensuring that persons with disabilities have equal opportunities to participate fully in education and in community life. It is regrettable that disability is given much less prominence than other issues, but it is a start.

After much deliberation, the Principal Officers have decided to hold a General Assembly preceded two days of workshops with the WBU. In addition, there will be a strategic planning day with the WBU, our international partners and global agencies for the joint event with the WBU in November 2012. We believe that conferences will be more effective and meaningful to our members at the regional level, and so we are planning to hold a conference in the Bangkok region around the time of the joint event.

Our Executive Committee will be meeting in Leipzig, Germany, on 1-2 October, and all these matters will be discussed further. I will report to you again after that meeting.

Colin Low
As the new editor of The Educator, I first want to express my appreciation to the leaders of ICEVI for trusting us at Perkins to once again lead on the production of The Educator. Those of you who are “longtime” readers of this journal may remember the days many years ago when Perkins led on its production. We are delighted to be back …

I want to thank my entire team at Perkins for working along with me in the production of this issue, and to look ahead and thank the team for coming along on this new journey. I am looking forward to learning as we work and more importantly to be supportive in advocating the mission of ICEVI to extend educational opportunities to children throughout the world. I embrace this cause daily in my role as Director of Perkins International at Perkins School for the Blind, Watertown, MA USA and I consider it a privilege to be part of the international field striving to use education as another tool in changing what it means to combat disability.

Our team at Perkins International strives daily to advance the creation of inclusive communities where children who are blind, deafblind or partially sighted including those with additional disabilities can reach their greatest potential. We believe that every child has the right and ability to grow and learn in a nurturing environment.

I view The Educator not only as a journal but also as a source of reference and inspiration on others’ experiences and dealings with challenges. It is a publication of knowledge sharing with thematic issues on topics such as low vision, self-esteem, independence, Braille, literacy, inclusive education, and research in visual impairment. There is emphasis on sharing as I do welcome and encourage your ideas on future themes, feedback and any suggestions for improvement.

In this issue you will find an update from both the ICEVI and the WBU on current work undertaken. Our ICEVI President will update you on the progress of the work in the EFA-VI in Africa. The WBU article is an exciting introduction on the movement’s efforts towards addressing the challenges of unemployment faced by persons who are blind and partially sighted around the world.

Dr. Kay Ferrell of the University of Northern Colorado has ably led us in bringing together some strong academic articles looking at preparation of material, and writing for submission to a journal amongst others. You will find these articles stimulating and informative.

Finally, I am truly excited about this new assignment as editor of The Educator. This role will bring me into contact with contributors of articles from all over the globe. To colleagues present and future, I look forward to your continued support of this publication and of developing the education of children and young people who are visually impaired.

Dr. W. Aubrey Webson
We are pleased to be writing to you as the new editors of the Educator. This is the second in a series of two issues focusing on Research in Visual Impairment, guest edited by Kay Alicyn Ferrell. This issue examines topics that we hope will be thought-provoking and encouraging. The articles call for a reflection on practice; past and present trends; and the meaning behind the trends as we continue to strive for best practices for educating infant, children, and youth with visual impairments.

Rashida Banerjee, in “Using Wisdom-Based Evidence to Guide Practice” invites practitioners to consider the issues related to the current demand for “evidence-based” practices. Ms. Banerjee challenges practitioners to consider the idea that wisdom-based evidence is critical because it integrates experiential knowledge, societal values, political judgment, resources, habits and tradition. She provides a description of wisdom-based evidence as well as a rationale for its use, particularly for low-incidence disabilities, and she presents various tools to assist us in the “know-do” process.

Duane Geruschat provides guidance for researchers in “Writing for Publication”. This article walks the aspiring author through the publication process, including submission, review, revision, and editing. Mr. Geruschat reviews the standard format for a manuscript and advises researchers on how to select a professional journal for publication of their work.

This article is followed by “An Examination of the Past Three Years of Peer-Reviewed Research Published in Five Major English Language Journals in Vision Impairment and Blindness” by Adam Wilton and M. Cay Holbrook. 68 journal issues were included in the study, which reveals some interesting findings related to the types of research activities, tools and methods used for gathering data, and the types of papers being published. The review shows that the types of research in the field of visual impairment and blindness around the world are of a great variety and depth.

The Regional Chairs of ICEVI have identified the research projects being carried out in their regions. A summary of these projects is included in this issue and gives us a feel for the amount of research going on around the world.

Finally, “A Brief Primer on Research Terms” will be a useful reference tool when reading research reports. Although it is not a comprehensive list, it provides a list of selected terms commonly used in literature. Each term is presented with a brief definition and an example of how you might see the term applied in research and in our field.

We hope you have enjoyed this focus on Research in Visual Impairment. Clearly, this is an important area in the field and we hope the articles have been informative. In addition, we hope that these issues have sparked an interest in furthering this very important work!

The Editorial Team
Promotion of educational opportunities for children with visual impairment is one of the main objectives of ICEVI. The organisation serves as a catalyst to ensure that the rights of visually impaired children to education are addressed at all levels. Realising the fact that more than 4.4 million children with visual impairment from developing regions do not have access to education, ICEVI is lobbying at the global, regional and national levels to create awareness that education for all is not a reality unless children with visual impairment are included in the mainstream. Therefore, ICEVI is impressing upon the Global Education For All initiatives to make the disability component an integral part of the mainstream education system. In order to demonstrate that education is the fundamental right of the child, ICEVI acting in partnership with the World Blind Union (WBU), launched a Global Campaign on Education for All children with Visual Impairment (EFA-VI) in 2006 with the following broad expectations:

1) Increase the enrollment of children with visual impairments in schools
2) Promote their retention in the school system
3) Ensure provision of appropriate support services which contribute to quality education
4) Ensure that children with visual impairments perform on par with non-disabled children.

The Campaign is currently being implemented in 12 focus countries including Ecuador, Ethiopia, Fiji, Honduras, Mozambique, Nepal, Nicaragua, Pakistan, Paraguay, The Dominican Republic, and Vietnam. A research study pertaining to inclusion of children with visual impairment was conducted in China that resulted in changes in the policy formulation. The preparations for implementation of the campaign are underway in Burkina Faso, Cambodia, Palestine, Bolivia, El Salvador and Guatemala.

Data from 10 countries (Ecuador, Ethiopia, Honduras, Mozambique, Nepal, Nicaragua, Pakistan, Paraguay, The Dominican Republic and Vietnam) reveals that 41,993 additional children with visual impairment have been enrolled in schools and 13,280 teachers and parents have been trained in areas such as Low Vision, Early Detection and Assessment, Adapted Learning Materials, Abacus, Braille, Education of MDVI, Inclusive Education, Visual Stimulation, Orientation and Mobility, Child Protection Policies, Role of Parents in Education of Children with Visual Impairment, and Activities of Daily Living.

In addition to the Global Campaign, ICEVI is also implementing a Higher Education programme for students with visual impairment in Indonesia, Philippines, Cambodia and Vietnam which is assisting more than 300 adults to pursue higher education. In this project, technology support is provided to the students and a number of leadership training activities are being conducted to bring out their hidden potentialities.

ICEVI strongly believes that the service programmes should be supplemented by advocacy activities that result into policy changes. ICEVI is closely associated with the disability related programmes of UNESCO and UNICEF. ICEVI is also working in close collaboration with the World Bank to ensure that the disability component finds a place in the national plans of countries that come under the Fast Track Initiatives.

ICEVI is also instrumental in drawing the attention of the Lions Clubs International Foundation (LCIF) to educational activities and, as a result, the LCIF has earmarked substantial grants for educational activities in developing countries which should be utilized through the local Lions Clubs. ICEVI is working with its regional committees to ensure that local initiatives to educate children with visual impairment are in place to make use of the educational provisions of LCIF.

In summary, ICEVI is demonstrating that both advocacy and evidence-based services are of vital importance. The accomplishments of ICEVI include international lobbying, networking, demonstration of good practices in education of children with visual impairment and organizing capacity-building activities.

The broad objectives of the meeting were:

1. To devise a framework within which we can work together to advocate for the education of children with visual impairment; and
2. To identify ways of sharing human resources and exchange good practice for the effective implementation of the Global Campaign.

Though the meeting was organized in the context of the Africa region, some of the recommendations made were common in nature and have implications for all regions of ICEVI while some other recommendations were specific to the Africa region. Both are presented in the following pages for the benefit of ICEVI constituency:

***General Recommendations***

1. In the present context of education, both advocacy and service delivery have to be addressed. Service delivery without advocacy may not be effective for increasing educational access for children with visual impairment.
2. ICEVI should work with other organisations and broader initiatives involved in disability services.
3. Presence of active and strong organizations of the blind in countries is important in order to implement the EFA-VI campaign.
4. National governments, World Bank and donor agencies should become the pressure points to make education for all children with disabilities an integral part of the national EFA plans.
5. Presence of ICEVI in the UNCRPD-related events is vital to create awareness amongst countries about the Fast Track Initiative.
6. ICEVI may consider presenting a general alternative report on education of children with disabilities, as well as a specific report on the education of children with visual impairment to the United Nations.
7. Data on education of school-age girls with disabilities should receive special mention in all advocacy programmes.
8. ICEVI should share the existing findings from the focus countries with international partners.
9. The WIPO intervention on access to materials should also be emphasized in the advocacy campaign.
10. “Schools for All”, “Education for All”, “Books for All”, etc., should become taglines in the EFA-VI campaign.

11. There is a need to work with the UNESCO and UNICEF because they deal with the empowerment of children.

12. The regional committees of ICEVI should address diverse areas including that of sub-regions, gender issues, presence of international organizations, Governments etc.

13. In the near future, the EFA-VI Campaign should also be popularized in non-focus countries.

14. There is a need to map the activities of the INGDO organisations where ICEVI is also involved to bring synergy into services.

In addition to the above recommendations which are applicable to all regions, the following are specific to the development of the Africa region:

**Recommendations specific to Africa region**

1. There is a need for effective coordination between the INGDOs present in the Africa region and this coordination should be adopted at the national and sub-regional levels.

2. It is advisable to include representatives of the EFA-VI focus countries on the ICEVI Africa regional committee to ensure effective monitoring of the programme.

3. In order to make the region strong, the regional chair will put together such a committee as soon as possible.

4. The presence of sub-regional coordinators and even national level coordinators would contribute to the quality of the EFA-VI campaign and it is suggested that the partner organizations in the sub-regions replicate the services of their personnel to monitor EFA-VI activities under the overall supervision of ICEVI.

5. In both Ethiopia and Mozambique, the existing focus countries in the Africa region, awareness about EFA-VI Campaign is on the rise and additional children with visual impairment are enrolled in schools.

6. Teacher preparation, teaching Mathematics and Science and Low Vision continue to be the areas of concern for the mainstreaming of children with visual impairment and therefore, the regional strategies should address these challenges. There are opportunities for working with other international initiatives including that of the World Braille Foundation to strengthen the EFA-VI Campaign activities in the region.

7. Special focus is necessary to strengthen the EFA-VI campaign in the Francophone countries of the Africa region.

8. Presently, the following countries have emerged as potential focus countries for EFA-VI because they are satisfying most of the criteria set forth by the then Global Task Force of ICEVI:

   Uganda, Kenya, Mozambique, Ghana, Ethiopia, Mali, Malawi, Rwanda, and Burkina Faso

ICEVI will soon appoint a Regional Coordinator for the EFA-VI Global Campaign and the above follow-up actions will be addressed to expand ICEVI activities in general and the EFA-VI Global Campaign activities in particular.
As discussed in our last article to The Educator, one of our key initiatives is related to the Employment of blind and partially sighted persons. Specifically, we have developed strategies that seek to identify and remove barriers that have traditionally kept the employment rate among blind and partially sighted persons at very low levels. That strategy includes four specific priorities to help advance this initiative: collecting case studies and success stories of successfully employed persons; documenting and sharing peer support and mentoring programs related to employment; initiatives related to micro credit and income generating projects; and developing a resource bank to include sharing of effective employment program models.

We are very pleased to inform you of progress that has been achieved in one of these priority areas and to invite input and contributions from ICEVI members that can contribute to this work.

The WBU has been the recipient of a major grant from the Trillium Foundation. The Trillium Foundation is a foundation based in Ontario, Canada and the grant we have been awarded will enable us to build an employment resource bank on our website. This project was approved as a collaborative effort with the CNIB (Canadian National Institute for the Blind) and we will be working closely with the CNIB to identify resources, build the website portal, and develop interactive tools for its use.

The resource bank is intended to identify and include resources of interest to the following constituents: blind and partially sighted job seekers; parents of blind and partially sighted persons; educators, employment specialists, rehabilitation service providers and potential employers. We hope to include a range of resources that will provide specific tools to job seekers and those who work with them. Our goal is to provide information that will raise awareness about the capabilities of blind and partially sighted persons and the types of work in which they are involved along with a platform for information sharing and interaction. We will include information about traditional types of employment, innovative employment opportunities and the wide range of self-employment opportunities that individuals are involved in. In some cases we will house resources on our website and in other cases we will provide links to resources that are available and accessible.

This is a two year project, with the first phase being a research phase. In the first phases we will determine what resources and tools should be included in the site. These will, of course, be tested for accessibility and, following the initial identification phase, the site will be designed so that it provides maximum usability to our various audiences. Subsequent phases include testing with various audiences, translation into French, and testing and development of interactive tools including social networking. The site will eventually be translated into Spanish as well.

We would very much value and welcome information about or contribution of resources and tools that ICEVI members consider to be excellent and could add value to our site. Please forward any ideas, tools or resources that you have to Penny Hartin at penny.hartin@wbuoffice.org.

We also welcome case studies of blind and partially sighted persons in various types of work. Guidelines for these case studies can be found on our website at: http://www.worldblindunion.org/en/our-work/campaigns/Pages/default.aspx

Your help and input is very much appreciated. We will continue to keep you updated on this important initiative in future issues of The Educator.
Using Wisdom-Based Evidence to Guide Practice

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What is Evidence?
Increasingly, accountability systems around the world require professionals to use “evidence-based” practices to improve outcomes for children and youth with disabilities and their families. However, great confusion exists as to the meaning and application of the term “evidence” in evidence-based practices in special education. Traditionally evidence-based practices have meant practices that are supported by findings from multiple, high-quality, experimental research studies (Cook, Tankersley, Cook, & Landrum, 2008). Lomas (2005) describes two concepts of evidence; (a) colloquial [or wisdom-based] evidence, which focuses on relevant information at a more personal and contextual level (e.g., experiential knowledge, societal values, political judgment, resources, habits and tradition); and (b) scientific evidence, which is derived from systematic, replicable and verifiable methods of collecting information and facts that may be context-specific or context free. Two separate sets of inquiry guide the search for these two concepts of evidence: wisdom-based inquiry and knowledge-based inquiry (Maxwell, 1984). However, more and more policy makers, practitioners, researchers, and families tend to agree that the sheer pursuit of knowledge in a knowledge-based inquiry, without addressing the political, personal, and social problems we encounter, is not enough to provide effective and meaningful services to children and youth with disabilities and their families. The value driven, wisdom-based inquiry can be an effective method instead.

What is Wisdom-Based Evidence?
Professionals in multiple fields have increasingly recognized that “wisdom is a value-added process that is more robust than aggregation and synthesis of research-based information alone” (Turnbull et al., 2009, p. 54). Sternberg (2003) describes wisdom as:

- the application of successful intelligence and creativity as mediated by values toward the achievement of a common good through a balance among (a) intrapersonal, (b) interpersonal, and (c) extrapersonal interests, over (a) short and (b) long terms, in order to achieve a balance among (a) adaptation in existing environments, (b) shaping of existing environments, and (c) selection of new environments (p. 152).

The field of medicine has begun to recognize the interdependence of professional wisdom and research evidence when providing best medical services. For example, Sackett, Rosenberg, Gray, Haynes, and Richardson (1996) state:
Good doctors use both individual clinical expertise and the best available external evidence, and neither alone is enough. Without clinical expertise, practice risks becoming tyrannized by evidence, for even excellent external evidence may be inapplicable to or inappropriate for an individual patient. Without current best evidence, practice risks becoming rapidly out of date, to the detriment of patients (p. 71).

In special education, particularly in early intervention, there has also been a growing recognition of the professionals’ wisdom as a guiding mechanism when applying research-based evidence (e.g., Cook, Tankersley, & Hurjusola-Webb, 2008). Whitehurst (2002), former director of the US Department of Education's Institute of Education Sciences and Assistant Secretary for the U.S. Department of Education, defines evidence-based education as the “integration” of “professional wisdom” with empirical evidence. He defines professional wisdom as “the judgment that individuals acquire through experience” (pp.3-4). Buysse, Wesley, Snyder, and Winton (2006) resonate this thought when they suggest that practicing evidence-based early intervention involves a decision-making process that integrates the best-available research evidence with family and practitioner wisdom and values, and which considers characteristics, preferences, strengths, and needs of child and family. Thus, it is through transparent, deliberative processes amongst all stakeholders, utilizing experiential wisdom and expertise of families and professionals, that we can identify the best evidence to guide a specific practice, for a specific purpose, for a specific child or youth with disabilities. In this paper, I present discussion on family and professional wisdom and experiential knowledge as a source of evidence to guide effective practice and policies for children with disabilities and their families.

Why is Wisdom-Based Evidence Necessary?
In his farewell as the editor of Exceptional Children, Graham (2010) muses that “way too much scholarship in special education is of poor quality” (p. 390). He argues special education needs to “systematically and progressively” shift the balance towards good scholarship. In order to do that, the federal funding agencies must shift their focus from large quantitative group design studies to “competitions that allow for a greater range of research topics and methodologies” (p. 391). Given the complexity and diversity of special education topics and unique needs of students with disabilities, further exacerbated by the lack of resources to conduct high-quality research, there is a strong need to supplement research evidence with wisdom-based evidence. Wisdom-based evidence is particularly useful to adapt local circumstances and to “operate intelligently” in the many areas in which scientific evidence is absent or incomplete (Whitehurst, 2002). Kavale and Forness (1999) further state that,

A special education student is quite likely to present problems for which scientific generalizations, principles, and suppositions will not apply directly and must be mediated through the teacher's own rendering of best practice. Therefore, the creativity of the individual special education practitioner must not be stifled because quality
education for special education students will always be based on the artful application of science (p. 1016).

Thus, optimal special education practices and policies are those that integrate both research evidence and wisdom gathered through professional or clinical experience.

**Usefulness of wisdom-based evidence in developing countries.** In reference to health medicine, Santesso and Tugwell (2006) lament that little money is spent on research into diseases affecting developing countries. They further mention that there is a major gap between what is known from research and what is done to apply it: the “know-do gap” or the knowledge translation. This lack of application is particularly relevant in low- and middle-income countries (LMICs), where there are limited and scarce resources. Developing countries cannot afford to waste money and resources on a treatment that is not effective; nor can they afford the costs when a treatment causes harm.

A similar situation exists in education. Limited financial resources are available to support research to develop effective scientific evidence based strategies, particularly in LMICs. Teachers and related service professionals (such as occupational therapists and speech therapists) across the world make valiant efforts to support children and youth with disabilities despite limited resources and other challenges (e.g., complexity and variability in child characteristics). Most teachers and related professionals choose intervention practices with considerable thought to bring about the desired positive outcomes for children and youth. In countries with fewer resources to fund large studies to gather scientific evidence, the utilization of wisdom-based evidence becomes critical. Through a deliberative process, a multi-disciplinary team consisting of professionals and family members can use information from research studies conducted in other countries, integrating it with their experience and professional expertise when addressing their specific, local, circumstances and needs.

**Usefulness of wisdom-based evidence for low-incidence disabilities.** During my search using the key terms such as “wisdom-based evidence,” “communities of practice,” “professional wisdom,” and so forth, paired with “vision impairment,” “blind,” and “blindness” in major online databases such as Eric, PsycInfo, Wilson, and Google Scholar, I found zero hits. A similar search substituting the word “evidence” for “wisdom” resulted in a dearth of information, suggesting that there is limited discussion in the field on what constitutes “evidence.” I must add that I am not an expert in literature on vision impairment and may have missed some important key terms that may have broadened my search and provided me with relevant literature.

Further, due to the smallness and heterogeneity of the population in fields such as blindness and early intervention, most research is conducted using single subject designs or qualitative research design. While qualitative research designs can provide useful insights into teaching
and learning, they cannot adequately determine whether or not a specific practice has caused the change in child or youth outcomes. Similarly, numerous systemic replications of single subject design studies are necessary to conclude with any confidence that a specific practice has caused the change in child or youth outcomes. Thus, given the challenges in identifying evidence through high-quality, systemic, large randomized experimental studies in areas such as early intervention and vision impairment, a clear understanding and use of wisdom–based evidence is imperative. The use of professional wisdom can further help to connect theory, research and practice and translate principles into action.

How to Collect and Use Effective Wisdom-based Evidence?

The professionals working directly with children and youth with disabilities are guided by multiple information sources such as policies, standards, position papers, published literature, university professors, and text books that may suggest “evidence” to guide effective practices. They understand the importance of individualization for each child based on their strengths and needs. This is specifically true for professionals working with children and youth with low-incidence disabilities—such as vision impairment, hearing impairment, or multiple, severe disabilities. Given the urgent need across the world to improve educational and developmental competency of children and youth with disabilities, McGinn and Schiefelbein (2010) argue that practitioners and researchers in underdeveloped and developing countries should “organize themselves into teams to find and share research and experience based information about factors that influence the quality of teaching” (p.431). The teams would compile locally-developed knowledge about three topics: What teaching practices are most effective in classrooms? How do teachers who use those practices learn them? How and what should teacher training institutions teach teachers so that they will use effective practices? Similar suggestions can be made for fields of low-incidence disabilities such as vision impairment. Based on an extensive literature search on the topic, below I suggest the use of wisdom-based action and communities of practice to effectively collect and use wisdom-based evidence.

Wisdom-Based Action

Balance and action are the two key principles described in the literature on wisdom (Turnbull et al., 2009). Balance involves balancing both the “interests of different people” as well as “adaptation, shaping, and selection of environments.” Action is the ultimate goal of wisdom. Wisdom-based action involves: (a) engaging with trusted allies over time; (b) engaging with best available research, most relevant experience, and most current policy; (c) matching knowledge to be consistent with values, vision, previous experience, and contextual factors (individual, family, service system, community); (d) making wise, balanced and informed decisions that take into account long-term and short-term issues; (e) acting on decisions and staying connected to trusted allies (Turnbull et al., 2009).
Turnbull and colleagues (2009) further assert that “knowledge, wisdom, and action are and should be linked; “wisdom-based action” is our fundamental approach to knowledge translation. When discussing the medical field, WHO (2005) describes knowledge translation as

the exchange, synthesis, and ethically sound application of knowledge within a complex set of interactions among producers of knowledge and relevant stakeholders to accelerate the capture of benefits of research through improved health, more effective services and products, and a strengthened health care system. (p. 2)

This definition can be easily applied to education. In order to bridge the “know-do” gap in knowledge translation, the following key recommendations emerged from my examination of the literature: (a) findings from local research that takes into account specific local circumstances, needs and resources is most likely to influence practice; (b) passive dissemination of knowledge (e.g., through newsletters and other printed materials) is not as effective in knowledge translation; more interactive strategies are necessary (c) user-friendly access through innovative ways to knowledge and searchable databases is necessary; (d) fostering knowledge translation through active and timely consultation with others who have undergone similar experiences and have successfully solved challenges; (e) a systemic evaluation and monitoring of strategies that facilitate knowledge translation is necessary.

Some specific tools and strategies for effective knowledge transfer that were suggested in the literature include: (a) Web 2.0 based socially mediated learning (Turnbull et al., 2009; for examples see the section on Communities of Practice (CoP) below); (b) knowledge mapping at the local and national level to identify potential opportunities and gaps within the knowledge translation process by providing a picture of the knowledge assets, their locations and flows in the system (WHO, 2006); (c) utilizing knowledge brokers to synthesize, filter and share the research knowledge with practitioners and policy makers and facilitate its implementation (Ward, House, & Hamer, 2009).

**Communities of Practice**

**Communities of Practice** (CoP) are another tool to support creation, translation, and implementation of wisdom-based evidence. CoP are defined as

- groups of people who share expertise and passion about a topic and interact on an ongoing basis to further their learning in this domain. Communities of Practice members typically solve problems, discuss insights and share information. Communities of Practice also develop tools and frameworks that become part of a common knowledge of the community. And over time, these mutual interactions and relationships build up a shared body of knowledge and a sense of identity. (Wenger, McDermott, & Snyder, 2002, p.4).
Three key elements for successful CoP are engagement, imagination, and alignment (Cashman, Linehan, & Rosser, 2007). Members of a CoP actively and meaningfully engage with each other on a regular basis, share a common concern, and develop and practice a shared “repertoire of resources” to address the common recurring concern. CoP have been actively used in areas such as poverty reduction (e.g., United Nations Development Programme), environmental issues (e.g., The IEEE Committee on Earth Observation), and public health (e.g., Center for Disease Control and Prevention). CoPs are beginning to be used in the field of special education. Some CoPs in the field of education in the US are:

a) **Early Childhood Community**, [http://community.fpg.unc.edu/](http://community.fpg.unc.edu/);

b) **Teacher-to-Teacher Forum of the National Association of Special Education Teachers** [http://www.naset.org/teacherforum.0.html](http://www.naset.org/teacherforum.0.html);

c) **Beach Center on Disability's Family Support CoP**
   [http://www.facebook.com/pages/Beach-Center-Family-Support-Community/63233819012?v=wall&viewas=0];

d) **The Education CoP at the Public Performance Measurement and Reporting Network**
   [http://www.ppmrn.net/communities-of-practice/education/]; and


**Conclusion**

In this paper I have discussed the importance of evidence that is gathered from a triangulation of research based inquiry and professional and family wisdom gathered through systematic, deliberative process. As in other fields, there is a growing recognition amongst all stakeholders--policy makers, researchers, practitioners, and family members--of the use of wisdom in practicing evidence-based strategies in special education to improve outcomes for children and youth with disabilities. The lack of resources in developing countries and the complexity and challenges of serving children and youth with low incidence disabilities limit the collection and use of systemic, large experimental research findings from traditional research. The experiential wisdom of professionals and families can guide the implementation of practices where research-based evidence is non-existent or limited. Sharing of wisdom requires a culture of interdependence. A number of strategies and tools are being developed and used to facilitate acquisition and transfer of knowledge amongst all stakeholders in order
to appropriately utilize the evidence gathered. As in other fields, an ongoing dialogue is necessary in the field of vision impairment to define wisdom-based evidence and suggest strategies for possible interventions in order to facilitate successful and effective implementation of wisdom. Using wisdom and professional experience and collaborating with families in identifying and implementing best practices is vital.

References


There is little doubt in my mind the primary reason I have been invited to write on this topic is because of my current role as Editor in Chief of The Journal of Visual Impairment & Blindness (JVIB), the international journal of record for our professions. But I'm also writing as an author who has submitted manuscripts to peer-reviewed journals, some of which were accepted, and some rejected. I mention this because all authors, including journal editors, have received their share of rejection letters. It is part of the normal process of writing for publication. Successful authors are the ones who learn from the experience and make changes based upon the feedback they get from the reviewers. I hope this article helps you learn how to develop your ideas and write a manuscript with a good chance of acceptance.

I'll begin by offering a brief overview of the current operation of JVIB and the way we run our peer review process. It is fairly standard for the industry and can give you some insights into how the process works. I hope this will encourage many of you to submit to JVIB.

To give a sense of the scale of the operation, Journal of Visual Impairment and Blindness publishes 12 issues each year, with a special double issue each October on a topic of high interest to our readers. When a manuscript is submitted, it is assigned to the one of the journal's four editors who is the best match for the content. The managing editor then selects two peer reviewers from our database of over 320 of these volunteers, sends them the abstract, and asks them to respond within 30 days. Peer reviewers who accept the task receive the full manuscript (minus the names of the authors) and the review criteria. When the reviewers return the manuscript, the managing editor makes an editorial decision. There are three decision options: “Accept with Revision,” “Reject/Invite,” and “Reject.” An author whose manuscript has been favorably reviewed makes changes based upon the reviewers' and the managing editor's suggestions. Upon receipt of the revised manuscript, the managing editor sends the author an official letter of acceptance. Then the manuscript is copy-edited. Finally, we send the author galleys of the final manuscript for his or her approval shortly before the article appears in the journal.

It is our goal to publish a manuscript within six months of the date of acceptance. During the past five years the number of submissions has ranged from approximately 120 to 160 manuscripts per year. Like all professional journals, we can publish only so many pages each year, so we are presented with a dilemma when the number of submissions increases.
If we keep the acceptance rate stable, the total number of accepted manuscripts goes up, and the delay begins to exceed six months. If we decrease our acceptance rate to maintain the six-month timeframe, we increase the number of rejected manuscripts. The third option is to ask authors to substantially reduce the length of their manuscripts, which allows us to publish more shorter ones. JVIB has done a mix of all of these options. When the volume of submissions increases so much that the delay approaches nine months, we increase our rejection rate. This shortens the delay, but essentially makes it harder for authors to be published in the journal. During the past five years our acceptance rate has ranged from 40% to 50%. The variation is mostly due to the number of submissions each year, offset by our goal of publishing within six months of acceptance.

With that brief background on the journal, let me address the specifics of the topic of *Writing for Publication*, in hopes of increasing the odds of having your manuscript accepted for publication. There are two primary areas of consideration: having and developing a really good idea, and submitting a clearly written manuscript. Secondary issues that can affect your chances are whether you have followed the publication guidelines, and having approval of an Institutional Review Board.

**The Quality of Your Idea**

I can’t overstate the importance of having a good idea. This is the first question asked by peer reviewers and editors: “Is this an idea that deserves to be published?” A lot of manuscripts do not survive the peer review process because the central idea is not worthy of publication. Perhaps someone else has already written on this topic and nothing new is being said. Perhaps the author simply presents a bad idea. Sometimes a good idea does not survive peer review because the author has not done the foundational work needed.

There are important things you should do as part of the vetting process of developing your idea, essentially to decide if you have a good idea. Specifically you should read the literature, you should read the literature, and you should read the literature. Once you have digested what has already been written, you should speak with the people who know a lot about the topic, the authors who have already published. If you are developing an idea that is related to practice, vetting the idea with as many colleagues as you can will be time well spent towards increasing your chances of being published.

From the editor’s point of view, nothing is more important than a really good idea. What we value above all else are ideas that will engage our readers. We look for manuscripts that will cause our readers to pick up the journal each month and get them talking about what they have read. Since each word we publish costs money, there are a limited number of words we can publish each month--so we strive to find the best ideas.
By the conclusion of this process you will recognize that your idea falls somewhere along a continuum. At one end, you aren’t the first person to present this idea—someone has already published the core of it, but you have additional thoughts to contribute to the discussion. Sometimes you may have some things to share, but you also acknowledge there is a lot less than you thought before reading the literature. Although parts of your idea may have been published already, you may believe your approach or perspective is fresh and will contribute to the field. At the other end of the continuum, no one has ever written on this topic (a rare event). You may believe that you have a unique idea that is the next logical step towards our increased understanding on the topic.

_In my own experience I have never come up with an idea so original that it hasn’t already been addressed in some way. I share this so you don’t set your sights too high. The literature can help to massage/guide your idea towards a richer and more fully developed presentation, a good thing._

Having emphasized the importance of reading the literature, I will encourage you to go to http://www.afb.org/Section.asp?SectionID=54&DocumentID=2223, where you will find a nicely written description of the writing process by one of my predecessors, Dr. Jane Erin. Regardless of the journal you choose for your submission, Dr. Erin’s thoughts will be important to consider.

**Writing Your Manuscript**

When you believe you have enough information to write a manuscript, obtain the selected journal’s “guidelines for publication.” Every peer-reviewed journal has very specific guidelines that explain how to prepare a submission. Most journals will list the various categories in which they publish, the word count for manuscripts, and the style of publication (e.g., American Psychological Association, American Medical Association, to name the two most common). Using JVIB as one example, we publish in a variety of categories with full manuscripts of 5000 words, and Research Reports and Practice Reports of 2500 words. The full manuscript is designed for the author with the strongest content and the most to say. The shorter Reports give authors the opportunity to share valuable ideas or research updates that are not yet fully developed, or to contribute additional thoughts on a topic that has been well discussed (remember the importance of doing your literature review?).

Too many authors submit to JVIB without having read our publication guidelines. This makes more work for everyone. In some cases we will return the manuscript to the author without peer review, most often because it exceeds the 5000 word limit. While we have some flexibility with the word count, we simply can’t publish a manuscript that runs to 10,000 words. Why put something through peer review that we already know won’t be accepted in its current form? The moral of the story here is to know the journal’s guidelines prior to writing your manuscript.
With all of this as background information, you are now ready to write your manuscript. There is a standard format, with the following key elements:

**Introduction:** The first few paragraphs of the section should clearly introduce and describe the problem that you have studied. Include the review of relevant literature with your own point of view on the problem. This section builds towards the statement of your hypothesis which is often the final paragraph of the introduction.

**Methods:** In theory this section provides enough information to guide another researcher in replicating the study. In practice this can be difficult without becoming tediously overdetailed and much too long. Three topics that must be addressed in the method section are subjects (key demographics that make them eligible or ineligible), instruments (what you measured and how you measured it), and procedures (the sequence of events that each subject experienced). If human subjects were used then your study must have approval of an Institutional Review Board (IRB). Most universities have a standing IRB, as do many school systems. Some authors incorrectly believe that medical research is the only area that requires approval of an IRB. Any collection of research information that involves human subjects must have IRB approval and this must be stated in the manuscript.

**Results:** This section presents descriptive analysis of the subjects and statistical data analysis.

**Discussion:** This is your opportunity to offer your interpretation of the data, what the results mean to you, and what alternative explanations may be available. Oftentimes authors connect the literature to their own findings, offering comparisons and similarities. This section includes the limits of the study as well as suggestions for future research.

**Conclusion:** The conclusion is a brief restatement and summary of your findings/discussion to simplify the complexity of your work.

**Selecting a Journal**

Dr. Steve LaGrow, a well-known and widely published author in the area of orientation and mobility, is famous for saying that you should consider all of the relevant journals and rank them, from the one in which you most want to be published to the least. Then send your manuscript to your number one journal. If they won't publish it then send it to the number two journal and on. The well-established journals can have rejection rates of 50% or more. This can frustrate authors, but even if your manuscript is rejected, you will learn a lot. Change and strengthen your manuscript as you prepare it for submission to the next journal.

As an editor I view my role as being a facilitator, connecting authors who are interested in feedback with expert peer reviewers. While the process can at times be difficult, it has also proven to be a time tested approach that serves authors and readers of professional journals. I wish all of you good luck with the process and hope that my comments have been helpful and motivating.
Several systematic literature reviews and meta-analyses have been published in the field of visual impairment and blindness in recent years. Topics range from literacy for individuals with visual impairments to orientation and mobility skills for students with multisensory impairments (Ferrell, Mason, Young, & Cooney, 2006; Parker, 2009). These articles are illuminating in that they provide a systematic overview of the research in a particular domain or topic area. The purpose of this article is similar, albeit with a far broader scope. Rather than focusing on a particular topic or line of research, this article provides an overview of published research in journals devoted to the education and development of individuals with visual impairments over the past three years.

Criteria for Inclusion

Prior to the outset of the review, a number of inclusionary criteria were established for both the journals surveyed and the articles that were examined. Journals must have published at least one issue since January 2008. Submissions to the journal must be subject to a peer-review process, with author and reviewer identities kept confidential throughout this process. Journals were accessed online and all were published in English. All journals included in the review (n=5) draw from research in the social sciences and are particularly committed to understanding and supporting the development of individuals with visual impairments (see Table 1 for a list of journals included in this review). Excluded from this review were ophthalmological journals and publications in the vision sciences.

Table 1: List of publications included in the current review

<table>
<thead>
<tr>
<th>Name of Publication</th>
<th>Frequency of Publication</th>
<th>Number of Issues (Jan 2008-July 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Journal of Visual Impairment</td>
<td>3 times/year</td>
<td>11</td>
</tr>
<tr>
<td>Insight: Research and Practice in Visual Impairment and Blindness</td>
<td>Quarterly</td>
<td>12</td>
</tr>
<tr>
<td>Journal of Blindness Innovation and Research</td>
<td>Online</td>
<td>2</td>
</tr>
<tr>
<td>Journal of Visual Impairment &amp; Blindness</td>
<td>Monthly</td>
<td>42</td>
</tr>
<tr>
<td>RE: View</td>
<td>Quarterly</td>
<td>1*</td>
</tr>
</tbody>
</table>

*Publication ceased in January 2008*
Consistent with the criteria established for journals, specific criteria were applied to each article. Articles must have been published in the last 43 months (January 2008 to July 2011). The scope of the review was selected so that the most current trends in the research literature could be identified. This time span was determined jointly by the authors, both of whom are avid consumers of research literature in the field of visual impairment. In order to ascertain a more accurate portrayal of research trends, empirically based research articles were reviewed. Thus, articles detailing original research, systematic reviews of the literature, and meta-analyses were included in the review. Articles featuring suggestions for practice or position/thought papers were also included. Excluded from the current review were book reviews, letters to the editor(s), and editors' commentaries.

**Method**

Articles were reviewed from a total of 68 journal issues. Descriptive data on each of these articles were gathered and organized under several thematic headings to facilitate aggregation and comparisons within the dataset. Descriptive data on article content were gathered under the following thematic headings. When several headings were applicable to one article, that article was tallied under each relevant heading.

**Age of Participants**

The age of the participants in each research article was noted by assigning the article to one or more of three categories: early childhood (birth to 5 years), school age (6-20 years), and adulthood (21+ years). If the article did not report on original research, but did explicitly focus on one or more of these age groups, this too was noted. If the research did not directly collect data on the functioning of individuals with visual impairments, age information was not noted for that study. For example, if a study collected data on the competencies of teachers of students with visual impairments, age data would not be recorded using one of the three aforementioned categories.

**Research Environment**

The context for the research was tallied under one or more of the following six categories: home, school, community, work, clinic, and “not applicable” (N/A). To be counted in one of these categories, original research must have been based in that environment. In the case of practice reports and theory papers, the focal environment was noted (e.g., a report of new practice at a low vision rehabilitation clinic). If an article did not explicitly apply to at least one environment, it was tallied as “not applicable” (e.g., a survey of global self-worth of adolescents with visual impairments).

**Curriculum Areas**

Specific categories were assigned to classify the instructional foci of the articles under review. Instruction in both the core and expanded core curricula were considered. The core
curriculum refers to those areas of instruction that are foundational to the education of all students (i.e., mathematics, language arts, science, etc.). The expanded core curriculum refers to nine disability-specific content areas that would typically be acquired incidentally by sighted students (Hatlen, 1996; Wolfe, Sacks, Corn, Erin, Huebner, & Lewis, 2002). Students with visual impairments are believed to require consistent, direct instruction in each of these areas from qualified professionals (e.g., independent living skills, self-determination, orientation and mobility, etc.) (Hatlen, 2009). Based on the authors' collective knowledge of the research literature, certain curricular areas were removed from their aggregate categories and tallied separately (i.e., literacy, orientation and mobility, and assistive technology).

Methods of Data Collection
Eleven methods of data collection and types of non-empirical publications (e.g., practice report) were identified (see Table 2 for a complete list). It is worth noting that the authors of articles in the "authentic assessment" category used some method or protocol developed to serve the purposes of data collection. Thus, these data collection methods were essentially authentic to the research context (e.g., a list of spelling words in a study of the spelling accuracy of braille-reading students). This category was distinguished from the "formal assessment tool" category in that articles in this category employed some formal, commercially available tool that was originally created and published outside the context of the study in question.

Table 2: Number of articles per method of data collection in the tallied articles

<table>
<thead>
<tr>
<th>Method of Data Collection</th>
<th>Number of Articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questionnaire / Survey</td>
<td>94</td>
</tr>
<tr>
<td>Authentic Assessment</td>
<td>70</td>
</tr>
<tr>
<td>Formal Assessment Tool</td>
<td>57</td>
</tr>
<tr>
<td>Practice Report</td>
<td>65</td>
</tr>
<tr>
<td>Position / Thought Paper</td>
<td>48</td>
</tr>
<tr>
<td>Interviews</td>
<td>37</td>
</tr>
<tr>
<td>Literature Review</td>
<td>31</td>
</tr>
<tr>
<td>Observation</td>
<td>31</td>
</tr>
<tr>
<td>Case Study</td>
<td>30</td>
</tr>
<tr>
<td>Focus Group</td>
<td>6</td>
</tr>
<tr>
<td>Diary / Journal</td>
<td>5</td>
</tr>
</tbody>
</table>
Additional Categories
Four other categories were added to the review when it became clear that articles with adult participants could not be validly tallied under the “Curriculum” headings discussed above. Thus, “vocational rehabilitation,” “psychosocial development,” “cognition,” and “multiple disabilities” were added to the review matrix. “Vocational rehabilitation” refers to articles that examined strategies and tools that allow individuals with visual impairments to cope with the demands of the workplace (Ponchilla & Ponchilla, 1996). “Psychosocial development” refers to articles examining the psychological and social impacts of visual impairment (e.g., a quality of life survey). “Cognition” refers to research that examined one or more cognitive processes (e.g., mental rotation) and documented any differences between a sample of participants with visual impairments and sighted controls. Finally, “multiple disabilities” refers to any article that was purposefully devoted to understanding and supporting the development of individuals with visual and multiple impairments.

Results
A total of 394 articles were reviewed and descriptive information was tallied. Articles reported on data gathered on seven continents, by researchers working in 29 different countries. The figures in this section outline the tallies for each of the categories detailed in the Methods section.

Age of Participants
Table 3 illustrates the age of participants in the tallied articles. Research with samples of adults with visual impairments was most prevalent, followed closely by research with samples of school-aged children and adolescents, and then early childhood research.

Table 3: Number of articles per age category of tallied articles

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number of Articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood (0-5 years)</td>
<td>40</td>
</tr>
<tr>
<td>School Age (6-21 years)</td>
<td>167</td>
</tr>
<tr>
<td>Adulthood (21+ years)</td>
<td>172</td>
</tr>
</tbody>
</table>

Of the 40 articles devoted to early childhood, 24 also included school-aged populations. Thirty-two articles included both school-aged and adult populations. Four articles included participants across all age categories.

Research Environment
Table 4 illustrates the environments in which the articles in the current review were situated.
Table 4: Number of articles per research environment of tallied articles

<table>
<thead>
<tr>
<th>Environment</th>
<th>Number of Articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>155</td>
</tr>
<tr>
<td>Community</td>
<td>71</td>
</tr>
<tr>
<td>Home</td>
<td>53</td>
</tr>
<tr>
<td>Clinic</td>
<td>51</td>
</tr>
<tr>
<td>Work</td>
<td>20</td>
</tr>
<tr>
<td>N/A</td>
<td>89</td>
</tr>
<tr>
<td>Home and Community</td>
<td>21</td>
</tr>
<tr>
<td>Community and School</td>
<td>14</td>
</tr>
<tr>
<td>Home and School</td>
<td>14</td>
</tr>
<tr>
<td>Community and Work</td>
<td>8</td>
</tr>
<tr>
<td>School and Work</td>
<td>8</td>
</tr>
<tr>
<td>Home and Work</td>
<td>4</td>
</tr>
</tbody>
</table>

Fourteen articles gathered data in, or were relevant to, both home and school environments. Fourteen articles were also relevant to both community and school environments. However, the most common combination in the current data set was articles situated in both home and community environments (n=21).

Curriculum Area

Table 5 contains data on the curricular areas of focus of the articles within the current sample.

Table 5: Number of Articles per curricular area in tallied articles

<table>
<thead>
<tr>
<th>Curriculum Area</th>
<th>Number of Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literacy</td>
<td>89</td>
</tr>
<tr>
<td>Other expanded core curriculum</td>
<td>85</td>
</tr>
<tr>
<td>Orientation and Mobility</td>
<td>71</td>
</tr>
<tr>
<td>Assistive Technology</td>
<td>48</td>
</tr>
<tr>
<td>Other core curriculum</td>
<td>33</td>
</tr>
<tr>
<td>N/A</td>
<td>102</td>
</tr>
</tbody>
</table>

Within the curriculum areas under review, two combinations occurred most frequently. Assistive technology articles incorporating literacy or orientation and mobility components were tallied more often than any other combinations of curricular areas (n=16).
**Additional Categories**
Table 6 contains data on additional categories within the current sample of tallied journal articles.

**Table 6 : Number of articles per additional category in tallied articles**

<table>
<thead>
<tr>
<th>Additional Category</th>
<th>Number of Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Disabilities</td>
<td>64</td>
</tr>
<tr>
<td>Psychosocial Development</td>
<td>41</td>
</tr>
<tr>
<td>Vocational Rehabilitation</td>
<td>22</td>
</tr>
<tr>
<td>Cognition</td>
<td>25</td>
</tr>
</tbody>
</table>

Within the vocational rehabilitation category, 19 articles examined samples of adult participants while the remainder was devoted to school-aged samples. Thirty articles on psychosocial development included adult samples, 11 with school-aged samples, and one in early childhood. Sixteen articles on cognitive processes referred to adult samples, 13 to school-aged samples, and 4 to early childhood samples. Finally, 21 articles devoted to individuals with visual and multiple disabilities used adult samples, 36 used school-aged samples, and 18 used early childhood samples. In many articles, samples included more than one age category.

The intent of this review is to provide the reader with an overview of published, peer-reviewed research in the field of visual impairment and blindness, and a number of interesting trends appeared in the data. For example, the number of articles devoted to the study of individuals with visual and multiple disabilities increased over the 43-month period under review. In 2008, 9 articles devoted to individuals with visual and multiple disabilities were published. That number climbed to 19 in 2009, and to 25 in 2010. As of July 2011, 11 articles advancing research and practice in the area of visual and multiple disabilities have been published. This is a promising trend, given the increasing number of individuals with visual and multiple disabilities served by professionals today.

**Methods of Data Collection**
Table 2 displayed data on the various methods of data collection employed by researchers in the tallied articles. Questionnaires or surveys were the most prevalent method of data collection in the current review (n=94). However, a number of authors employed more performance-based methods of assessment. For example, formal assessment tools (n=57) and/or authentic assessment practices (n=70) appear often in the sample.

**Limitations and Caveats**
While this review provides the reader with a succinct “snapshot” of the nature of research in the field of visual impairment and blindness, a number of limitations and caveats should be...
made explicit. First, the review process for this article was not subject to reliability testing (e.g., inter-rater reliability assessment). Therefore, there is no indication that the categories used in this review would be consistently applied to the tallied articles across independent raters. Second, while this review is comprehensive of the journals listed in Table 1 over the past 43 months (January 2008 – July 2011), it is not a systematic review. Analysis of individual articles was cursory, and so the findings of this review should only serve as a broad indication of the peer-reviewed research published in English in the field of visual impairment and blindness in recent years.

Conclusions

Despite these limitations, the current review provides some insight into research activities over the past three years. For example, while there is a clear reliance on survey/questionnaire methods of data collection, there are nearly as many studies employing some form of direct assessment of participants. Thus, it is clear that research in this field relies on a variety of tools and methods of gathering empirical data. It is also important to highlight the number of practice reports and position/thought papers published since 2008. While there is a great deal of empirical research, there are also many authors contributing new theory and practice to the field. Taken together, this review provides an indication of the great variety and depth of current research in the field of visual impairment and blindness, from all corners of the world.

References


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Regional Chairs were asked to identify the research projects being carried out in their ICEVI region. While the list below is not exhaustive, it does begin to give us a feel for the amount of research going on around the world.

AUSTRALIA

Australian Childhood Vision Impairment Register (RIDBC)
Sue Silveira (sue.silveira@ridbc.org.au) is the JAFF Research fellow, Renwick Centre, Royal Institute for Deaf & Blind Children (RIDBC). Sue is managing a project called the Australian Childhood Vision Impairment Register (ACVIR), which gathers data on children across Australia with vision impairment. It can be accessed online through the VI Family Network website: www.vifamilynetwork.org.au. This website also has a repository of low vision resources, an upcoming events section, an online parent forum, and the organization's quarterly reports.

CERA Research Project: Impact of Vision Impairment for Education of Young People
The Centre for Eye Research Australia and Jennifer Hassell are currently conducting research assessing the impact of vision impairment on young people. The researchers survey the children when they visit their schools to conduct routine functional visual assessment. The first survey is conducted when a child is identified as visually impaired, and the second a year later after the student has received intervention services. The researchers are preparing to conduct their first post intervention survey. If there are any questions regarding this process, please contact Annette Godfrey-Magee or Marion Blazé (Statewide Vision Resource Centre) on (03) 9841 0807.

GraVVITAS Monash University / Department of Education and Early Childhood Development (Victoria) / Catholic Education Office / Vision Australia / jTribe
The project will develop a new approach to the presentation of graphics and other 2D information to blind students, using the Apple iPad extended with audio and haptic feedback. The new iPad techniques will allow the student to interactively control the level of detail and modify or annotate the graphic. This has the potential to address the drawbacks of the current method of producing tactile graphics, which is expensive, time-consuming, and static. The project includes extensive evaluation of the approach in the classroom.

Equity And Access For Students With Vision Impairment: Where Is PNG Now And Where Should It Be In 2015?
James Aiwa (Doctor of Education student, School of Education, James Cook University, Townsville, Qld 4811, Australia - email: james.aiwa@my.jcu.edu.au) and Associate Professor Paul Pagliano (School of Education, James Cook University, Townsville, Qld 4811, Australia - email: paul.pagliano@jcu.edu.au) conducted a mixed-methods research study in Papua New Guinea (PNG) on equity and access for students with vision impairment (VI).
The preliminary results of a survey of the country’s 124 Special Education Resource Centre (SERC) teachers indicate the majority of the 366 students who receive specialist services are legally blind Braille readers, and that students with low vision are seriously neglected. Teachers in the survey identified these significant problems: negative attitudes of parents and regular teachers, an over-focus on disability rather than student ability, the need for specialist pre-service and in-service training, and a lack of resources. The authors recommend that the National Department of Education: (a) make a firm commitment to achieve equity and access for all children; (b) identify, assess, and support all children with VI; and (c) provide pre- and in-service training and material resources.

A Study of the Concerns of Primary School Teachers Regarding the Integration of Students with Disabilities into Their Regular Classroom Programs in Ahmedabad

Dr. Rina Niyogi Shah (rinaniyogi@gmail.com) conducted her doctoral research on the concerns of primary school teachers in Ahmedabad regarding the integration of students with disabilities into their regular classroom programs. Her objectives were: (a) to identify these teachers’ concerns; (b) to determine if there are significant relationships between these concerns and selected factors in the teachers’ personal and professional backgrounds and experiences; and (c) to identify strategies to address these concerns. The findings revealed that teachers were likely to have a significantly higher level of concern about integrated education if they were: (a) female; or (b) lacking a special education qualification; or (c) teaching in classes with more than 20 students.

Followup on Braille Babies Playgroup and Parent Information Seminars

Kimberly Avila (kavila@salus.edu), doctoral student at George Mason University, and National Leadership Consortium in Sensory Disabilities Fellow has developed a Braille Babies project to facilitate pre-reading braille skills in young children. She includes activities for parents using items around the house, and with toys readily available at local stores. Her groups have been meeting since 2005, and based upon parents’ feedback, she has been integrating the most helpful, easy-to-implement strategies and effective tasks into the program. She will soon write an article reporting on the outcome of this pre-braille learning program.

Considerate Practices for Early Intervention Service

Kimberly Avila (kavila@salus.edu), doctoral student at George Mason University, and National Leadership Consortium in Sensory Disabilities Fellow, has surveyed a group of parents from the March of Dimes funded organization “Preemies Today” in order to identify best practices for early intervention service providers. Ideal practices are considerate of the multitude of emotional, medical, and developmental needs experienced by families with an extremely premature infant. Many parents with infants with blindness or visual impairment participated. Kimberly has presented the B/VI comments and perspectives to a professional conference in Virginia last March and is organizing the data and comments for a research article.
A Brief Primer of Research Terms

Action Research
The term “Action Research” refers to evaluative procedures used by practitioners to systematically examine their own practice for the purpose of improving practice or communicating about the effectiveness of a strategy. Typically, in education, teachers who are researching their own practice conduct “action research”. Action research is commonly used in the social sciences and encourages practitioners to be reflective and engage in scholarship. This is particularly important in the field of visual impairment because there is a great need for collecting evidence about the effectiveness of our practice and there are few researchers conducting formal research.

Case Study
Many research studies in the area of visual impairment can be considered “case studies,” which closely examine one or more “cases”. A case can be defined as a person or people, an organization or group. Case study research typically involves several research methods (questionnaires, interviews, observations).

Confidentiality/Anonymity
One of the requirements for ethical approval of research is the assurance of confidentiality and/or anonymity for participants. If confidentiality and anonymity cannot be assured, participants must be informed that their identities might be evident to the consumers of the research report. Note that some research can assure confidentiality but cannot assure anonymity.

Dependent Variables/Independent Variables
Most people learn about dependent variables and independent variables during their first exposure to experimental design, but it can be hard to remember the definitions. The dependent variable refers to what is being measured. The independent variable refers to factors that are being manipulated by the researcher. The independent variable is hypothesized to have an impact on the dependent variable.
Descriptive Research
Most studies use descriptive research in some way. This term refers to information that is observed or gathered about the nature of a person, group of persons or organization that merely describes characteristics without any attempt to manipulate. When conducting research related to individuals with visual impairments, common descriptive data includes the individual’s level of sight and the cause of the visual impairment, as well as gender and age.

Exploratory Research
This term refers to a broad category of research that explores phenomena in an open-ended way with the goal of understanding and creating hypotheses as opposed to testing a hypothesis. This type of research is used when there is a need to understand more about the problem in some cases because of limited existing information. In many cases it is the first research that is done on a problem or issue, in an attempt to define a research plan for the future.

Focus Groups
One popular qualitative research method is the use of focus groups. The purpose of a focus group is to gather information in an interactive manner that allows members of the group to hear differing opinions and reflect on the comments of others. Focus groups are typically used when the questions being studied are not controversial or confidential.

Grounded Theory
Many research methods are designed to test a hypothesis that has a theoretical base. Grounded Theory Methodology, on the other hand, uses case studies, observations, interviews and other data collection techniques to support a researcher in developing a theory. In other words, grounded theory builds a theory rather than tests a theory.

Informed Consent
In order to protect the rights of human subjects, most professional journals today require that a behavioural ethics board approve the research. Universities have institutional boards that typically issue certificates of approval that indicate that the research has been reviewed for ethical practice. One key piece of this is a process to obtain informed consent from all study participants. In obtaining informed consent, researchers should ensure that there is no coercion for agreeing to participate in the research and that all written documents (e.g., the informed consent letter) is fully accessible to participants.

Quantitative Research and Qualitative Research
Research methods can be broadly placed into two categories: quantitative and qualitative. Complex examination of an issue may include research methods that are both quantitative and qualitative. The differences between quantitative and qualitative research lie in both the nature of the research and the way that research results can be used.
Quantitative research is traditional scientific methodology that tests pre-determined hypotheses using formal statistical analysis. Through adherence to requirements for research design including number of research participants, conclusions drawn based on the results of quantitative research may be generalizable.

Qualitative research, on the other hand, approaches research questions through analysis of observations, opinions, interviews or descriptions of phenomena. Because qualitative research does not rely on statistical analysis of data, the same requirements for sample size and randomization of treatment do not exist. Therefore, in fields such as visual impairment, qualitative research methodology alone, or in combination with quantitative methods are valuable research tools.

**Reliability**

The term “reliability” is used to indicate consistency of results. Let’s consider the example of a researcher who is conducting an assessment on functional vision using a specific instrument or measurement. In order for this assessment to be valuable, the instrument that is being used must be reliable. A reliable assessment produces consistent results.

**Validity**

The term “validity” is used to describe the extent to which components of a research study and our conclusions based on the results of our research are determined to be accurate or true.

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- *It is for us to pray not for tasks equal to our powers, but for powers equal to our tasks, to go forward with a great desire forever beating at the door of our hearts as we travel toward our distant goal.*

- *Be of good cheer. Do not think of today’s failures, but of the success that may come tomorrow. You have set yourself a difficult task, but you will succeed if you persevere; and you will find a joy in overcoming obstacles.*

  - Helen Keller