**The Intervention Model of ONCE’s Educational Services**

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**The Organisation of the Resources**

Up until 20 years ago, in Spain, the education of blind or partially sighted people was the exclusive responsibility and competency of ONCE. All blind children attended special schools run by the Organisation. If a low vision child did attend an ordinary school, he or she did not receive any support resources or specialised attention. Today, the education of all the citizens, including those with a serious visual impairment, is not only a fundamental right but the responsibility and competency of the State through its Ministry of Education. Today only 4% of blind or partially sighted children study in a special school operated by the Organisation. Twenty years have lapsed between these two situations, which were not without their difficulties, although generally speaking the end results can be considered highly positive.

What was this evolution like?

In the mid-80s, the ONCE not only converted its five schools into Educational Resource Centres, but it also began to set up the first Specific Educational Support Groups for students with Visual Impairment. These Groups have a multi-skilled composition, in other words, they are made up of teachers, rehabilitation experts, psychologists, social workers and specialists in devices for teaching the blind, and they are sent to the educational centres in other to serve as support for the students who are attending ordinary schools, as well as for the centres themselves and the children’s families.

At present and in view of the fact that the competencies of the State in matters of Education are decentralised, the ONCE has reached an agreement for collaboration on educational matters with each and every one of the Local Administrations, by virtue of which these Specific Educational Support Groups for students with visual impairment have been set up and are duly regulated. These Multi-skilled Groups work together with the ONCE and each one of these Regional Administrations.

The activities carried out by these Groups are complemented with the existence of Five Educational Resource Centres (the former Special Schools for the Blind). Their current function is that of providing technical support to the activities carried out by these Groups, furnishing specialised training to the teaching staff, producing useful educational resources, undertaking significant research and investigation, drawing up technical documentation and organising diverse activities for professionals, students and their families. Two of these Centres still feature specialised schools which are attended by boys and girls who have had unsuccessful learning experiences in their schools or local environment, or, for some reason, require specialised resources which cannot be found in their places of origin.

**The Intervention Model of ONCE’s Educational Services**

After years of experience in dealing with individuals with visual impairment, the Models for attention have been redefined to the point where the ONCE’s Model for Rendering Social Services was created. Within this reference framework, the educational activities are carried out by means of the formulation of an Individualised Attention Plan, which is defined by the user and his family.

The main goal of the activities carried out by these Specific Groups is to achieve the effective integration, inclusion and normalisation of the student in every area of his life, and so specialised technical advice is offered, aimed at all the members of the educational community.

This attention begins with the social worker providing the student and his family with an initial orientation, in order to better determine their individual needs.

**Description of the Intervention Model**

At this point, a professional is appointed, generally a teacher, who will coordinate all the actions to be taken with the student. We will call this professional the Case Coordinator.

This Model is applied, based on the prior determination of the set of specific needs which an individual may have as a result of his visual impairment, and in terms of these needs, the different areas of action will be set up together with the lines along which the Group’s professionals will work with the student. All the areas of intervention will have an evaluation protocol for the individual’s needs which will serve as a guide for the professional and which will include the main aspects for determining both the student’s initial situation, as well as the major achievements and progress which he makes.

The Model is managed by a computer application which operates in the following way:

At the beginning of each school year, any new student is enrolled in this application; if the student already belonged to a previous course, the continuation of the intervention with the student will be confirmed. In both cases, a Coordinator will be assigned to the case, who will usually be the same one as the previous year for the students who are not new.

The Case Coordinator will make an initial evaluation of the student according to the Model’s protocols, his knowledge of the student and the information which is available on him; he will establish the areas of operation and set the specific goals, as well as the Group professionals who will participate in each area. The Case Coordinator will thus elaborate an Individualised Plan for Educational Attention (PIAE). The computer application will produce this document which is given to the family and to the student’s School for their information and acceptance. The main goal is that of encouraging team work among all the agents involved. The Plan (PIAE) will be followed throughout the entire school year and when it comes to an end, the protocols will reflect the results of the intervention.

Every student should have a Case Coordinator and an Educational PIA, at least until the compulsory education is completed, regardless of the fact that with time, the need for the intervention of the professionals of the Specific Group will be reduced.

**Definitions of the Areas of Intervention of the Educational Attention Service in the Social Services Model.**

The areas of the Model are directly related to the set of educational needs derived from the visual impairment and are the following:

Maturity Development

This area basically covers the process of growth and development of the child between 0 and 6 years of age who is blind or has a visual impairment.

It contemplates his general evolution and highlights the specific development of this age group in general.

It is intended to serve as a guide for the intervention of the professional who is attending young children, as well as those of other ages, whose personal capacities have not been suitably developed between the 0 – 6 year period.

Its structure is as follows:

* Pre- and peri- natal evolution.
* General Development: psycho-motor, affective–emotional, sensorial-- perceptive, cognitive, communication-language, social and independent habits.
* Alarm signals: signs or indications regarding certain developmental or behavioural disorders.

This Area concludes with comments of a generally qualitative nature and which will help to complete what has been already put forth in the protocol.

Ophthalmology and Optics

In the Ophthalmologic area, the clinical history will reflect among other things, the ophthalmologic characteristics which might affect the child’s attention, based on a thorough ophthalmologic examination, aimed at establishing the visual functionality of the user of the Service.

Refraction should be carried out in the case of babies and little children.

It is also important to evaluate throughout the entire attention process, any incident which might arise in the ophthalmologic condition, and then decide whether or not it is advisable to continue in each individual case.

In the Optical Area, the appropriate refraction will be based on the visual data supplied by the ophthalmologist and from any necessary complementary tests, as well as the initial recommendations for optical and electronic aids which would assist in carrying out the activities and tasks of every day life.

Section of comments for obtaining qualitative information.

Visual Stimulation

Visual stimulation is reflected as a specific technique which calls for the preparation of an individualised programme of activities which will follow a sequence of visual experiences aimed at achieving an improved visual functioning.

The main goal of Visual Stimulation is to attain the highest level of personal independence possible through the use of the vision and it becomes one of the leading methods for learning and obtaining knowledge.

It helps young children and adolescents with serious visual impairments to understand what they see and know how to interpret the sensations they perceive.

The Protocol Fields are grouped according to the following sections:

* Appearance of the eyes
* Awareness of stimulus, response to light and visual behaviour
* Visual attention, control and monitoring
* Recognition and designation
* Examination, discrimination of objects and drawings. Perceptual consistency.
* Visual memory. Relationship between the parts/whole. Discrimination of the figure/background. Visual closing. Symmetries
* Perception/reproduction of abstract figures and symbols
* Motor–vision coordination
* Strategies
* Attitudes towards the use of the vision

Section of comments for obtaining qualitative information.

Independence

The Area of Independence includes information on the level of development of its different facets: sensorial, psycho-motor, cognitive…

In addition, it includes visual and technical aids, abilities and resources which a blind or visually impaired student might require in order to achieve the right amount of independence in the areas of activity of every day life and orientation–mobility.

This Area is structured in the following way:

* Information on **development**: sensorial, psycho-motor and conceptual
* Information on **glare**
* **Every day activities**: reading, use of screens, television, blackboards, life at home, etc.
* **Orientation and mobility**

Section of comments for obtaining qualitative information.

Family Intervention

This Area is considered fundamental given the point of reference which the family represents for their children and their influence is not only over the child’s independence but also on his school and social integration.

It covers significant and relevant information on the students’ families. It also serves as a guide for subsequent actions to be taken by the professionals in the emotional/affective, social/family, educational, etc., areas.

The Area is structured around three chapters:

* **Family Information**: structure, dynamics, organisation, characteristics of the home, etc.
* **Family Intervention** in the different areas: emotional/ affective, social/family and educational.
* **Comments:** For the gathering of qualitative information.

Advice to the Educational Centres

A set of advisory and training activities should be carried out in the educational centre in which the blind or seriously visually impaired student is enrolled.

This advice or orientation is directed at the whole educational community and is centred, as is indicated in the protocol, on specific areas such as: Braille, visual stimulation, technical aids and devices, independence, social competency, etc.

The protocol differentiates between advice and training; in both cases, information is gathered on the procedures used for developing both options.

Section of comments for obtaining qualitative information.

Adaptation to Visual Impairments

A set of actions is undertaken to determine how the process for adaptation to the visual impairment is accomplished both by the student as well as by his family.

The adaptation process is studied in different areas, such as emotional, cognitive and behavioural, and in different spheres: personal, family and social.

From the information obtained, different options for intervention can be derived:

* Specialised (internal or external)
* Systematic attention
* Orientations
* No attention is needed

Section of comments for obtaining qualitative information.

Basic Instrumental Techniques

The basic instrumental techniques are provided as a set of indispensable knowledge and skills in such areas as reading, writing and mathematics, so that the child can continue with his educational process without any difficulty. It will also make it possible to acquire new learning processes in the different curricular areas.

This Area includes three chapters:

* **The Reading and Writing Process in Print**. It includes information on reading, writing and motivation before the reading-writing learning process.
* **The Reading and Writing Process in Braille**. It includes sections, such as reading, writing, mathematics, level of knowledge and use of specific Braille signs and motivation in relation with learning to read and write in Braille.
* **Comments.** For gathering qualitative information.

Technologies for Information and Communication

This Area uses Tables to gather information on the needs which must be met for the blind or seriously visually impaired student, in regard to the techniques for accessing information/communication, as well as the level of their use and handling and consequently their need for training.

The Tables show different devices and programmes:

* Systems for visual access
* Systems for tactile access
* Systems for oral access
* Other devices: Braille printers, oral notation recorders, systems for optical recognition of characters, etc.

Section of comments for obtaining qualitative information.

Educational Orientation

This area has to be understood as the whole set of aids which are offered to the student, the educational centre and the family, within the framework of the tutorial actions carried out with the student in his school.

It is a matter of making sure that the student receives at all times, the corresponding educational orientation: personal, support for the Teaching-Learning process, professional, etc.

This Area is structured as follows:

* **Personal Orientation**: self-esteem, self-image, motivation, communication, participation, etc.
* **Learning-Teaching Process:** Ways of learning, study techniques, etc.
* **Academic/Professional Orientation**: The process for assistance in decision making

Section of comments for obtaining qualitative information.

Social Competency

This is a set of interventions to be carried out with the student, the educational centre, the family and his immediate social environment, in order to optimise his social competency.

The protocol covers the following fields of intervention:

* Non-verbal behaviours of social interaction
* Initiation, maintenance and termination of social interactions
* Inclusion and participation in group activities and games

The areas of intervention covered in the protocol are: the school, the family and the child’s immediate social environment.

Section of comments for obtaining qualitative information.

School Curriculum

This Area covers the student’s curricular competency as well as the curricular adaptations he may require.

Leisure and Spare Time

This Area provides knowledge of the way the student takes advantage of his free time in different areas: family, school, social-community, etc.

The goal is none other than that of contributing to the child’s integration by means of an active participation in the different social-family spheres.

This Area obtains information and protocolises the interventions whenever they are necessary.

Its structure, both for the gathering of information as well as for the protocolisation of the interventions, is the following:

* School setting
* Family setting
* Social–community setting
* The ONCE setting

Section of comments for obtaining qualitative information.

Other Interventions

This Area covers information on a set of possible treatments or interventions carried out with the blind or visually impaired student, inside and outside of the educational centre he attends (logopedia, physiotherapy…).

**CONCLUSIONS**

In conclusion, I would like to point out some advantages and disadvantages pertaining to the application of this Model.

The main disadvantage on a short term basis has been an important resistance on the part of the professionals, both to modifying their work procedures, as well as to using a computer tool for gathering information.

The main advantages have been:

* The Model fosters a homogeneity in the activities of all the Members of the Group and thus, an equality of rights for the users.
* It establishes quality standards and provides evaluation indicators.
* It allows for a systematic collection of basic information for working with the student and facilitates the possibility of sharing information with all the professionals who work with the same child.
* It favours the planning and organisation of the work on a team basis and facilitates the decision making processes.