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International Council for Education and Rehabilitation of People with Visual Impairment

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Special Edition of
ICEVI European Newsletter

Proceedings of the 1st ICEVI-Europe Rehabilitation Conference in Budapest, Hungary
31.05.2019-1.06.2019

"Expanding Independence in all Ages"

ICEVI-Europe and LÁRESZ Association*

Editors

Beáta Prónay

Adrienn Duhonyi

The original presentations can be found here:
https://lareszegyesulet.hu/en/icevirc2019/program/

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***"The program was implemented with the support of the Ministry of Human Resources and the National Center for Disability and Social Policy Public Nonprofit Ltd."**

Preface

ICEVI-Europe established the Rehabilitation Interest Group during the 9th ICEVI European Conference in Bruges, 2017. Twenty participant of the Conference gathered to express their expectations about the Interest Group. These professionals were representing the whole spectrum, in a broad sense of re/habilitation from the field of early intervention to the rehabilitation of senior citizens.

This wide professional interest provided the selection of the target group to be invited as participants and presenters for the 1st ICEVI-Europe Rehabilitation Conference.

We are honoured that we could greet 92 participants altogether with Hungarian colleagues. The conference languages were English and Hungarian and there was simultaneous interpretation for the whole conference for the 34 presentations plus two workshops. Four exhibitors were also present.

In this proceeding you'll find written versions of the presentation just as articles based on the original presentations. You will find subjects of early intervention, school work and classical fields of rehabilitation covering O&M, leisure time activities for all ages and vocational rehabilitation. The conference website is still accessible to visit bilingual the presentations (see front page for the link) While reading the proceedings you can get an insight of different approaches and practices which are gathered from 16 countries from across Europe.

ICEVI-Europe establishes a tradition to share proceedings of Professional Interest Group meetings, conferences as special editions of the ICEVI European Newsletter ISSN 266601527

We wish you an enjoyable browsing of the proceedings!

2019 December

Beáta Prónay and Adrienn Duhonyi

Editors of this special edition

I. FSZK Nonprofit Ltd. - Results achieved and plans for the future in favour of visually impaired people

Zsolt Szilaj, Head of Program Office
The Equal Opportunities of People with Disabilities Non-profit Ltd., Budapest

Slide 1.

Equal Opportunities of People with Disabilities Non-profit LTD

(Fogyatékos Személyek Esélyegyenlőségéért

Közhasznú Nonprofit Kft. - FSZK)

Past and future activities supporting

individuals with visual impairment

Zsolt Szilaj

Head of Program Office

Slide 2.

Short introduction of FSZK

- Support body of the Ministry of Human Capacities (Emberi Erőforrások Minisztériuma)
  - Resource centre on disability (training courses – 104 during 2018, 1650 certificates, lectures)
  - Pool of professionals (protocols, professional brochures/manuals)
  - Service-provider (special aids may be borrowed from FSZK)
  - Coordinator of grant applications (EU and other projects)
  - Operator of grant applications (12 types of grants, 3.3 million USD, 800 applications yearly, 300 supported entities, grant application for sign language interpreting services)
- Activities in focus
  - Professional coordination of deinstitutionalization (TÁRS Project – EFOP 1.9.1)
  - Accessibility: free access for individuals with disabilities to vocational and public services (MONTÁZS – EFOP 1.9.2.)

Slide 3.

Rehabilitation and FSZK… Initial steps

- FSZK supported NGOs in starting rehabilitation services – and supported, via the following grants, widening their range of services:
  - P27/1 – provision of rehabilitation services (2008)
  - SZ27/2 –training professionals (carried out by ELTE Bárczi Gusztáv Faculty of Special Needs Education)
  - 4767 – Essential and vocational rehabilitation services in 5 regions (2009) /financed by the EU – TÁMOP 5.4.7/08-1, -2/ 2009-2010
  - 41171 – Rehabilitation of individuals with visual impairment (2011)

- 3823 –Education of professionals (carried out by ELTE Bárczi Gusztáv Faculty of Special Needs Education) (2011)
- LSER2012 – LSER2016 – National Institute of the Blind (Vakok Állami Intézete); financed by the EU – TÁMOP 5.4.7/12; TIOP programme – National Institute for the Blind (Vakok Állami Intézete)
- LSER2017, LSER2018, LSER2019 – support for NGOs which provide rehabilitation services
- Education of rehabilitation specialists (2018 – 2021)

Slide 4.

P27/1	Essential and vocational rehabilitation services for individuals with visual impairment	170 000 000 HUF
Sz27/2	Graduate and post-graduate courses of rehabilitation specialists	120 000 000 HUF
4767	Rehabilitation services for individuals with visual impairment in 5 regions	141 000 000 HUF
4874	Rehabilitation for individuals with visual impairment	298 277 739 HUF
TÁMOP-5.4.7/08/1	Rehabilitation services in the Central-Hungarian region	113 600 000 HUF
TÁMOP-5.4.7/09/1	Rehabilitation services in the Central-Transdanubian region	95 000 000 HUF
TÁMOP-5.4.7/08/2	Convergence	686 400 000 HUF
411711	Rehabilitation for individuals with visual impairment	132 000 000 HUF
3823	Education/training	23 520 000 HUF
TÁMOP-5.4.7/12	National Institute of the Blind	1 200 000 000 HUF
TIOP	National Institute of the Blind	1 729 831 300 HUF
LSER2012	Rehabilitation centers	120 000 000 HUF
LSER2013	Rehabilitation centers	120 000 000 HUF
LSER2014	Rehabilitation centers	120 000 000 HUF

LSER2015	Rehabilitation centers	120 000 000 HUF
LSER2016	Rehabilitation centers	120 000 000 HUF
LSER2017	Rehabilitation centers	100 000 000 HUF
LSER2018	Rehabilitation centers	110 000 000 HUF
LSER2019	Rehabilitation centers	123 000 000 HUF
Education in rehabilitation	Professional	20 000 000 HUF
		5 662 629 039 HUF

Slide 5.

FSZK first and second periods

I. Multiplication of rehabilitation services

1. Professional literature
2. Education
3. Provision of services

II. Temporary financing for service-providers

1. After EU financial support, provision of nationally-financed services
2. Grants
3. No new entities
4. Only service-provision financed

Slide 6.

FSZK third period

- New goals in rehabilitation
  - Professional forum - legislative background of rehabilitation
  - New service providers – multiplication of services
  - Constant financing – new financial network
  - Flexibility within the profession – improvements, development
  - LSER2017 grant application

Slide 7.

Advantages vs. disadvantages

- 3 new service providers
- Flexible formation of entities
- Significant growth in the number of visually impaired clients
- Disadvantages:
    - The quality of the service depends on the amount provided by the grant
    - Lack of professionals (free-lancers) – lack of education/training opportunities
    - Lack of methodological unity

Slide 8.

FSZK developments

- Education on rehabilitation – modular
- Recommendations to the Ministry of Human Capacities
    - Foundation of a methodological resource centre and harmonization of grant coordination tasks
    - Urgent increase of the budget
    - Legislative background
    - Harmonization of state institutions and NGOs, clarification of their roles and tasks

Slide 9.

Thank you for your attention!

Zsolt Szilaj

FSZK Non-profit LTD

Head of programme office

szilaj.zsolt@fszk.hu

II. Introduction to LÁRESZ – Association for the Support of Rehabilitation for Individuals with Visual Impairments

Gabriella Varga, President of LÁRESZ Association, Budapest

For the Rehabilitation of Individuals with Visual Impairment (LÁRESZ) Association

First ICEVI-EUROPE ICEVI Rehabilitation Conference, 31.05-01.06/2019, Budapest

Gabriella Varga – rehabilitation specialist, president of LÁRESZ

National non-governmental organization

Our members are experts in:

Early intervention

Kindergarten/preschool education

Primary/secondary school education

Adult rehabilitation

Diagnostic activity

Training of qualified teachers of the visually impaired

Projects

Support for local, regional and national activities of NGOs working for/with individuals with disabilities

FOF 2017, FOF 2018

Other activities

Survey research:

Satisfaction surveys on rehabilitation, filled in by service-providers, parents, students, adult clients

Support for professionals:

Translation/publishing international professional literature

- O&M (orientation and mobility): O&M in early childhood with a long white cane

Joseph Cutter: Independent movement and travel in blind children: a promotion model

Book launch event

- Sexual education:

Emma Vandamme: Get the feel

Sexual education of children and youths with VI (ongoing)

Training course (planned)

Support for families:

Nano's mischief: multisensory developmental book – Romana Chalupova, ZEMÉ, Z.S. with a set of games

250 Hungarian families + early intervention centers, resource centers

Organization of the 1st ICEVI-EUROPE Rehabilitation Conference

Professionals from 18 countries

Acknowledgments

- FSZK and EMMI

- Hans Welling, ICEVI-Europe

- Edward Bell PhD, director of Professional Development and Research Institute on Blindness, Louisiana Technical University

- Inger Berndtsson PhD, Göteborg University

- Emma Vandamme, Lisa Vanhove, Begeleidingscentrum Spermalie, Bruges

- Boguslaw Marek Dr. habil., John Paul II. Catholic University, Lublin

- Members of organizing committee

III. Opening thoughts of the president of ICEVI-Europe

Hans Welling, President of ICEVI-Europe

Opening thoughts of the president of ICEVI-Europe
Hans Welling, President of ICEVI-Europe

Dear participants in this conference,

I am very pleased to welcome you all to this first conference of the Professional Interest group "Rehabilitation", with the challenging theme "Expending Independence in all Ages".

I thank the representatives of the ministry of Human capacity, The Equal Opportunities Of People with Disabilities Non-profit Ltd. and LARESZ Association for the Support of Rehabilitation for Individuals with Visual Impairments. I thank you for your kind and stimulating opening speeches.

Ladies and gentlemen, dear colleagues, As you know, one of the objectives of ICEVI-Europe is to bring together professionals through conferences and workshops to share experiences and knowledge on support of persons with visual impairment and to promote European cooperation between professionals, to create networks between professionals. This conference is the result of this.

The title of this conference is "EXPENDING INDEPENDENCE IN ALL AGES".. A big challenge. We all try to improve the quality of life of people with visual impairment.

Sometimes I still think back to my first experience as director of the Royal Institute for the Blind in the Netherlands. I had worked for many years in an institution for people with intellectual disabilities. They were residing in an institute with all the characteristics of a total institution.

As director of the Royal Institute of the Blind I was wondering how should blind children will develop residing in an institute located at a nice place in the woods. How do we prepare young people, who live fairly isolated from the society? There was no other conclusion possible than this is not the best way.

Fortunately, we now see that in many countries children with a visual impairment go to mainstream schools and that they and their teachers receive special support in education. Beautiful.

But we are not there. In my opinion, there will be always, in all ages a need for rehabilitation activities, courses and training'-programs.

This necessity arises from the individual needs of visually impaired persons, but also by new insights and knowledge, including technological development.

The International Classification of functioning, disability and Health, ICF and ICF, Child-Youth (ICF-CY) of the World Health Organization (WHO)is increasingly an instrument that helps us to gain insight into the needs of an individual person but also in those of persons with a visual impairment in the total and the society.

It is an excellent tool for rehabilitation programs. Scientific research and policy decisions.

That is what this conference is about. How can we offer people support in their desire to participate in society and live as independently as possible.

That is our task and responsibility as professionals, but also those of universities through scientific research and those the responsibility of the Government.

I therefore hope that this Conference will be a good place for meeting and sharing knowledge and to see how we can promote independence, how can we promote the quality of life of people with disabilities.
Beata Pronay, board member of ICEVI-Europe and associate professor at the Eotvos University, here in Budapest is the portfolio holder of the professional Interest Group "Rehabilitation". At the end of these two days she will certainly be willing to discuss how to proceed for example during the European Conference 2012 in Jerusalem.

Before wishing you a good conference I would like to express my gratitude to the management and staff of LARESZ association for the great cooperation in the preparation of this conference. Thank you very much.
Wishing you all, colleagues from all over Europe once again a good and inspiring conference desired.

Keynote speech of the first day

IV. Raising Expectations Across the Lifespan: The Convergence between Skills and Attitude

Edward Bell PhD, Director

Professional Development and Research Institute on Blindness,

Louisiana Technical University

Structured Discovery Rehabilitation Training in the United States

Edward Bell PhD, Director

Professional Development and Research Institute on Blindness,

Louisiana Technical University

It happened on April 25 of this year. My wife, my two daughters and I were all sound asleep in our beds when a tornado warning sounded at 1:00 a.m. My wife insisted that we go down to the basement and wait for the weather to pass. Just before 2:00 the tornado ripped through our neighborhood dropping trees everywhere, including on my house. We lost power and we knew we took damage. After ensuring that my wife and kids were safe, I put on some boots and went upstairs to assess the damage. I knew immediately that there was significant damage to our kitchen and living room. Once I assessed that the remainder of the house was safe, I got some flashlights for my girls to be able to see, and we waited until sunrise to further assess the damage.

Tree limbs blocked both the front and back doors, so I grabbed a battery-powered saw and cut a path through. Then, we were able to get to safety and no one was injured. By the way, my wife and I are totally blind, but both of my teenage girls are fully sighted. This was a horrible tragedy that I would not want anyone to go through, but because of the training and expectations that my wife and I have received through rehabilitation services in the United States, we were able to handle the situation.

So, what does good rehabilitation look like? Before we talk about rehabilitation, we need a better understanding of how humans function as a whole. A Psychologist named Carl Rogers coined a term called self-actualization. This term means that all humans (sighted as well as blind) are born with the innate drive to thrive—to succeed—to achieve their potential. Another researcher named Maslow helped us to understand that all humans have basic needs that start with the need for food and water. Once the survival needs are met, then the need for shelter and safety come next. Once a person has food and shelter, then, and only then can he or she begin thinking about work, education, or other types of social pursuits.

So then, what happens to a blind adult who no longer wants to work, or who has given up on all of his hopes and dreams? If, like Rogers said it is part of human nature to want to succeed, then how does a person lose the desire to achieve? The answer is that he or she has learned to become helpless. This person has learned to be pessimistic and has engrained the notion that to not be able to see means to

not be able to do. So long as society provides basic substance, such as food and shelter, then there is little drive to hope for much beyond that.

But we all know better and we understand that blind people do have dreams, ambitions, and want to work, contribute to their community and have an active social life. But if the person has already been demoralized or taught to be helpless, how then do we help them to believe in themselves and strive for more? There are really only two secrets to rehabilitation—actually there are three, but only two main one's for you to work with.

In the area of rehabilitation for blind people we talk about specific skills they need to know, including the use of a white cane for mobility, braille for literacy, computers for communication, and activities of daily living to live independently. Each of these skills are important. If a person cannot travel with a white cane, then he or she will not be able to live alone, get to and from a job site, or safely navigate in familiar or unfamiliar areas. So, mobility, whether with a white cane or guide dog is a very important skill.

Braille is the key to literacy for a person whose eyesight does not allow efficient use of printed material. Young children learn everything they need to know about vocabulary, sentence structure, and basic literacy through either print or braille—these things cannot be learned by listening to audio recordings. So, certainly braille is a very important skill. Computers too are such a critical part of daily life it is hard to think of a job that does not require at least some basic level of computer knowledge. You almost need to know computer use just to watch television or operate household appliances. And of course, no blind person can live independently if he or she cannot cook, clean, and care for his or her belongings. So all of the skills are very important in the field of rehabilitation. The trick is that skills in isolation have very limited use.

In the United States, we operate under a model of rehabilitation called Structured Discovery. This is a model that was developed by successful blind men and women who passed down through word of mouth the belief that with some skills training and confidence, they could make their own determinations about life. Dr. Kenneth Jernigan, the person who originally developed this model said that life was really about choices and having the ability to make those choices stick. In other words, to make one's own path in life and to have both the right and responsibility to live as one chose.

Secret Number One: So, the first secret to rehabilitation is that you have to believe in the capacity of blind people to be independent. I don't mean to believe as an academic exercise, but to believe in a manner that is conveyed to the student at every turn. Students will invariably give up on themselves. They will give up at the first sign of difficulty. For much of their lives (certainly since they have lived with a visual impairment) they have been told to "be careful," "just sit down and I will do that for you," "I am afraid you will get hurt." And so of course the blind person begins to believe these messages and they become the internal message they tell themselves as an excuse to give up or stop short of pushing beyond their fears. This is where you come in. To believe in your student means to

believe in them far more than they believe in themselves and far more than society has ever believed in them.

If you are fearful that they will get hurt by a car, you will convey this fear to your student. If you are worried that they will get cut in using a sharp knife, then your student will feel your fear and will become fearful as well. If you believe in your heart that your student, because of his or her poor vision, is more likely to get hurt when out in the public, then these fears will get conveyed to your student. No amount of cane travel, braille, computers or ADL instruction will ever be effective in counteracting these fears. You could have a student in training for a whole year, but so long as they student is not pushed outside his/her comfort zone, then he/she will not learn—or at least won't strive to achieve his goals to the fullest.

Secret Number 2. The second secret is to problem solve. Now, in order for this second secret to work, you have to already be practicing secret number one. Because life is little more than a giant problem to be solved. How will your student do the job of a schoolteacher, supervising children and keeping them safe? How could your student become a chef in a busy restaurant, with all the hot pots and sharp knives? How could a blind person own a day care center for children, work with dangerous animals, or a hundred other jobs that involve some level of risk? The answer is you have to figure it out. Not by yourself, but you and your student together.

The job of problem solving is made much easier when you have a network of other blind adults who have already been successful. In the United States we have the National Federation of the Blind. This is a U.S. resource, but with the miracle of the internet, it is largely available to you as well. Why is the NFB a powerful tool for problem solving? Because the NFB has thousands of members who are all blind adults, and who work in all sorts of industries. And even if you cannot find a blind chef on the list, chances are you will find enough blind people who have enough ideas about how such work can be done safely. But, first you have to believe. You have to believe in the capacity of blind people in general, and in your student specifically. Then you have to work through the various problems with the attitude of "not how can this be done," but "how do we get this done."

But I told you there was a third secret. The third secret is that even when you have mastered secrets number 1 and 2, your job is not done. That is because 99% of the general public does "Not" believe in your student and they begin with the assumption that a blind person cannot do any job safely, except for maybe answering the telephone. So each and every day as you work to believe in the capacity of your student and work through the various problems that present challenges to success, you will be working in an environment where most people around you are reinforcing the message that blindness means helplessness, and that blind people are vulnerable and need to be protected.

But all hope is not lost. Even when it seems an insurmountable problem with so many negative messages and reinforcements, you need to keep pushing towards independence and reinforcing the message of love, hope, and determination. And, if you do this effectively, before long, your students will be saying the same words. Then they will start believing the same things, and then they will start

doing more than even they felt possible. And, once this begins to happen, then there is no stopping your student. And, when you get a new student, and that new student feels hopeless and helpless, then you can introduce that new student to your newly independent student who tell the new student, "I know how you are feeling right now, but believe me there is a bright side at the end of this story," and the hopefulness and energy of your student will become manifest in the new students and this will become a culture within your agency, and so hopeful, effective rehabilitation will become the norm.

On April 25 of this year a tornado came through and destroyed half my house in the middle of the night. I had a choice to make that day. I could have chosen to sit down and cry. I could have looked up at my two sighted teenagers and said you have to protect us and make sure it is safe. Or, I could decide that I was the adult who had the responsibility, skills and ability to protect my family. I made the right choice that day and I made the choice because a long time ago a group of rehabilitation professionals believed in me more than I believed in myself, and those individuals taught me that with love, hope, and determination I could live the life that I wanted. And that is exactly what I am continuing do.

V. Support for professionals in the rehabilitation

Judit Csákvári PhD, Katalin Billédi PhD.

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Institute for the Psychology of Special Needs, Budapest

Support for Professionals in the Rehabilitation – Further Training

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Abstract
The core component of the rehabilitation process is the helper-client relationship, which has many direct and/or indirect impacts on rehabilitation. Helping the helper is an essential factor in maximizing the effectiveness of rehabilitation. The development of further training for professionals has been achieved by an expert consensus-based way taken in consideration both the current field experience and the relevant scientific literature.
Adult learning is effective when it is active and proactive, which requires the use of methods and content tailored to needs and previous experience and involves interactive methods, addresses the specific needs of the group, and monitors learning outcomes. Important elements of training planning: identification of professionals and their professional roles, identification of knowledge gaps, identification of training outcomes. The development of the training program was characterized by four principles: clarity, capacity, consistency and commitment.
The main thematic units are: characteristics of crises and crisis intervention, characteristics of a competent professional, effective communication, factors of conflict management, options in stress management, burnout prevention and coping. The positive outcomes of professional trainings are reflected in networking, experience sharing and knowledge development.
Keywords: support for professionals, training development process, adult education

Relevance and theoretical background
The related undergraduate and postgraduate programs as well as other professional trainings are key factors in the rehabilitation process. The undergraduate special-needs teacher program prepares students mostly for working with children and adolescence in Hungary, therefore focusing on the acquired disability and further assistance in adulthood is essential.
The core component of the rehabilitation process is the helper-client relationship, which has many direct and/or indirect impacts on the rehabilitation process. Helping the helper is an essential factor in maximizing the effectiveness of rehabilitation.
There are four key considerations when designing a professional training program.
(1) Working in practice is just as important as the undergraduate study program in professional development. Professionals in rehabilitation service need continuous support and supervision throughout their career. Practical experience

accumulates during fieldwork, and those experience must be reflected on. Identifying challenges, solutions and further opportunities is also an important part of professional development (Westergaard, 2013).
(2) Another argument for the importance of further training is burnout prevention. The burnout is a well-known background factor of professional fluctuation, which is a serious problem in Hungary. The need-based burnout prevention and intervention is very important for the individuals, for the organizations and for clients as well (Fekete 1991; Petróczi, 2007).
(3) The third important argument is that the science of rehabilitation and the psychological and methodological aspects of rehabilitation are still evolving. New research, studies and best practices provide a constantly expanding knowledge. This new knowledge and new methods need to find their way to the professionals even after the undergraduate studies. The updated tools, methods and theories must reach the professionals, who are already working in the fields.
(4) Last but not least, the principle of lifelong learning is a valid and strong standpoint in further training development (Commission of the European Communities, 2000; Európai Közösségek Bizottsága, 2000; Jarvis, 2004; Szilágyi, 2011).
Based on these aspects, the conscious planning of further professional training is required. One of the pillars of these consciousnesses is theoretical background, the available knowledge. Psychology has been present in rehabilitation for nearly seventy years, with ever-expanding knowledge, approaches and perspectives (Huszár, Kullmann & Tringer, 2000). System approach is the main theoretical framework for developing professional training. The helper-client relationship is a valid system, and in the field rehabilitation it can be realized in connection with other systems. The system approach must be present during the professional training planning in terms of content and in terms of feasibility and sustainability.
There are many ways to support the helping professionals, such as supervision, caseload, further training, psychological support, counselling, therapy. All of them can be applicable and useful (Grant & Kinman, 2013; Grant & Kinman, 2014). This short paper focuses on further training.

The four principles of training development process

There are two ways to plan professional training. One is a 'bottom-up' approach. Bottom-up type of construction is also called need-based construction. What needs can be identified? What are the needs of professionals? What are the needs of clients? What do clients think about being a good professional? This method has been proven when it comes to planning professional training (Northwest Center for Public Health Practice University of Washington School of Public Health, 2014).
The other is the 'Top-down' design process. This type of construction is a theory-based construction. What are the typical challenges? What does the literature say about the effective professional support? What kind of evidence-based methods should be taught to professionals? By combining these two approaches, we designed a thematic, multi-faceted, theoretically-based training, which fits well into the Hungarian training practice (Jakab, 2001).
An important step in designing a new learning process is the identification of participants of the program. When working on professional trainings or developing new materials, it is important to identify the target audience, the role of the

participants, the knowledge gap that we want to fill with professional training, and the outcome of the training we would like to see.
The development of the training program was characterized by four principles: clarity, capacity, consistency and commitment. *Clarity* in the sense that planning professionals need to know clearly what the overall goal is, and clearly see for whom the training is being developed. It is also important to understand if there are any specific objectives, and how these will be achieved? The indicators for success must be available not just at the beginning but throughout the entire program. Another important principle is *capacity* assessment. First it is necessary to analyze the availability of personal and material conditions. Secondly, to focus on the capacity of participants and institutions. Thirdly, on the role of policy at capacity building. *Consistency* means the coherence between theory and practice, between needs and services, which is related to *commitment*, because training can be tailored to meet needs only with the involvement of dedicated professionals (Hamza, 2012).

Methodological and Content Focuses
In terms of methodological focus, it should be emphasized that the target participants of further trainings are adult professionals. The best way of learning for adults - also for children - to create them an experience-based learning environment. Practical experience and common solutions can be effective in knowledge improvement for this population. Adults have well-defined needs in their training, and it is very important that the knowledge transfer fits into their previous experience (NWCPHP, 2014).
Structured problem solving, case studies, discussion of their own examples and experiences proved to be effective methods and tools in our trainings (Holland, Muziki, & Hartman, 2012).
The cornerstone contents for rehabilitation are crisis intervention, crisis management, characteristics and skills of a competent helper like conflict resolution, problem solving and communication skills (Billédi & Csákvári, 2007a; Billédi & Csákvári, 2007b). Stress management, emotion control, coping and burnout prevention are also relevant and current topics where further training is required. (Farkas, 2013).
The outputs of the further training development are four training curriculums, each program is 30 hours long: Crisis-intervention in rehabilitation, The possibilities of conflict management in family protection and family care, Role of helper, cooperation in disability service, Burnout prevention and stress management for professionals in elder care.

Experience, perspectives
The experience of our further training for rehabilitation experts show that diverse educational and professional background (social work, special need education, psychology, nursing etc.) characterizes the field. Professionals come from a variety of services (outpatient care, residential care, mixed care institutions, high-need care clients, etc.) and sharing good practice can be very valuable for them. The training is a good opportunity to exchange experience, build professional relationships and learning networks. According to the feedbacks the experience-based learning with practical activities is the most promising and effective way of working with adult learners in further training program.

Acknowledgement
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VI. Family planning among women with visual impairment

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FAMILY PLANNING OF WOMEN WITH VISUAL IMPAIRMENT

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1. Introduction

Our research focuses on the mapping of visual impaired women's subjective experiences about childbearing and motherhood. Motherhood is interpreted in several ways. In Stern's view (1995) motherhood, in a subjective sense, is a kind of psychic organizing force, which arranges the direction of actions, perceptions, fantasies, fears, and desires into a new unit. From a cultural viewpoint, the given cultural arrangement highly values the role of mothers. Women's evaluation is based on how successful they are in their maternal role and this process in influenced by societal expectations and stereotypes considering ideal motherhood. (Stern, 1995).

2. Theoretical background

2.1. The choice of motherhood by disabled women

Interpretation of feminity among physically/sensory disabled women may differ from the attributes of traditional feminity. The social representation of disabled women generally implies that they do not meet the standards of appearance and beauty expectations. Their bodies are an unfeminine and asexual (Hernádi, 2014). Discussing the parental role/functions of disabled women is at the section of feminism and disability sciences (Könczei, 2017). Research into this area has concluded that society refuses disabled women's possibility/choice of motherhood because a good mother is characterized by being physically healthy. The social expectation is that a woman who is willing to become a mother must be capable, active, self-employed, assertive and independent. Thus, women who have some type of disability and would like a child might experience a kind of oppression. The socially prescribed reproductive role may be accompanied by a feeling of denial, oppression and isolation. Thus, "women who, despite their social prejudices, individual and collective fears, nevertheless venture being a mother to help creating their positive identities, become potential norm-breakers of society" (Könczei, 2017, 16. o.). Society primarily views mothers with a physical or

sensory disability as a woman with a disability, and secondarily as a parent raising a child. Conversely, disabled mothers primarily regard themselves a woman and a mother starting a family, and their disability become secondary. Thus, the subjective experience and the social construction of motherhood are contrary in case of women living with a disability.

Motivations behind having children may be more complex for women with physical disabilities than for nondisabled counterparts. In a previous study, physically disabled mothers were asked about their reasons of becoming a parent: what motivated them, and what influenced their decision (Lappeteläinen, et al., 2016). One third of mothers reported that the choice having a child was a kind of *compensation*. Having a family meant that their lives became meaningful from that point on. This was a turning point for them, from that time they have considered themselves to be full members of society. The *forbidden option* reflected the opinion of another group of women with physical disabilities. These women have reported that since their childhood, the idea of future family planning and the desire to have children has been banned and oppressed. Most often the family of women and their immediate environment did not expect them to have children. They had to face with this oppression when having expected a child. The third group of the sample included mothers who considered having a baby as a *planned choice*. Desire for family and children has always been self-evident for them, however as a woman with a physical disability family planning itself (genetic testing, barrier-free care) required longer, more time-consuming planning (Lappeteläinen, et al., 2016).

3. The aim of present study

We wanted to focus on one type of disability, thus our research sample consist of visually impaired women. Our research investigated what factors influence family planning of visually impaired women and how they think about motherhood before having children. To what extent do visually impaired and visually nonimpaired women think similarly about this topic? Are there any differences in the attitudes, beliefs, and reasons behind family planning of visually impaired and visually not-impaired young women? May be any potential discriminatory social attitude reflected in visually impaired women' interviews that might have an affect on their family planning intentions?

4. Method

4.1. Participants and data collection

Seven visually impaired and seven visually nonimpaired women (21-40 years) took part in our study. Each subject (visually impaired women) was matched to a control person (visually nonimpaired women) along the most important demographics (age, place of residence, education, and marital status). All women were living in large cities of Hungary and have a GCSE, college or university degree as a highest degree. Four of the interviewees were single and three were married in both groups. Visually impaired women have had visual impairment since infancy. The most common causes were retinal detachment or optic nerve damage due to premature birth, retinoblastoma or retinitis pigmentosa. Women with other health problems or chronic illnesses were excluded for both groups.

Semi-structured interviews were conducted with women in person or by phone (40-60 minutes). This part of the research was approved by the United Ethical Review Committee for Research in Psychology (Approval No. 2019-34). Subjects were informed about anonymity and asked for permission to audio record the interview. Our questions were about motivations, ideas about family planning, the possible inheritance of visual impairment, and its potential impact on having children. In addition, our interest extends to the subjective interpretation of motherhood and the most important parenting principles. The interviewees also had to recall different stories about their parents (a story of separation and a happy memory from childhood). The aim was to examine women's representations of themselves and their parents (primarily their mothers). The audio material of the interviews was transcribed into text format. Qualitative (thematic content analysis) and quantitative (narrative categorical content analysis) analyses were conducted on the interview texts.

4.2. Analysis

4.2.1. Thematic analysis

Thematic content analysis (qualitative analysis) and narrative categorical content analysis (quantitative analysis) were performed on the texts to provide a broader interpretation of the accounts of visually impaired and visually impaired women. During the thematic content analysis, we looked for outstanding, repetitive themes in texts that appeared alongside the interview questions (deductive) and independently of them (inductive) (Braun and Clarke, 2006).

4.2.2. Narrative categorical content analysis

According to the narrative psychological paradigm, we construct our identity and reality through stories (eg. László, 1999, Ehmann, et al., 2014). The stories we tell are based on different compositional principles that reflect the psychological state and personality of the narrator. In narrative categorical content analysis these narrative compositional principles are matched to psychological categories. The narrative compositional principles – such as Agency or Emotion - are operationalized as linguistic markers in the text, are identified by automatized modules and the frequency output of the markers can be transported to statistical analysis (Ehmann, et al., 2014). The NarrCat (Narrative Categorical Content Analysis) program serves this analysis. In our research we applied the module of Agency, Social Reference and Emotions. Agency is a psycho-thematic module consisting of Activity and Intentionality sub-modules. In our study, we examined the Activity module, which consists of Activity and Passivity dictionaries and grammars. The Social References module is a relational module that reflects the relationship between the self and others, or one's own group and the other's group. Here the ratio of first person singular and first person plural verbs was investigated. The Emotion module is made up of several components, but we analyzed it along the lines of Emotional Valence (the amount of positive and negative emotions). Since the length of texts analyzed was variable, relative frequency was calculated. The word count of investigated submodules was divided by the total number of words.

5. Results

5. 1. Results of qualitative analysis

5.1.1. Subjective interpretation of motherhood

The interviewees were asked what motherhood meant to them and what they thought of it. There were interpretations in both groups that emerged frequently in the interviews. There were similar phenomena in the two groups, such as *the importance of caring, providing a secure environment, and interpreting responsibility and motherhood as part of the female identity*. An interesting result is that visually impaired interviewees recalled their *relationship with their mother* in most cases, while visually nonimpaired women expressed their thoughts on the *relationship with their future child*. Visually impaired women reported their mother as a "first confidant" or a "role model" and fear of losing their mother also appeared in interpretations. For visually nonimpaired young women, motherhood means the importance of attachment with their newborn, the time effort it takes and the unconditional love.

5.1.2. Important parental principles

Interview questions also included what parenting principles are considered to be important, what are those parenting guidelines and rules by which they would like to raise their child in the future. *Consistency, mutual trust and cooperation* have emerged as the most important parenting principles in both groups. For visually impaired and visually nonimpaired women, consistency was the most frequently mentioned parenting principle. The difference is that visually impaired women were more likely to emphasize the provision of security and physical protection for the child, whereas visually nonimpaired women appeared to emphasize the assurance of rules and limits. In addition, *helping the child in learning* was also a common phenomenon. Visually impaired women stressed the importance of making every effort to protect their children. *Responsibility, qualitative time spent together*, and giving advice to life are priorities. Visually nonimpaired women mentioned *thoroughness, rigor and setting limits and rules* as important parenting principles. The significance of a loving, accepting parenting attitude has also emerged. There was a visually nonimpaired woman who said she wanted to be a "relaxed but conscious" parent.

5.1.3. Fears and difficulties

The women in the study were asked about their fears regarding their future child/motherhood. Fear of child's disease was reported in both groups but was more pronounced among visually impaired women. Also, in this group fear of being separated from the visually nonimpaired partner was also induced. Visually impaired women expressed concerns about providing the right amount of visual stimulation to their children. Visually nonimpaired women expressed their concern about returning to work and ensuring adequate financial position. Fears of traffic accidents and kidnapping also emerged in this group. All in all, similar fears have been reported by both group with one prominent difference, visually impaired woman expressed their concern about the sufficient amount of visual stimulation their children will acquire.

5.2. Results of qualitative analysis

Interviewees had to recall a happy memory of childhood and a story of separation from their parents. We asked them to recall the events, how they and their parents were feeling at that time. A quantitative analysis on stories told by women was conducted. Differences in the rate of psycho-thematic modules can be seen in Table 1.

	Agency Activity	Agency Passivity	Social Reference "I"	Social Reference "we"	All Emotions	Positive Emotions
Visually nonimpaired	0,007	0,012	0,089	0,000	0,023	0,023
Visually impaired	0,017	0,007	0,059	0,009	0,006	0,005

Table 1. Results of Narrative Categorical Content Analysis (NarrCat)

Within Agency module Activity rate was higher among visually impaired women (VI: 0.017; VNI: 0.007). Passivity, on the other hand, was more significant in group of visually nonimpaired women (VI: 0.007; VNI: 0.012). In Social Reference module, visually nonimpaired women were more prone speak in first person singular (VI: 0.059; VNI: 0.089), while visually impaired women told their stories in first person plural. (VI: 0.009; VNI: 0.000). Within the Emotion module, proportion of total emotions was higher among visually nonimpaired women (VI: 0.006; VNI: 0.023). Rate of positive emotions was also higher among visually nonimpaired women (VI: 0.005; VNI: 0.023).

6. Discussion

There were recurring patterns of beliefs about family planning and childbearing in the accounts of visually impaired women, such as doubts about being a competent parent because of the visual impairment. These women also argued against to put a burden on their child. Hereditary of visual impairment was also reported as risk which may influence plans and decisions around family planning. It can be concluded that opinions and plans of women in childbearing age are very conscious and considered.

There was an interesting difference in the interpretation of motherhood, as women with visual impairment mentioned their relationship with their mother, while nonimpaired women recalled a relationship with their future child. This difference may be influenced by the attitudes and parenting styles of parents of visually impaired women in their childhood, as many reported that one of their parents - in most of the cases the mother – tended to be overprotective during their childhood. Many visually impaired women started education as a child in a school especially for visually impaired children, which are boarding schools. This early separation experience may have greatly influenced the parent-child relationship, which can also affect the interpretation of motherhood for visually impaired women. Visually impaired and visually nonimpaired women share the same views about the importance of parenting. Both groups emphasized consistency as an important parental principle. At the same time, there was a difference in the story of fear, as

visually impaired women emphasized the aim of physical protection of the child, while visually nonimpaired women highlighted the importance of setting of rules and barriers as a parent.

Visually impaired women used more active verbs, phrases in their stories compared to their visually nonimpaired counterparts. Moreover, the rate of activity was not only reflected their own agency, but their parents too. Stories of visually nonimpaired contained more emotions, while visually impaired women's narratives were more objective and less emotional. These differences are not considered to be significant due to the small size of sample. At the same time, they can provide a new starting point for formulating hypotheses considering narrative compositional characteristics of visually impaired and nonimpaired women motherhood-narratives.

6.1. Limitations and future directions

Our future plans include examining the verbs of activity and passivity in the stories to see if there is any difference in the accounts of women. Furthermore, by increasing the size of the sample, we would like to observe whether the theme of going to boarding school would be more common in visually impaired women's reports in the story of separation.

It is important to emphasize that our research cannot be considered representative, as the number of subjects was very limited. However, our study is a good starting point, as it offers a new perspective and an innovative method in research conducted among people having a disability.

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VII. Applying work ability testing tools to support career guidance of youngsters with disabilities and special educational needs - Research results

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Using work aptitude testing instruments for vocational orientation of young adults with disabilities – Research experiences

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Abstract

In 2018 the Hungarian Government established a new research and methodological center, called: Kilátó Piarist Career Guidance and Labor Market Development Center. The institution's main objective is to support the career orientation and work placement of young people (between the age of 13-30) with special educational needs or disabilities. („Kilátó" means „belvedere" in English) The Center provides personalized services for their clients and helps parents, teachers, career counselors and employers, too. A further aim of the Center is to help young people in their social and community development.

Kilátó Center has a complex diagnostic methodology with objective assessment criteria in order to mapping individual job competencies. Our colleges are using tests to assess learning and career competencies (like learning skills, motivation, self-efficacy, career-certainty) and on the other hand, for measuring work competencies, we use a high fidelity work simulator and work psychology instruments. With these instruments we are able to assess individual sub-skills to support career choice, or we can measure the level of competencies (existing or need to be developed) required to pursue the desired profession.

Furthermore the diagnostic lab intends to use the psychological skills testing instruments and work simulators for competence development and for tracking the results of other developmental processes (e.g. vocational training, work practice, self-development, etc.).

Our research in 2018 focused on the accessibility of the instruments and practical application of the measurement protocol that we have developed. The objective of our research was to apply these equipments for young disabled people and create a reference database to help their career choices and labor market orientation. These work diagnostic measurements can objectively prove in which jobs they can provide the same performance as non-disabled young people, or in which work-related activities they require special support.

Keywords: work assessment, aptitude tests, career orientation

Career guidance services for disabled persons in Hungary

Employment is a common goal for many people with intellectual and developmental disabilities and their families. But employment usually requires

professional qualifications. And learning a profession is not easy for disabled people.

Kilátó Piarist Career Guidance and Labor Market Development Center (hereinafter: Kilátó Center) was established in 2018 by the Hungarian Government, the Ministry of Human Capacity as a new research and methodological center, and it is organized by the Piarist Order. The Center takes place in the city of Vác, in an impressive old but renovated and fully accessible monastery.

The institution's main objective is to support the career orientation and work placement of young people (between the age of 13-30) with special educational needs or disabilities. The Center provides personalized services for their clients and helps parents, teachers, career counselors and employers, too. A further aim of the Center is to help young people in their social and community development.

In Figure 1. I present the elements of the Hungarian career guide system. The system consists of two main groups of specialists: the traditional actors, like school teachers, educational consultants, career counselors, occupational health specialists, who can give professional advice in the process of career choice. When children leave elementary school and enter to secondary school to learn a profession at the age of 14 or 16, they can get information about the professions from their family/friend or teachers. Schools also provide career guidance programs (e.g. visiting factories). There is a National Career Orientation Portal, a website where anyone can browse professions and their requirements. In case of some professions (e.g. nurse, policeman, electrician, etc.) students have to attend a medical aptitude test. This test gives information on the general state of health, physical, mental and sensory capacity.

When the youngsters cannot decide which profession to choose, or they are uncertain in their abilities, or they have special educational needs, they can ask for help from an educational consultant or a career counselor, who can offer profession alternatives based on the results of the personality and motivation tests, school grades and medical aptitude status and working capacity reports as well.

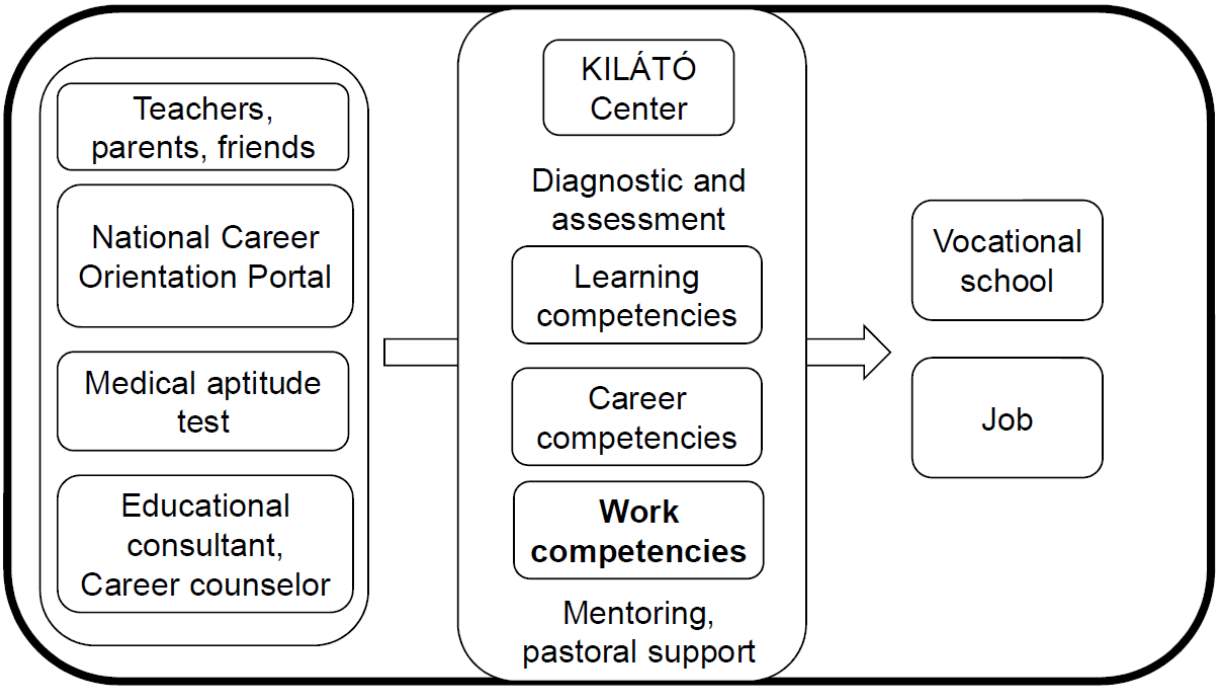


Figure 1. Elements of Hungarian career guide system

This process may contain many subjective assessment criteria, and therefore it is common that young (disabled) people cannot find and choose professions or careers that are appropriate to their real abilities. The new element of the career guide system is Kilátó Center, with an objective diagnostic and assessment laboratory. Our colleagues in this laboratory are using tests to assess learning and career competencies (like learning skills, motivation, self-efficacy, career-certainty) and our research team is measuring work competencies. We use work simulator and work psychology instruments. Kilátó Center has a complex diagnostic methodology with objective assessment criteria.

Work aptitude and ability to work

Work aptitude means „employability", it consists of requirements for a job or profession. When we check work aptitude, we focus on the employee's abilities, work experience, knowledge, motivations and attitudes. Assessing whether someone is employable in a specific job, he/she has to meet different levels of work requirements. Some of these requirements are fixed such as professional and educational qualifications. On the other hand, any time one get to work and in any occupation she/he should attend to an occupational health examination. Employers are not required to use occupational psychological aptitude testing, although an employee has passed these tests, she/he has a better chance of succeeding in the job.

Occupational psychological aptitude tests can be divided into the following types:

- measuring mental/cognitive abilities
- measuring psychomotor abilities
- personality tests
- motivation and attitude tests.

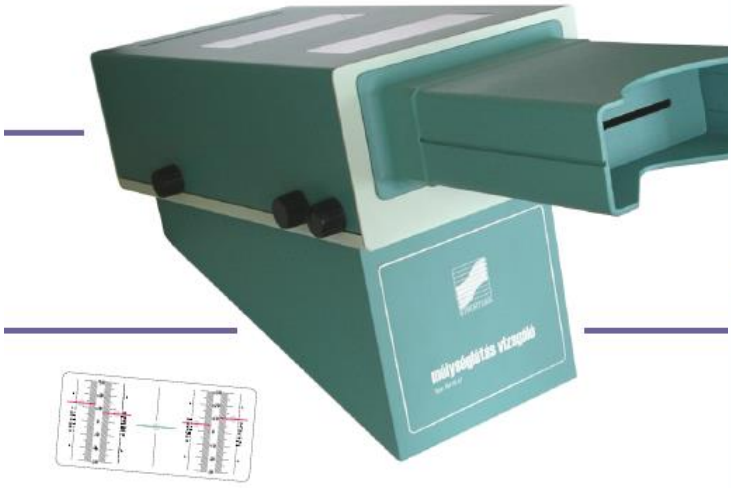
These aptitude tests are measuring sub-abilities, according to the goal of measurement. In case of an aptitude test, the goal is to define adequacy for a job. In case of ability testing, the goal is to determine the level of sub-abilities of work competency.

Work diagnostic laboratory in Kilátó Center

In the laboratory currently there are 9 occupational psychological instruments and a high fidelity work simulator. With the occupational psychological instruments we can assess abilities like attention, memory, learning and combination, reaction time, dexterity of fingers and hands, sense of balance, visual depth perception.

a. Working probe type Bonnardel

☐ Stabilometer



c. Depth-sightedness tester

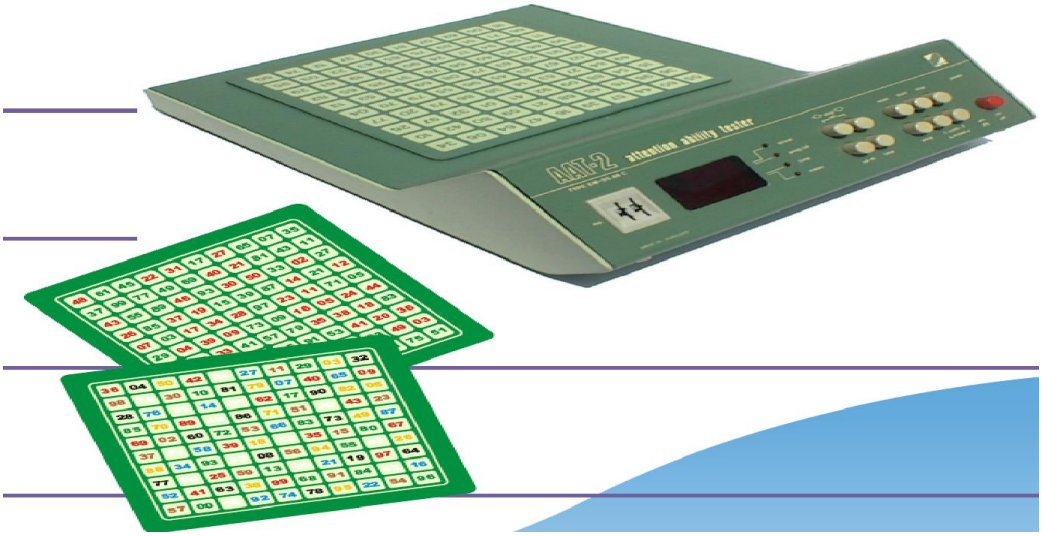
☐ Digital tachistoscope

Figure 2. Instruments for measuring sensory functions

a. Manual dexterity tester type Ricossay

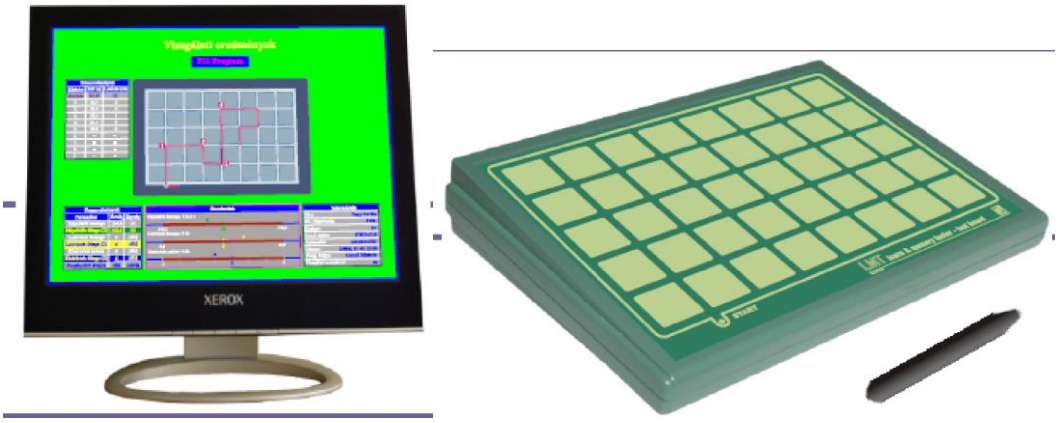
☐ Work probe type Crawford

Figure 3. Instruments for measuring manual functions



a. Attention ability tester

b. Complex sensorimotorial tester & conflict meter



c. Learning & Memory tester

Figure 4. Instruments for measuring cognitive functions

In the laboratory we also have a sophisticated and complex high fidelity work simulator (ErgoScope WS) that has the necessary broad spectrum of competency-evaluation test batteries. The WS consists of three measuring panels, as independent workstations. P1. for measuring static and dynamic forces in standing position, P2. for measuring holding/grasping forces, touching/tactile functions, and fine motor abilities in sitting position, P3. for measuring work endurance/loadability, monotony susceptibility in complex workflows. (Figure 5.)

Figure 5. Three measuring panels of ErgoScope work simulator

This full scale examination consists of 36 different task situations each with 2-19 corresponding performance parameters, altogether totaling up to 203 measureable parameters.

All the equipments used in Kilátó Center are made in Hungary and are used to measure work capacity and workability at companies for adult population. The work psychology instruments and the work simulator are complement tools, sometimes there are overlaps among tasks. But it is really good, because we have more tools to motivate the students and we can also use them for controlling our measurements.

Research goals, method and results

The main objective of our research was to apply these equipments for young disabled people and create a reference database to support specialists in their aptitude assessment and work diagnostics of teenagers and young adults with disabilities. For the young persons the results can help their vocational school and career choices, labor market orientation or the self-assessment of specific job skills.

These work diagnostic measurements can objectively prove in which jobs they can provide the same performance as non-disabled young people, or in which work-related activities they require special support.

We made statistical comparative analyzes within the groups of disability categories, to determine which parameters are significantly different between these groups. Secondly, we compared the values of all these 203 measured parameters between a group of (former measured) 101 "typically developed" persons and the sample of the 92 young persons with disabilities to determine which parameters are significantly different between these categories. (Members of both groups were between13-30 years old.)

This approach is essential, because the basic principle of the rehabilitation philosophy is primarily focusing on the intact capabilities of the people, which can be achieved by comparing the actual measured parameter values with the reference values for the healthy population. As the aim is to prepare people for the open labor market, the reference values also have to be characterized by the parameters of the typical intact – that is "healthy" – workers.

The study in 2018 involved 100 young people (between 13-30 years old). For creating sub-samples within the given sample of these 100 persons, the size of 5 people was accepted. This is a reasonably accepted lower limit that still makes sense to carry out any mathematical-statistical data processing. Accordingly, the following sub-samples were formed:

- 19 persons with mild intellectual disability
- 13 persons with Down syndrome, moderate intellectual disability
- 18 persons with Attention-deficit hyperactivity disorder
- 14 physically disabled persons
- 11 persons with Autism spectrum disorder/Asperger syndrome
- 8 visually impaired (3 with low vision, and 5 blind) persons
- 6 persons with hard of hearing
- 3 persons with speech impaired
- 8 persons with no special needs

In order to avoid decreasing the number of elements of sub-samples under 5, only those parameters could be analyzed, where preliminary analyzes have shown no gender differences and therefore it does not have to be divided into even smaller sub-samples further by gender.

The data analysis consisted of the following steps for each parameter group:

- the Kruskal-Wallis test was applied to analyze if there were significantly different parameters between the four sub-sample,
- if there were, than the Mann-Whitney test was applied for each category-pair to identify which parameters (and for which particular pairs) are significantly different and what is their direction,
- since during multiple pairwise comparisons the danger of alpha-inflation increases, the Bonferroni-correction was applied to cope with this problem (the stricter p=0,05/6=0,0083 criterion was used instead of the original p=0,05).

The description and detailed evaluation of all 203 different measured performance parameters on ErgoScope WS and 9 occupational psychological instruments would go far beyond the limits of this paper, therefore only the following task situations – and the related groups of measured performance parameters of ErgoScope WS –

were selected as examples: touch; handling rotating knob; handling keyboard. These parameters reflect different aspects of fine manual motor performance of the studied persons.

In touching performance task the persons have to select an unseen object in a closed box (by touching only) based on the information on the screen. The WS records the number of correct and incorrect sensations. (Figure 6)

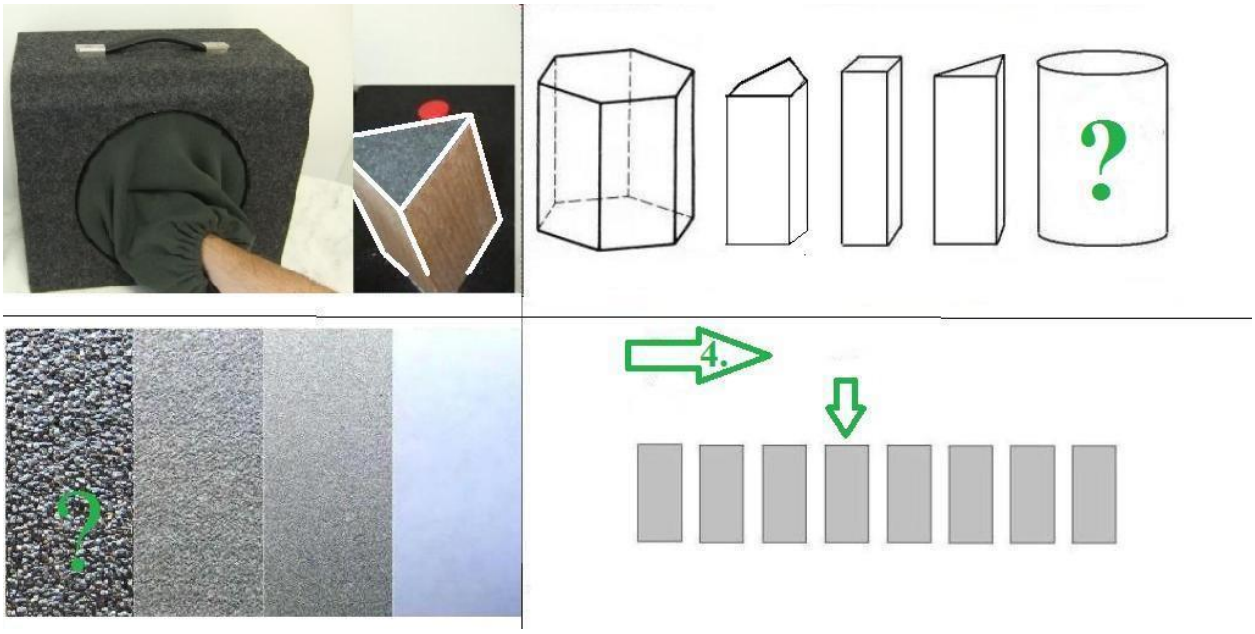


Figure 6. Touching performance task situation

There was significant difference found between the performance of youngsters with moderate ID and Visually impaired. This difference can easily be interpreted: while for young people with moderate ID the task, that needed the knowledge of simple geometrical concepts, was unclear, for the young people with visual impairment, the task was just as difficult to accomplish as for any other young person with a good vision and understanding. It also can be stated by the one-sample t-test, that both the two ID groups and the visually impaired young people have worked with significantly higher absolute error (that is worked much more inaccurately) than the „healthy" group.

In handling rotating knob task the person has to follow a squared pattern as accurately as possible. He/she has to handle the rotating knob by his/her dominant hand – first at chest height, than above the head. The equipment records squared error, absolute error and maximal difference parameters. The greater are these values, the weaker the performance is. In this task, good manners and persevering attention are needed. (Figure 7)

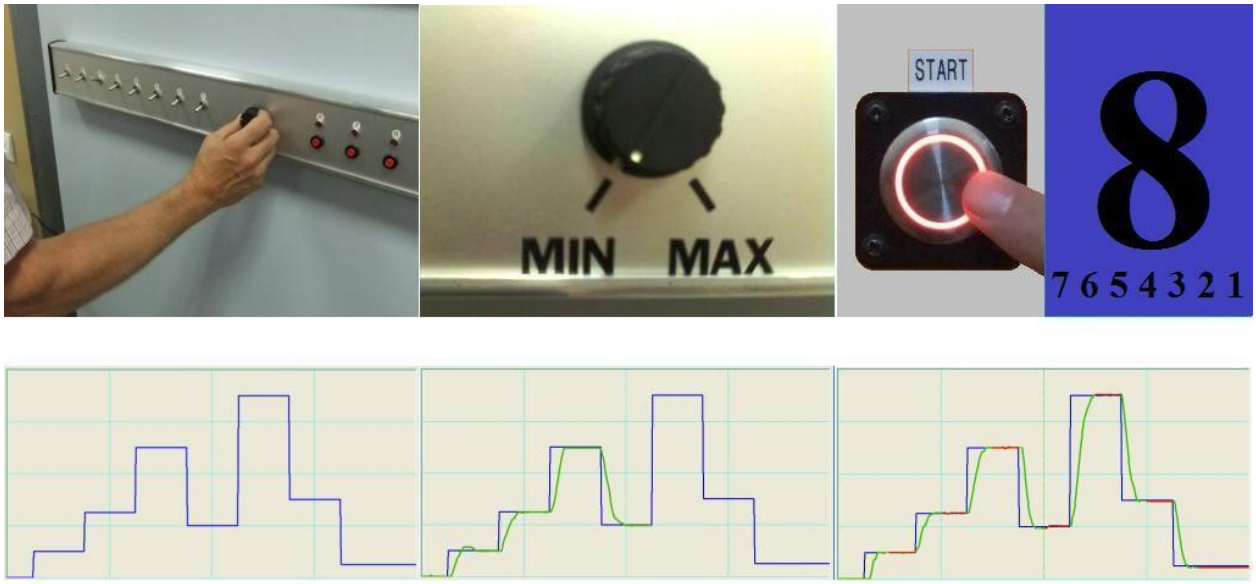


Figure 7. Handling rotating knob task situation

There was found significant difference between the performance of the youngsters with moderate ID and with Attention-deficit. It also can be stated by the one-sample t-test, that both the two ID groups and the visually impaired young people have worked with significantly higher absolute error (that is worked much more inaccurately) than the „healthy" group. Youngsters with moderate ID could not even understand how to control the knob, and their weaker results in addition can also be attributed to their eye-hand coordination problems.

Handling keyboard situation the person has to push two given buttons subsequently within four different tasks: keystroking with one hand by thumb and index fingers (left hand/right hand); keystroking with both hands– "E" + "Space" and "O" + "Space"– by both index fingers. The sequence is to be repeated 100 times. In this task, patience and constant attention are required. (Figure 8)

Figure 8. Handling keyboard task situation

We found significant difference between the performance of the youngsters with moderate ID and with "Visually impaired" groups. These results can be explained by the fact, that visually impaired persons (whose performance was even better than that of the "healthy" persons) have to use their computers much more intensively in their everyday life to get information; and therefore they are rather skilled keyboard users.

It also can be stated by the one-sample t-test (details are not presented here), that the performance of the Down-group was significantly worse than that of the „healthy" group. Individuals with ID performed at a significantly lower level in other static and dynamic force tasks, endurance, static balance, and manual dexterity, when compared to nondisabled peers at the same age.

These actual results from this rather small sample still cannot be applied directly in practice, but might – and actually did – provide us with important experiences to be utilized in the further steps of this research project.

Discussion

It is assumed that using WSs in vocational guidance and vocational rehabilitation service can provide a more effective career orientation and aptitude assessment than traditional Hungarian career guide system elements, because according to diagnostic results, our specialists can offer our clients more precisely to choose a career or profession that is appropriate to their interests and real abilities, it is expected that she/he have fewer failures and fewer will be the school leavers or career changers too.

The objective of our research was to create a methodology using a reference database to help aptitude assessment. The goal of work diagnostic measurements could be the assessment of individual work ability in general, helping vocational school and career choices, labor market orientation or the assessment of specific job skills. Based on the results of work diagnostic measurements, we can give a feedback to students, career advisors or HR managers about the prospective employee's functional workability: which skills are outstanding, average, or need to be improved for the desired profession, career or job. These work diagnostic measurements can be particularly helpful for disabled young people and their families, as we can increase their labor market chances with utilizing their WS measurement data to show which jobs they can provide the same performance as non-disabled young people, or in which work-related activities they require special support.

Using our WS-based aptitude assessment methodology in practice confirmed that it is suitable model for building a reference database for evaluating the measured values and predicting job engagement. In the future, we would like to measure as many people as possible in order to create a reliable reference database for young people between age of 13-30, which can be used for measurements on ErgoScope WS and occupational psychological instruments. We would also use ICF codes to organize the measurement parameters and help directly the vocational rehabilitation or aptitude assessment at workplaces.

VIII. Software licenses available for visually impaired through the Country License program

Mihály Szuhaj, IT Foundation for the Visually Impaired – INFOALAP, Budapest

Slide 1.

ICEVI Conference Budapest
Software licenses within the national license program

Mihály Szuhaj

Information Technology for the Visually Impaired Foundation (Informatika a Látássérültekért Alapítvány, Infoalap)

2019.

Slide 2.

National license program for persons with visual impairment

- With the support of the Interior Ministry, Office of the Vice Secretary of State for IT
- With the cooperation of Freedom Scientific, member of Vispero groups
- Implemented by NISZ and Infoalap Foundation
- Registration for software licenses: http://akadalymentes.magyarorszag.hu
- Download softwares: http://www.infoalap.hu/orszag_licenc
- Helpdesk: foundation

Slide 3.

Who can require and what licenses?

- **Users**
- Individuals with visual impairment and reading difficulties
- NGOs, companies, institutions which employ them
- Schools where students with special needs are educated
- **Licenses**
- Softwares: JAWS, MAGic, ZoomText
- Windows 7 or more recent: upgraded during license term
- Windows XP: perpetual, no updates available

Slide 4.

National license support period

- **Request periods**
- First period: July 2018– June 2019
- First activation: till the end of the period the latest
- License term: 365 days from first activation
- Price: for free
- Copies: unlimited

- Authentication: ILM

Slide 5.

- Contact
- E-mail: helpdesk@infoalap.hu
- Tel:+36 (1) 273-3188, +36 (70) 295-9288
- Support every Tuesday and Thursday (9-17:00)
- Address: 1145 Budapest, Bácskai u.29/b.
- http://infoalap.hu/adomanyozas/palyazatok/

IX. From sheets to speech – The 'Lapról hangra' initiative

Katalin Sebestény, IT Foundation for the Visually Impaired – INFOALAP, Budapest

Slide 1.

From page to voice (Lapról hangra)
Community initiative

Katalin Sebestény

INFOALAP

ICEVI Conference

May 31, 2019

Slide 2.

About From page to voice community initiative

- reading journal articles, which are published in print only, for individuals with visual impairment

Community initiative: sighted volunteers read for registered users with visual impairment (condition certified)

Slide 3.

www.laprolhangra.hu

Slide 4.

Need expressed by VI people

- Preference of human voice
- Existing page for audiobooks, articles not available before
- Virtual meeting point for people with similar interests, opportunity for reader/VI user to get in touch
- Registration + person must certify his/her visual impairment
- Free access for individuals with disabilities (Act of 1999 on copyright)

Slide 5.

Volunteer readers

- Secondary-school students, 50 hours community work, accomplished anywhere, done on the computer or cell phone
- Students of 30 secondary-schools in Budapest and in the countryside
  Szilvi Agárdi (VI volunteer): information events
- Students of ELTE UNIVERSITY used to read for 3 credits: career management, III. – Volunteering in employment
- Earlier readers from Gór-Nagy Mária Szinitanoda (acting students), students of Komlósi Oktatási Stúdió, employees of the library of Kecskemét
- Supported by: Vodafone, FSZK, Ministry of Human Resources

Slide 6.

Lapról hangra innovations

LH reader application for Android

LH recording application for Android, free on Google Play

Slide 7.

- Achievements
- 8200 articles read

From 188 publications

Articles to listen to without registration:
Vakok Világa

Can be searched for publication tittles and tags

Slide 8.

Lapról hangra contact

- www.laprolhangra.hu
- laprolhangra@infoalap.hu
- https://www.facebook.com/laprolhangra/
- Tel: +36-1-273-3182
- Katalin Sebestény, Krisztina Balázs

X. Parental satisfaction with Early Intervention Services for children with visual impairments and multiple disabilities in Thessaloniki of North Greece

Neofotistou Konstantina, Syzoi Thessaloniki, Fotiadou Eleni, Department of Physical Education and Sport Science, Aristotle University of Thessaloniki, Thessaloniki

Slide 1.

Parental satisfaction with Early Intervention Services for children with visual impairments and multiple disabilities in Thessaloniki of North Greece

Dr Neofotistou Konstantina

Doctor of Adapted Physical Education

Director of Early intervention program of Syzoi

Thessaloniki, Greece

Slide 2.

Early Intervention (EI) results in significant benefits for children:

- EI supports the communication, play and behavior of children.
- Greatest impacts are mention when parents are involved in the intervention.
- An important criterion for the success of EI, is the forming of partnerships with families and working collaboratively with them.
- In home environment, parents feel they have better control and EI providers become more familiar to family culture and living conditions.
- Bailey et al., 2005; Hospers-Blauw & Algra-Hadders, 2005

Slide 3.

- Limited number of studies has assessed the satisfaction that parents feel with EI services.
- Parent satisfaction constitutes a key component of any evaluation of early intervention services
- Quality of EI services, the structural aspect of EI services and the relationships between parents and professionals influence parent satisfaction.
- Summers, Hoffman, Marquis, Turubull, & Poston, 2005; Ziviani, Cuskelly, & Feeney, 2010

Slide 4.

- Syzoi is a non-profit "Association of Parents and Friends of People with Visual
  Impairments and Additional Disabilities".
- In Thessaloniki of Greece, the only home based intervention program.
- The last 12 year, infants and children with visual impairments and with multiple
  disabilities participate in early intervention services.

Slide 5.

- The fundamental objective of this program is:
  - Timely evaluation and optimization of each child.
  - Support, information and guidance for parents.
- The main areas which are supported are:
  - body perception,
  - visual perception,
  - orientation - mobility,
  - daily skills,
  - counseling to families.

Slide 6.

- Until now there is no study that has estimated parent's perceptions about EI services in Greece which creates a significant gap in assessment and adjustment of the
  program.
- It is essential to rate parent's satisfaction in order to evaluate the effectiveness of the intervention program.
- It is important to examine parent's views of their partnership with EI providers
  because cooperation between parents and EI providers is critical for the success of EI.

Slide 7.

- The purpose of this study was to examine the satisfaction level of the parents whose
  children participate in the specific EI program.
- Two objectives:
  a) to determine whether services were responsive to family needs and priorities.
  b) to identify whether specific characteristics of the families were associated

with
parent satisfaction.

Slide 8.

Participants-Procedure:

- 15 mothers of children up to age of 5 years (mean age 4.1) with impaired vision and additional disabilities.
- Participants were recruited from the EI program which operates in Thessaloniki.
- Parents were asked to complete a questionnaire including basic characteristics.
- Parents' perceptions of EI services were assessed using a modified version of the Project Dakota (Iversen, Shimnel, Ciacera, Prabhakar, 2003; Kjerland & Kovach, 1990).

Slide 9.

The instrument contained 36 questions in five subscales:

- 1. program and staff responsiveness,
- 2. growth in knowledge and skills in helping the child,
- 3. growth in understanding normal behavior and problems,
- 4. utilization of community resources,
- 5. building a support system through participation in the program.
- The survey was scored using a four-point Likert scale with responses ranging from strongly disagree to strongly agree.

Slide10.

Statistical Analyses

- The survey was analyzed using the SPSS 20 statistical package.
- Frequencies and means were used to describe parents' perceptions of the program effectiveness in meeting family needs
- Non-parametric test were used to assess differences in satisfaction related to:
  - parents' education level.
  - children's characteristics.

Slide 11.

Results

- Parents were satisfied with EI program in all the domains.
- No statistically significant differences were found when comparisons were made
  among the parents and children characteristics.

Slide 12.

Discussion

- Results of this study are consistent with past studies which refer to high levels of
  parental satisfaction to parents of children with developmental disabilities.
- High scores on parents' responses indicated that EI services are the appropriate in
  meeting and supporting families' needs.
- High levels of parental satisfaction were scored in all the domains, in contrast, most
  studies report less satisfaction with access and utilization of community recourses.
- Satisfaction is not related to parent's educational level.
- Bailey et al., 2005; Iversen, Shimnel, Ciacera, & Prabhakar, 2003, Lanners & Mombaerts, 2000; Raspa et al., 2010

Slide 13.

Discussion

- The severity of visual impairment was not related to parental satisfaction.
- No relationship was found between the time participation in EI program and parental satisfaction:
- One possible explanation could be the small sample of the study and the short time
  in which the specific EI program operates.

Slide 14.

Conclusions

- Parents who participated in EI program are very satisfied with EI services.
- The high degree of satisfaction demonstrates the importance and the necessity of the active parent participation.
- This suggests the need to estimate frequently parents' perceptions in order to examine and improve the effectiveness of EI services.

XI. Who has to change?

Ágnes Somorjai, School for the Blind, Budapest

They are changing - Are we changing (?)

Ágnes Somorjai, director

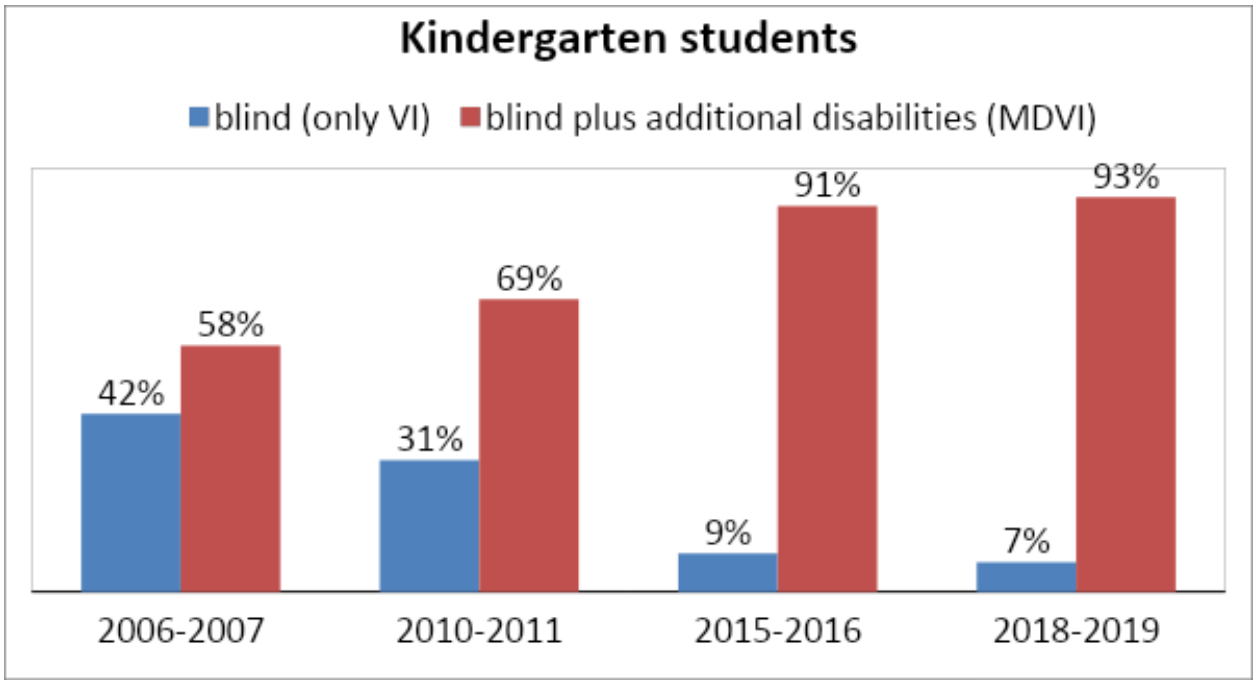
School for the Blind, Budapest

somorjai.agnes@gmail.com

In the last 10-15 years there has been a main change in the population of the School for the Blind Budapest. Since 1-2 decades ago the majority of our students were normal intellectual visually impaired children, today half of the students and 90% of the children in our kindergarten are MDVI children. They are not „simply" blind, but have hearing impairment, physical disabilities, neurological problems, communicational problems, autism, mild, moderate or severe mental disorders, resulting a very complex condition and situation.

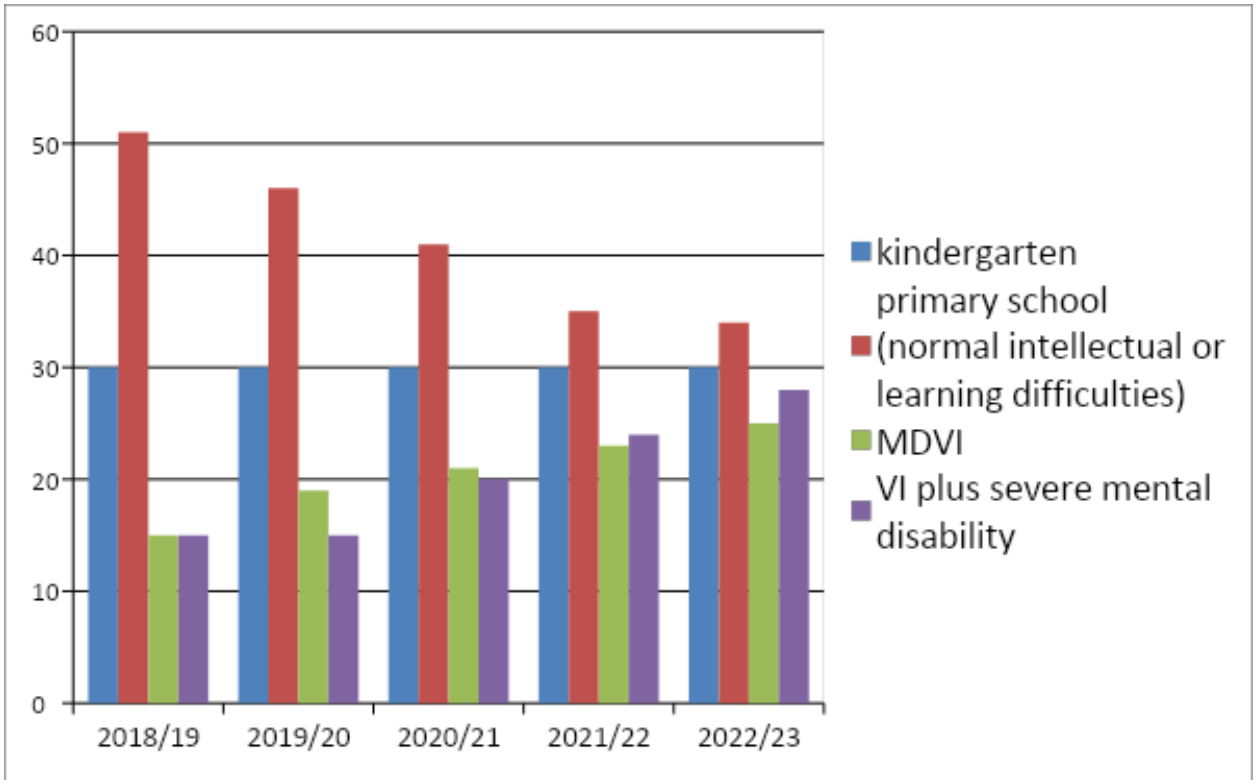
Who are our students?

The constant change is visible analyzing the figures and statistics of the kindergarten students in the last decade regarding their disabilities



When we are talking about students with multiply disabilities, it doesn't mean that 1+1 equals 2. Sometimes mathematics fails, and 1+1 can be 3 or 4. Multiple disabilities can result sleeping disorders, aggression, auto aggression, eating problems, severe health conditions etc.

What the future holds: facts in the figures



What are the consequences?

Although the number of kindergarten population won't change, but their disabilities will be more complex and more severe. The population of our elementary school is decreasing, and parallel the population of the MDVI department is drastically increasing (with 78%) in the next 3-4 years.

This significant change in the population has an important impact on our methodological strategy. We have to take new tasks, renew our methods, change the educational structure, „reboot" the whole system.
We already had to change the physical circumstances in the school. We started to make the building accessible (elevator, stair lift, bathrooms), we bought special equipment, special ergonomical furniture, chairs, tables for those who have physical disabilities. For those who have communication problems we ordered special augmentative alternative communication tools, switches, tablets, softwares, and we use special or adapted equipment in teaching daily living skills. Not just the environment but the teachers also had to change and renew mentally and professionally: learning and using new methods (curative massage, conductive therapy, basal stimulation, alternative communication, feeding/eating therapy).
Although the student population has changed, but we cannot concentrate only on the MDVI students, we have to support the bright, intellectually untouched blind students, showing and giving them the newest, modern methods and digital devices.
This duality is the biggest change for our professionals.
Certainly, the fields of rehabilitation are the same:

- Vision therapy
- O&M
- Daily living skills

But regarding their capabilities, vision therapy is very different for those children who spend their days lying in a bed, and the maximum of their intervention is giving the possibility to discover how/if their eyes can be used, and for those who can reach the conscious use of sight in everyday activities, use of sight in communication and literacy (picture and object signs, colours, letters), can learn to sign documents or use of special aids (magnifiers, CC-TVs, smart apps).
The spectrum is wide in O&M too. There are some students for whom the maximum of development is orientation on their own body, but of course there are others who can move and orientate in small spaces (bed, room), inside the school building, can use some simple routes (home, to the shop, to other institutions), and of course those who can reach the level of independent mobility.
Regarding the daily living skills, -unfortunately- there are some students who are just „subjects" of our care activities, and we are happy if they are able to express their needs. And there are several steps from eating and getting dressed without help to the independent living, and raising their own children
Who is responsible for rehabilitation?
The immediate answer could be the rehabilitation expert. But we have to change our mind and thinking, and we have to understand that all special education teachers, and all professionals and caretakers are equally responsible during the day.
Problems, difficulties we are facing

- Lack of accessibility
- Tools, environmental modifications needed
- Staff (experts, specialists, nurses needed– new circumstances, new needs)
- Expanded/modified profile –are we able to open for the new?
- How to go ahead? Post-education opportunities (very few) for MDVI students

Our institute reacts, renews and understands these new challenges. We communicate with local and international experts, share our knowledge and we are open for any support or idea.
The question is there. They are changing, are we changing? Hopefully…

XII. System of Special Education of the Blind and Visually Impaired Children in Russia

Myasnikova Ludmila, PhD, Faculty of Pedagogical and Special Needs Education, Saratov State University, Saratov

Slide 1.

System of Special Education of the Blind and Visually Impaired Children in Russia

Myasnikova Ludmila V.
PhD in Special Teaching,
Associate Professor,
Saratov State University

Slide 2.

5 levels of education
- Early Intervention
- Preschool education
- School education
- Special colleges for blind and visually impaired youth
- Higher Education

Slide 3.

Early Intervention

- in the period of formation now

Slide 4.

Preschool education

-preschool programs for children with amblyopia and strabismus;
- kindergartens for the blind and VI children (Moscow, Saint-Petersburg)
- preschool programs for the blind and VI children on the base of Special Schools

Slide 5.

School education

- 1807 – first Special School for the blind in Saint Petersburg
- 120 Special Schools for VI in Soviet Union
- 70 Special Schools for VI nowadays

Slide 6.

Variants of school education for the blind children

- 3.1 - training in a mainstream school on the basic educational program (inclusive education)

- 3.2 - training in a special school for the blind on the basic educational program
- 3.3 - training of blind children with intellectual disabilities on an individual curriculum
- 3.4 - training of blind children with severe mental retardation, multiple developmental disorders on a special individual development program

Slide 7.

Variants of school education for the VI children

- 4.1 - training in a mainstream school on the basic educational program (inclusive education)
- 4.2 - training in a special school for the visually impaired according to the basic educational program
- 4.3 - training of visually impaired children with intellectual disabilities on the individual curriculum.

Slide 8.

Special conditions in special schools:

- training on the basis of the Braille system;
- a team of specialists;
- special manuals, textbooks, special technical means

Slide 9.

Special colleges

- 3 Medical Colleges
- 1 Musical College

Slide 10.

Higher Education Institutions

- Russian State Specialized Academy of Arts
- Any Higher Education Institution

Slide 11.

Thank you for your attention!

Myasnikova Ludmila

myasnikovalv@gmail.com

XIII. IT innovations in teaching mathematics for visually impaired students

Mihály Szuhaj, IT Foundation for the Visually Impaired – INFOALAP, Budapest

Slide 1.

ICEVI Conference Budapest
IT innovations in teaching mathematics to students with visual impairment

Mr Mihály Szuhaj
Information Technology for the Visually Impaired Foundation

Slide 2.

Teaching mathematics to students with visual impairment

Difficulties of written communication

- former methods

Frequent failure

Slide 3.

Learning math on the computer

- Descriptive markup mathematical languages: LaTeX és MATHML

Advantage: easy to learn

- Disadvantage: reading these languages used to be inaccessible

Used: at universities and in science

Slide 4.

Editing accessible documents for math content
Infoalap online training materials

For blind students, their teachers and for those working on making study materials accessible.
Unified communication, e.g. homework, tests, handbooks

- LaTeX and MathML description of mathematical concepts taught during grades 5-12
- Algebra, logarithm, trigonometry, equations, integrals, ...

Slide 5.

Contact

- E-mail: helpdesk@infoalap.hu
- Tel:+36 (1) 273-3188, +36 (70) 295-9288
- In person: Tuesdays and Thursdays, 9:00-17:00

Address: 1145 Budapest, Bácskai u.29/b.

- http://infoalap.hu/tevekenysegek/oktatas/tudaskozpont/
- http://infoalap.hu/letoltesek/tananyagok/

XIV. Habilitation and rehabilitation activities for students with low vision

Erika Anita Baráth, School for the Low Vision Students, Budapest

Habilitation and rehabilitation lessons supporting low-vision students

Erika Anita Baráth, Head of dormitory

barath.anita@gyengenlatok.hu
Gyengénlátók Általános Iskolája, Egységes Gyógypedagógiai Módszertani Intézménye és Kollégiuma, Budapest
(Primary School, Methodological Resource Centre and Dormitory for Students with Visual Impairment, Budapest)

In accordance with its pedagogical program of 2018, the Primary School, Methodological Resource Centre and Dormitory for Students with Visual Impairment, is a national educational institution for any low-vision child, with either typical cognitive development, or with mild intellectual disability, residing in the country. Students are admitted on the basis of an expert recommendation from the National Vision Diagnostic Committee and Special Needs Resource Centre.

Students' independent learning and living skills are promoted by providing them expert care of qualified teachers of the visually impaired, and knowledge on the use of special optical and other aids. Students are provided the necessary amount of habilitation and rehabilitation lessons, in line with their individual needs.

Assessment is followed by preparing the individual development plan which best fits his or her special needs. The written recommendation, provided by the National Vision Diagnostic Centre, may also specify subject areas in which the child lags behind.

Additional lessons on different school subjects are also included in the rehabilitation curriculum. As a result, the different grades have increased numbers of mathematics, Hungarian grammar and literature, IT and handcraft lessons.

Services

General tutoring, vision training, fine motor skill development, Braille literacy, O&M, adapted reading methods, VI specific IT, planned sensorimotor training, group and individual skill development, everyday skills

To avoid learning failure: dyslexia, dysgraphia, dyscalculia therapy, subject-specific tutoring, speech and language therapy, corrective physical education, autism-specific development, sign language

Talent-focused activities: secondary-school preparatory course, quire, extracurricular IT, extracurricular visual arts, extracurricular second-language education, extracurricular subject-specific lessons, music, extracurricular sport activities

	2008/2009.	2013/2014.	2018/2019.
School subject-related group tutoring	36 lessons/week /15 classes	44 lessons/week /16 classes	14 lessons/week/10 classes
Individual habilitation	111 lessons/week/106 students	106 lessons/week /142 students	125 lessons/week /113 students
Tutoring	54 lessons/week	32 lessons/week	34 lessons/week
Talent-focused support	65 lessons/week	45 lessons/week	80 lessons/week

Emerging issues

Some students may need additional support in several fields. In these cases, it is important to determine priorities, in order not to put too much extra burden on the child. The primary field of development is always focused on improving those skills which help the student compensate for the visual impairment. Extracurricular and talent-focused activities may only then follow.

Lack of trained professionals – The number of qualified teachers of the VI is constantly decreasing. Many special needs education students leave the field right after graduation, while several colleagues of the school are retiring within 1-3 years. We have many concerns about the future.

Multiple disabilities – Our staff needs further education on students with visual impairment and additional disabilities, but there are no training courses, no human capacity, time or money for personal development.

XV. New ways of social integration – making or baking the future

Csaba Bíró, School for the Blind, Budapest

Slide 1.

New pathways to social integration

Csaba Bíró, 2019

Slide 2.

Bakery training – how did it all start?

- Inspiring international examples

Personal motivation

- Need for institutional innovation

Shortage in bakers – supported by the sustaining institution

Slide 3.

Integrational goals
Real market need
No prejudice
Achievement-based
Work opportunity

Slide 4.

Baker training in numbers

- Academic year of 2018/19
- 2 academic years
- 1 group of students
- 8 students
- 2 qualified bakery teachers

Slide 5.

Pilot model program

- Pilot model program
- Mentoring program
- Innovation
- Brand-building

Slide 6.

- Mentoring program
- Scholarship
- Mentoring fee

- Mentor education and
- Sensitization

Slide 7.

- Innovation
- Adapted workshops
- Demonstration
- Tool development
- Methodology

Slide 8.

- Brand-building
- Self-definition
- Uniqueness
- Media representation
- Visibility

*Transcription of **New Pathways of Social Integration** presentation by Csaba Bíró*

Welcome, ladies and gentlemen!

My name is Csaba Bíró, I am a rehabilitation specialist working in the School for the Blind in Budapest. In the past 25 years, I worked primarily for the social inclusion of blind children by means of orientation and mobility, and as an itinerant teacher.
I recently joined the vocational education of blind youths as a teacher at the bakery course, which I am now introducing to you.
The bakery vocational training started in September 2018, with 8 students, most of them with a severe visual impairment. The goal of the project is to teach students a profession with which their chances of finding a job are high, and which is, at the same time a prestigious profession. Since in Hungary there is an urging need for bakers, we assume that our students have good chances on the labor market. During the course, we enable students to work in any sort of bakery, with similar productivity to that of their sighted colleagues.
Before going into further details, let me shortly tell you, that the idea of the course was born and preparations were started back in the academic year of 2016-2017. The stimuli came from our Polish and Croatian partner institutes, where blind students can learn to become kitchen aids. This was just one of several factors. There was also a devotion to baking bread, and our school`s motivation to widen the choice of vocations.
In short, the course is the answer to an existing need for professional bakers on the labor market. My personal experience in bakery convinced me that our work as teachers of the visually impaired, can support the social integration of youths with visual impairment in so far unknown fields, like bakery. The bakery vocational training has new tools for promoting social integration. As professionals working for inclusion, we keep track of our students till the end of their studies, but we have no follow-up. We open the doors for them, but they need to face the adult world on their own.

The bakery course, however, is more than sharing knowledge. We 'bring the world' to the school, while also 'taking our otherness' out.
Let me show you some statistical data. As I have already mentioned, this is the first academic year. There are 8 students, the majority have a visual impairment, but we also have a student with autism spectrum disorder. Currently there is one grade (1 group), but in September the second group starts learning bakery. Currently we have two vocational teachers, we are both teachers of the visually impaired and qualified bakers, two. Some colleagues teach general school subjects to the students, and we also have paraeducators in the team.
As I have mentioned, we are having a pilot model project for boosting social inclusion. On the one hand, we are continuously present in the media and on social media, we are working hard to build a brand. On the other hand, a mentor program was started, in which we prepare bakers for working with our students. In our workshop a lot of innovation is going on: many of the tools we need were not accessible before we sorted out how to make them accessible for our students. Let's see the model program in more details.
During the mentor program, qualified bakers and our students can get to know one another.
All the events (workshops, visits, festivals) help us in building trust, whilst raising awareness in bakers of people with modified working abilities. We stimulate participation by mentoring payment to the qualified bakers and by paying a monthly scholarship to our students. As part of the program, we teach bakers and the leaders of the bakeries, how to work with people with visual impairment and we inform them about the relevant binding legislation. Let me tell you that also during this conference, some our students are volunteering in some bakeries.
Let me add some more information on our innovations. Not only bakers, but other professionals have also joined the program. For example, a producer designed a special, industrial balance, with a large screen and speech, for us, continuously consulting with the students. We are also working on the first ever bakery for persons with visual impairment manual.
The last component of the pilot model program is awareness-raising PR and marketing.
I am convinced that our team is really unique. We are able to make bread with our eyes closed, something, that most bakers are unable to do. The fact that students are proud of their special skill, promotes real inclusion. Moreover, the bakery course is not therapy. Our goal is to give our students the same knowledge as their sighted colleagues have. And we are showing this to people, which, we believe, has a very positive impact. Even to my surprise, during our meetings with bakers, they don't list things that our students are surely unable to do, but they focus on the knowledge they have, and the things they need to learn in the future.
During the academic year, a huge number of supporters joined us. This is only possible because we are there in the media and social media, and bakers have heard of us. Our goal is to have all the necessary funding and support for the groups of students to come in the future.
As our bakery has joined the Open Workshops Movement, you may visit us any time. We are also working hard to find partners inside and outside Hungary, so feel free to get in touch with us.

Thank you for your attention!

XVI. Introduction to the Computerized data-recorded part of vocational training in the school for the blind

Szilvia Dávidházy, School for the Blind, Budapest

Slide 1.

Data recording vocational training course
in the Vocational School for the Visually Impaired

Szilvia Dávidházy, qualified trainer
May 31, 2019

Slide 2.

Computer in the vocational school -
Beginnings of vocational education

Vocational school founded:

- 1992 – students with visual impairment and atypical cognitive development,
- 1995 – students with visual impairment and typical cognitive development

IT user 1999.

Slide 3.

Data recording qualification

Admission requirements:

- Primary-school qualification (8 grades completed) – in segregation or integration
- Diagnoses and recommendations – the courses are available for students with physical, sensory or cognitive disabilities,
speech and language disorder, multiple disabilities, ASD or other pervasive developmental disorder
- Short entrance exam (simple tasks on the computer)
- Traineeship: at the end of the first year in the school

Slide 4.

- Students' age: 15-23 years
- Visual impairment+ other disabilities
- 2-year course
- At the end of the second year: national written and oral examination
- Adapted program
- Job-related subjects: typewriting, secretarial communication, office applications
- General school subjects and physical education
- English
- Rehabilitation lessons, O&M, Vision training – individual development lessons
- Extracurricular activities, sports

Slide 5.

Training methods and tools

- ECDL tasks, Word, Excel, PPT, ACCESS
- Adapted teaching material
- Simplified
- More time
- Theory: case discussions, role play
- Microsoft Office softwares
- Screen readers and special screen settings
- Digitalized study materials and books
- Internet
- Materials stored online
- Use of office machinery

Slide 6.

Use of office machinery

- Scanning with the help of tactile labels
- Paper shredder
- Photocopying, printing

Slide 7.

The equipment we use

- We must take a step forward!
- Computers used by the students: Win10, i3 processor, 4 GB RAM, 120 GB HDD
- Fewer blind students: importance of visual information! –> using a projector, photos, images, films, videos

Slide 8.

Theory and practice

- Proportion: 40% - 60% -> theory and practice -> 320 and 480 lessons
- Jobs that students:

Data record administrator
Bank data entry administrator
General data entry responsible
General administrative assistant
Documenting assistant
Typist and text editor
Typist assistant
Computer text editor
Level exams, trial exam! – practicing how to take an exam
Oral examinations

Slide 9.

Habilitation and rehabilitation activities:

Vision training and everyday activities

- Boosting creativity

- Writing
- Cooking
- O&M
- Speech and language therapy
- Psychology
- Excursions, exhibitions, sports
- Zoo programs
- Museum visits
- Cultural events
- Cooperation with the local police
- Drama play with secondary-school students
- Music, quire
- Visit to the airport

Slide 10.

Goals

- Development of reading and writing skills
- Development of communication skills
- Typing (after dictation, copying and typing recorded texts)
- Use of simple charts and documents
- Writing private and business letters
- Formatting letters
- Counting, simple excel tasks
- Improving coordination skills
- Boosting precise working
- Mastery of monotony
- Improving self-control (role models, trust, safety)
- Boosting motivation (achievement of short-term goals)
- Additional goal
- Practicing everyday skills

Slide 11.

Assessment

- Written and oral tests
- No frustration from time limits
- National examination, nationally approved qualification = objective
- Employment opportunities: no good chances
- Supported employment
- Good basis of further education (secondary job, secondary school – youth groups)

Slide 12.

Final exam

Written exam

- Typing (copying, typing a recorded text)
- Editing a business letter on the basis of pre-defined formal criteria (writing and editing tasks)

- Making charts which are related to the document 150 minutes, a minimum of 51% -proportion: 70%
  Oral examination
- Business communication and protocol
- Theory
- Proportion: 30%

Slide 13.

Thank you for your attention!
Szilvia Dávidházy, qualified trainer
E-mail: davidhazysz@gmail.com

XVII. Summer Jobs for Youngsters with Visual Impairments

Yael Weisz-Rind, Guila Seidel, Ofek Liylandenu Israel National Association of Parents of Children

with Visual Impairments, Jerusalem, Israel

Slide 1.

Summer Jobs for Youngsters with Visual Impairments

Guila Seidel & Yael Weisz-Rind

Ofek Liyladenu - Israel National Association of Parents of Children with Visual Impairments

Slide 2.

Employment on the Horizon
The Need

- Only 26% of adults with visual impairments are employed.
- Opportunity for early exposure to work environment during the formative years.
- Target populations: teens 14-19 with visual impairments.

Slide 3.

Employment on the Horizon
Program Goals

- Positive experience of employment.
- To improve self-esteem and independence.
- To improve belief of parents in their child's capabilities.
- Accessible work environment.

Slide 4.

Employment on the Horizon
Program Goals

- To equip teens with a toolbox of relevant skills.
- To raise employers' awareness to employability of people with visual impairments.
- To become a center of knowledge for youngsters and professionals.

Slide 5.

Employment on the Horizon
Program components

- Comprehensive approach:

training and practical work experience.

Slide 6.

Employment on the Horizon
Program components

- Cooperation with business partners as employers.
- Close monitoring and support by the program team.

Slide 7.

Employment on the Horizon
Program components

- Closing event to celebrate success and achievements.
- Annual evaluation and modifications.

Slide 8.

Employment on the Horizon 2018 Program

- 85 teens interviewed (11 blind).
- 65 in training (7 blind).
- 57 employed in 31 places of employment.
- 26 in clerical work, 4 telemarketing, 8 customer service, 7 summer camps, and other places.

Slide 9.

Employment on the Horizon
Testimonies:

- "The work gave me a sense of independence, that I am an adult, a grown up, getting up every morning and going to work was awesome".

Slide 10.

Employment on the Horizon
Testimonies:

- "I felt what real life is and it was such fun to work and earn money by myself".

Slide 11.

Employment on the Horizon
Testimonies:

- Mother of a teen: "My son woke up happy and willingly every day, he was busy with his work at the bank, they trusted him and gave him many tasks and responsibilities which made him feel proud and a sense of achievement.

I watched him progress and contribute, and it made me proud and happy to see him happy and contented."

Slide 12.

Employment on the Horizon
Testimonies:

- Employer: "I have such a great satisfaction from my involvement in the program!! It allowed Eden to accomplish her dream. I will always be happy to accept workers with special needs and integrate them in employment. To me, they are equal and they have the same rights as all of us."

Slide 13.

Employment on the Horizon
Research

2008

- The research found that the program accomplished the goals it had set for all groups involved; employers, parents and the youth. The program strengthened the self confidence of the youth, gave them concrete work skills, improved their self esteem and raised awareness of employers and co-workers to the world of the blind and visually impaired.

2018

- 93.5% of the program participants between the years 2002-2011 (aged today 25-40) believe that work experience as teen is essential for a successful employment as adult.
- 71.7% indicated that participation in the program enhanced their self-esteem and independence.

Slide 14.

Employment on the Horizon

Keynote speech of the second day

XVIII. Step by step to a more independent everyday life: expanding horizons and shared experience

Inger Berndtsson PhD, associate professor, University Göteborg Department of Education and

Special Education, Göteborg

Slide 1.

Step by step to a more independent everyday life: expanding horizons and shared experience
Inger C. Berndtsson PhD., Associate professor Department of Education and Special Education, University of Gothenburg, Sweden

Slide 2.

From lived experience to research

- Background as an occupational therapist (OTR) and O&M specialist (special teacher)
- In Sweden we have low vision rehabilitation clinics for all ages
- PhD studies with the aim to develop concepts and a practice based theory about life-changes and learning processes when becoming visually impaired or blind
- A special interest in lifeworld phenomenology and philosophy as a tool to understand how people can again lead an active life, after the onset of visual impairment or blindness
- Qualitative research based on lived experience and narratives
- The research also includes the disabling aspects of blindness

Slide 3.

Aims of two empirical studies

- Study 1: To understand changes which people undergo when struck by severe visual impairment or blindness, focusing on how people learn to handle their changed life-situation
- Study 2: To understand and clarify pedagogical processes that occur during vision rehabilitation
- This presentation will particularly deal with how a group based rehabilitation programme inspired the participants to encourage each other to take further steps to independence

Slide 4.

Methodology and methods

- Study I: 8 participants, aged 33–72
- Study II: 6 participants, aged 30–63

- Methods: life stories, qualitative interviews and narratives, participant observations
- Hermeneutic analyses based on lived experiences and lifeworld phenomenological theory

Slide 5.

The lifeworld phenomenological approach

- Lifeworld phenomenological theory and philosophy
- The lifeworld means the world where we live our daily lives
- The research is based on lived experiences
- The use of tools and activity
- Shared lifeworlds
- The theory of the lived body (M. Merleau-Ponty)
- ”I shall suggest that much time and effort, as well as culture, have been needed in order to lay this world bare and that one of the great achievements of modern art and philosophy … has been to allow us to rediscover the world in which we live, yet which we are always prone to forget” (Merleau-Ponty, 1948/2004, s. 39).

Slide 6.

The gap between life and world

- Visual impairment or blindness have been interpreted as a gap or vacuum between life and world
- Changed experience of the time dimension; experience of here and now (present time)
- Experience of the body as an object
- Diminished possibilities to use habitual activity
- Sometimes viewed as a stereotype for blindness
- A break in life in relation to dimensions of time, space, other people and the performance of activities

Slide 7.

Cornerstones in understanding life changes and learning

- Lived time and lived space
- The lived body (M. Merleau-Ponty)
- The concept horizon
- The everyday lifeworld (A. Schutz) – a social world

Slide 8.

Lifeworld body-concepts within rehabilitation

- Existential, perceptual and social dimensions and aspects of activity
- Existential body – how the subject relates to time dimensions
- Perceptual body – how the lived body uses various senses to relate to the surrounding
- Social body – the intersubjective dimensions of everyday life and societal attitudes

- Acting body – relates to the human and lived body being active in everyday life

Slide 9.

Learning to handle a new life situation

- Learning and rehabilitation deals with how to bridge the gap between life and world and make the new world to one´s own world
- Content • individual • world (Bengtsson & Berndtsson, 2015)
- The pedagogy of in-betweenness
- The world is re-created mainly through activity
- Learning is based on intentionality
- Bengtsson, J. & Berndtsson, I. C. (Eds.). (2015). *Lärande ur ett livsvärldsperspektiv [Learning from a lifeworld perspective].* Malmö: Gleerups. (in Swedish)

Slide 10.

Lived body, lived time and lived room

- Widening the horizon of time; being in the flow of time
- Being again a subject
- Relate to room dimensions in a new way; the perceptual body

Slide 11.

Rehabilitation, learning and sociality

- The importance of the social world for learning
- Shared experience and lifeworlds in the rehabilitation context
- Widening the horizon of possibilities
- Changed identity

Slide 12.

Learning activities: the acting body

- Widen the horizon of activities
- Re-learning of activities
- Learning new activities
- Embodied learning, social learning and reflective learning
- Rehabilitation should take these aspects of learning into consideration

Slide 13.

Conclusions: lifeworld based rehabilitation

- Guiding people in learning to know their new world can be expressed as lifeworld rehabilitation where one has to take into consideration the individual and his or her world. Not least is to challenge stereotypes when working within the field of disability.
- The group rehabilitation program inspired the participants to encourage each other to take further steps to independence
- A core category of success was related to the participants sharing of similar lived body experiences, in accordance with the theory of Merleau-Ponty

- Rehabilitation as a social activity, something people formed together

Slide 14.

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Slide 15.

Thank you!

XIX. Metaphors, Memoirs and Narratives of Blindness

Rita Hoffman PhD, freelance scholar ELTE Bárczy Gusztáv Faculty of Special Needs Education Institute for Disability and Social Participation, BudapestRita Hoffmann

METAPHORS, MEMOIRS, AND NARRATIVES OF BLINDNESS

Rita Hoffman PhD

Keywords: blindness, disability memoir, life writing, rehabilitation

Blind people have always been treated as mysterious human beings, though their mysterious selves are much more frequently supposed than proven. That mystery appears in several cultures and languages in forms of metaphors which often depict blind people different from what they are like. These metaphors in sighted people's minds determine the (self)elvaluation of blind people, consequently, they often tend to make special efforts to find their places in society. Thus, many of them are convinced, they should tell people how they perceive the world. The genre of these narratives, known as disability memoir and life writing, is said to be born with the work of Helen Keller, and its paradigm shifting role is often questioned by a number of disability rights activists. Although those activists deny the significance of disability life writing, the genre turned to be extremely popular by the turn of twentieth and twenty first century, consequently, it is supposed to play an important part in blind people's rehabilitation. The aim of the presentation is to highlight the role of disability memoir and life writing in understanding blindness. This paper, in strong accordance with the presentation intends to point out the dangers of metaphors, and initiates to discuss the paradigm shifting role of blindness narratives.

Introduction

This paper is a revised version of the presentation I held at the ICEVI Europe First Conference on Rehabilitation in Budapest, on June 1, 2019.

The fact that people from 16 countries attended the first ICEVI conference on rehabilitation seemed a unique opportunity to approach blindness interculturally. Consequently, it is not at all surprising that the event inspired me to collect sayings related to the word: "blind". So, first I asked the audience to give me some examples of how their cultures and languages reflect to the concept of blindness on one hand, and to blind people on the other. As my request was unexpected, only a very few participants shared examples with us. Thus, we could learn that in Russia people believe blind persons go to heavens. I must admit though that I failed to collect loads of sayings, idioms and metaphors, but the ones I received suggest some mysterious approach to blindness, so in my presentation I started lamenting on what blindness indicates, then I carried on with metaphors, which helped me to direct the audience's attention to the topic of disability life writing. I focused on disability memoir and how disability narratives appear on the social media. I aimed to highlight the significance of the words we, who are concerned, use in blogposts to describe our own situations and even ourselves, then the scope of my presentation turned towards cultural disability studies, which is a discipline to conceptualize and reconceptualize disability as

lived experience. Finally, I arrived at the point where I could underline how blind people make the world a unique place and what blindness as a status gives the world. My presentation was aimed to emphasize what it means to be locked in metaphors and at the same time to be locked out of the mainstream world in spite of all the efforts the ones who are different make.

The Mysterious Nature of Blindness

According to Couser (2017) "disability the relatively new concept of the 19th century — [SEP, 2016] has been a prominent topos in the Western literary tradition from antiquity to the present. Let us think of Oedipus, Richard III., Ahab", and Homer's Tiresias, the blind prophet. The pieces concerned in fine literature illustrate that disabled persons are generally mentioned in mysterious, mainly negative contexts. Although in this essay I do not aim to provide a detailed historical overview of the concept of blindness in literary masterpieces, I cannot ignore the fact that blind people are too often misunderstood, and blindness is misconceptualized. We should recognize and accept that fine literature is full of misunderstanding, misconceptualizing blindness. I do not think we must go too far to find examples. Let me point out some prominent ones. Firstly, the well-known masterpiece of H. G. Wells from the beginning of the twentieth century: The Country of the Blind, published in 1904, which speaks about blind people who live in a different world, a world of their own, and do not understand the only sighted guy who arrives there accidentally. However metaphorical the short story is, it may imply several aspects, for example, that blind people create their own world. But do we really live in a different world? Do we have a world of our own? Of course, not, we react immediately. We consider or at least wish to consider ourselves to be significant parts of the mainstream world. However hard we work on changing the already-existing thousands-of year-old picture of blindness, we meet metaphors even from the recent past implying that blind people are negative. Jose Saramago's powerful work, titled Blindness is such an example. The extremely powerful novel appeared in 1995 in Portugal and has been conquering the world ever since. In the novel we, the blind are depicted (almost) like animals, as the blind professor of cultural disability studies David Bolt states in a critical essay published in 2007. Undoubtedly, we understand that in most literary masterpieces, such as in the above-mentioned examples, blindness is a metaphor, still, a very powerful one, actually, which may and often does impact people's thinking. And obviously, we cannot delete metaphors all of a sudden, but we can reconceptualize them, for, at the moment, we still live wrapped in stereotype-based metaphors.

Metaphors

Verbal language reflects to all fields of life, including stereotypical thinking. The fact that blindness as a metaphor frequently means: not knowing, whereas sight equals with knowledge may influence what most people think about the blind. Do you see what I mean?
Even though there have always been acknowledged disabled, including blind people ever since human life appeared on the planet (Hoffmann — Flamich, 2016), those who consider themselves able-bodied, or sighted often tend to demonstrate

either their superiotity or fear. Both attitudes may somewhat be attributed to metaphors. Thus, if the world fears to ask us, we should help them understand blindness. One way to promote this understanding is to read about all kinds of disabilities including blindness, and discuss the readings with people who are concerned.

Disability life writing

Although disability is a relatively young concept (SEP, 2016), writing on disability from inside, is "one of the most high-profile forms of disability narratives" (Couser, 2017a.:n.p.). Examples of speaking about living with an impaired body can well be found in literary history. Remember John Milton's sonnet On His Blindness (1655) which reflects the fear of loosing sight, becoming useless, or even a burden, and it is only God that can accept people as they are. Milton's work, however, can be regarded as a precise disability narrative, and a fragmented version of "disability memoir", although Couser (2009) would question this statement. Couser (ibid.) argues that autobiographical representations of disability were sporadic before 1900. Yet, Newman (2013) attributes the establishment of the genre: disability memoir to Helen Keller. The "boom" of publishing disability narratives started in the twentieth century (Couser, 2017a; b.). Thousands of books of disability narratives, including memoirs have come out in numerous countries ever since. You could provide us with a rich list of the ones appeared in your own countries. As disability narratives are informative, they teach us, thus they should be taught even though their literary qualities are often questioned. What can we learn from such discourses? The literary qualities of the quoted example here should not at all be

"It all began with snow. […] I left for work. I have nothing against snow in the abstract. All things being equal. I am happy to live in a climate that has the occasional snowfall. Snow in the abstract is pretty. It makes the world fresh and silent. But snow in reality makes it harder to get around. Especially, when you are blind. As far as I know, you didn't use a white cane, but I do. Let me tell you, a white cane in the snow is something of an adventure. You cannot fee the texture of the surface underfoot. You lose landmarks. You can begin to feel disoriented. On top of this, I discover my waterproof boots are not what you'd call watertight. Every third step I feel water seeping through the seams. When I get to the bus stop, my feet are soaked […] But weather is weather..." (Kleege, 2007).

Reading through this short paragraph from Kleege's open letter to Helen Keller, people may immediately meet aspects they hardly ever think over when considering how and when to help the blind. I am convinced that disability narratives may well be considered informative even on sensitive topics without making the disabled face and answer sensitive questions.

Like it, or not, writing disability narratives focusing on disability as lived experience is not limited to disabled persons to express themselves. As disability appears to be a trendy topic, there are journalists, actors, actresses, producers, musicians in the fields of creative writing, who collect disabled persons' life stories, and melt them into one long, artificial narrative I call pseudo disability memoir (Hoffmann, 2018). Most of these narratives seem to carry misunderstandable or

misleading information indicating the authors' understanding of and fear from disability.

"I am simply unable to say the word: blind. But if we understood what the word really means […] To enable (us, the sighted) to treat the blind or get in touch with them, as normally as possible, we should learn something..." (Sárosdi, Scherer, Gyulai, 2012).

We may immediately ask what sources can be considered reliable and authentic to learn from if we wish to approach disability holistically. How much do the sighted authors' viewpoints, ideas of blindness influence the pictures they paint about blindness or blind people? And how do the blind reflect to these mental pictures? As to give relevant answers to the questions above, I have thought to take a close look into blind persons' writings, especially blogposts. Therefore, at least three months before the present conference I turned to a closed Facebook group named Currently and Recently Integrated Visually Impaired Persons (Jelenlegi és egykori integrált látássérültek közössége) and asked what inspired them and why they insist on blogging. With the questions I intended to prove that visually impaired people wish to provide the mainstream society with relevant information to promote understanding them.
My request was first received with enthusiasm, and then however consistently I asked members to contribute I failed to get any explanation. Still, writing blogposts seems an extremely popular way of communicating any kind of disability.

The Cultural Model and its Implications

A significant number of the disabled believe in the power of raising awareness through cultural representations of disability (Flamich & Hoffmann, 2017). People feel they needtalking about their fears from the things, facts, phenomena they do not know. Blindness is such a phenomenon. This approach has relatively recently given birth to a discipline known as cultural disability studies. The discipline offers several implications for understanding disability in theoretical and practical levels. Consequently it is relevant and applicable in various fields. For example in education:

"Cultural Disability Studies in Education encourages educators and students to engage with disability as an isolating, hurtful, and joyful experience..." (Bolt, 2018)

Cultural disability studies, disability life writings by and with the help of disabled academics well illustrate, moreover, emphasize how disabled people make the world a diverse and inclusive place. Especially, when people are encouraged to look beyond and move away from the inherited disability-related stereotypes (Hoffmann & Flamich, 2016), and open up new perspectives.

An outstanding example of these perspectives is Georgina Kleege: More Than Meet the Eye; what blindness brings to art, a brave and unusual book where Kleege "puts theoretical treatments of blindness in dialogue with actual blind people: writers, scholars, scientists, and artists". She also "introduces previously unknown

blind and visually impaired artists". Furthermore, Kleege "combines cultural critique with autobiographical essayistic inquiry" (OUP, 2016)

Among the increasing number of disabled academics' emancipatory work, Kleege's recent book, such as her earlier ones, as well as her essays strongly contribute to reconceptualizing the negative connotations of disability-related words and metaphors. Since it takes time to change the language which reflects cultural understanding of disability, we together via our active social participation and responsibility can make people re-conceptualize blindness, and never more consider this word to the synonym of not knowing.

Conclusion

As to illustrate the significance of communicating disability verbally, I started my presentation wondering what connotations the word blindness indicate, then I pointed out several metaphors to direct the audience's attention to disability life writing. I pointed out some typical features of disability narratives on the social media. I highlighted the importance of the words we, disabled, use in blogposts to describe our own experiences, then the scope of my presentation turned towards cultural disability studies, the discipline to rely on disability as lived experience. Finally, I arrived at the point where I could emphasize that blind people make the world a unique place. My presentation was aimed to express what it means to be locked in metaphors, but untill we change the language, we should change the images metaphors and collocations imply. Thank you for your cooperation!

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XX. „Musical Dreams" – Musical Education for Children with Visual Impairment

Yael Weisz-Rind, Israel National Association of Parents of Children with Visual Impairments,
Ofek Liylandenu, Jerualem

Slide 1.

"Musical Dreams" Musical Education for Children with Visual Impairments

Guila Seidel & Yael Weisz-Rind
Ofek Liyladenu - Israel National Association of Parents of Children with Visual Impairments

Slide 2.

Musical Dreams Music has an **essential role** in the lives of blind or visually impaired children

- Develops & enhances sense of hearing, compensates for the visual impairment.
- Way to communicate, experience the world and exercise personal growth.

Slide 3.

Musical Dreams Music has an **essential role** in the lives of blind or visually impaired children

- Develops the child's **creativity**, **self-expression** and **skills**, **emotional, sensory** and **social development.**
- Impacts many factors of his/her daily **learning experiences.**

Slide 4.

Musical Dreams Music has an **essential role** in the lives of blind or visually impaired children

- Provides a wide spectrum of **stimulations** and **opportunities**, otherwise unavailable.
- Music **levels the playing field** with children without visual impairment.

Slide 5.

Musical Dreams Music has an **essential role** in the lives of blind or visually impaired children

- Music studies - significant impact on blind or visually impaired children, e.g. improved **spatial perception; academic achievements**.
- **Leisure** activities available to these children.

Slide 6.

Musical Dreams Program Goals:

To promote the sensory capacities of blind and visually impaired children, while improving their quality of life:

- **To nurture hearing** in children and youth to compensate for visual impairment, and **develop musical, social, communicative skills**.
- To raise awareness among families and educators of the value of musical education in **nurturing sensory capacities**.
- To enlist a **broad range** of blind and visually impaired children and youth in the "Musical Dreams" program, including those not affiliated with Ofek Liyladenu.

Slide 7.

Musical Dreams Program Goals:

- **To cultivate musical talents** to pursue careers as performers and music educators.

Slide 8.

Musical Dreams Program Goals:

To engage musical instructors in teaching blind and visually impaired students in "Musical Dreams" program and encourage them to apply accessible methods for blind and visually impaired children.

- **To reach out to, and retain, greater** numbers of music teachers in the Musical Dreams program.
- To **enhance and build** upon Ofek Liyladenu's programs to train music teachers in making the study of music more accessible to blind and sight impaired students.
- To **increase the inclusion** of blind children in performances and varied musical activities, and to advance greater social inclusion in Israeli society.

Slide 9.

Musical Dreams Evaluation Research

Survey of participants, parents and teachers (2007-2017)

- High levels of **satisfaction** in all three groups of the program: frequency, length and location of the lessons, and of the quality of the teaching.
- Parents and participants indicated of significant positive impact on **self-confidence**. Also, indication of a **sense of success, experience of excellence and personal competence.**
- 50% of parents and participants indicated that participation in the program contributed to their **integration in society**.

Slide 10.

Musical Dreams The story of Dina, Anael and Guy – the Shalva Band

Slide 11.

Musical Dreams is proud of Shalva Band

https://www.youtube.com/watch?v=EhRewe-uEIw

XXI. The Role of Music in Blind People`s Social Responsibility

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The Role of Music in Blind Persons' Social Responsibility

Maria Flamich

Keywords: blindness, music, social responsibility

Abstract

Throughout human history blindness has always been associated with special abilities, such as: playing music with an exceptional talent. These mental images have become hidden, subconscious expectations that blind people are supposed to meet day by day, and thus, they play a significant part in both most mainstream societies and in blind people's thinking even though literature claims that not all blind people are born musicians. Still, music, in line with several other aspects of the sounding world, is of major importance in most blind persons' lives. That aspect of perception is one of the fields which has recently turned to be in the scope of musicologists, musicians, insider researchers, and as a result, we can see how a discipline is born and involves several disciplines, such as: musicology, disability studies, critical disability studies, education. That theoretical background strongly contributes to the practice of teaching music to blind students, which proves a basic element of blind persons' social inclusion, as well as demonstrates their social responsibility. This paper focuses on the history of learning, teaching and playing music blind, and aims to exemplify various ways how blind persons wish to and express their intentions to be regarded useful. The paper introduces several attempts how culture makes it possible for blind people to make any society aware of the fact that they are fully responsible, valuable citizens.

Introduction

There are at least two main reasons why culture in general, music in particular and disability are inseparable concepts. Firstly, culture has always provided one of the basic elements for charity to support disabled persons. And secondly, persons with various dis/abilities have always tried to communicate their values through culture (Flamich, & Hoffmann, 2011). Thus, music, being one of the pillars of human culture, has doubtlessly been playing a significant part in social inclusion ever since human beings first made sounds out of the objects at hands.

In order to illustrate the inclusive nature of music, this paper is a dialogue between past and present with relevant messages for the future. Concerning its structure, it is built upon the historical facts it reveals, the disciplinary basis it relies on, the practices it exemplifies and some possible directions to consider when shaping future tendencies in the field of education.
Besides its theoretical approach, this paper undoubtedly aims to prove the motivating power and inclusive role of music in professional and amateur blind musicians' daily lives through lived-experience-based narratives.

Aims

The complex nature of the topic indicates complex aims, and complex approaches. Therefore, I find it inevitable to highlight a young discipline: cultural disability studies. I also aim to emphasize the necessity of re-thinking (music) teacher education. Thus, the focus on musicians' narratives describing their attempts to accomplish inclusion is also amongst the aims of the paper. With the help of the lived-experience-based examples, I intend to encourage and motivate people with diverse abilities to play music together and at the same time to be open towards hidden values of people of all kind

Mental images of blindness

Music has always played a significant role in blind people's lives and their "social inclusion" in the course of centuries.

"In ancient times impaired vision was considered a fundamentally debilitating condition, confining its bearers to death or a life of beggary, but even then there were exceptions to prove the role." (Bolt, 2006:80). Recognizing the special nature of hearing through which blind people, to a great extent, perceive the world, and musical hearing which is stereotypically supposed to be one "special gift of God" to compensate people for the loss of vision, have always distinguished the blind from persons with various other dis/abilities. Consequently, music is an integral part of our mental picture of blindness and blind people (Straus, 2011; Flamich, 2018). The fact can well be proven by the picture of the two blind harpists in the tomb of Ramses III., king of ancient Egypt, reigned from 1187 to 1156 bce (Britannica, n. d.)

In the course of time there have always been acknowledged blind musicians, such as Francesco Landini (1325-1397) Italian organist, composer and poet, John Stanley (1712-1786) English organist and composer, Joaquín Rodrigo (1901-1999) Spanish composer and pianist, Ray Charles (1930-2004) American singer, songwriter, musician and composer, Stevie Wonder (1950 -), American singer, songwriter, musician and record producer, Andrea Bocelli (1958 -), Italian singer, Imre Ungár (1909 – 1972), the Hungarian pianist of the 20th century, Tamás Érdi (1979 -), the pianist of our time, and Tomi Juhász (1988 -), the rock musician, just to mention a few of the role-model blind musicians. They, and the mental image of blindness may be the reasons why numerous blind children's parents hope music to be their children's future profession. Whether these hidden expectations remain dreams or become reality has not yet been in focus of any research so far, what is known though, that numerous blind people tend to enjoy the infinite variety of sounds and as such, making music. Therefore singing in a choir has always played a significant role in the School of the Blind in Budapest, Hungary, even if the choir has not aimed to guarantee a career for a living.

Mainstreaming undoubtedly effects singing in a choir. I meet fewer and fewer children at the School of the Blind, and this phenomenon impacts for example, children' blind identity as well as their attitudes to music education. Although mainstreaming is meant to be one way towards social inclusion, it seems to prevent children to learn to live blind, for blindness still seems to be regarded as a

stigma and a tragedy, or the opposite, i.e. a super-quality of living with super-human characteristic features and talent, consequently, numerous mainstreamed blind children often face unrealistic, unreasonable expectations. Although blind identity can strongly be connected to music education, the concept and related issues are much too complex to discuss in this paper, that is the reason why I focus solely on its role in playing music.

The empowering role of music in the context of education in Hungary

Recognizing blind people's characteristic features and values started with their education. Teaching music was one of the basic elements the Planum, the special curriculum compiled as early as in 1827, contained. The outcomes of music education resulted in social acknowledgement already in the early 1900s. Károly Herodek, the school director from 1905 to 1933, recognized music as a significant factor of social inclusion and social responsibility when he wrote:

"The blind's voices and singing have already inspired many people to support educating blind children, and develop the institution they are taught in." (Herodek, 1925:220)

The director's encouraging attitude characterizes the curriculum, too. It proves that in 1930 blind students had twenty four music lessons a week. The curriculum and education policy clearly reflect that blind people's social inclusion was aimed through music, and not only exceptionally talented blind students were involved. We may still meet generations who remember the well-known Homérosz Kórus, the choir named after Homer, either because they were members or because they heard them singing.

The choir was established in 1928 and there was a time when it had seventy or eighty members. It regularly gave concerts at the Liszt Ferenc Academy of Music, toured around Hungary and the neighboring countries, moreover, it was even invited to perform in Finland. The choir worked with sighted as well as blind conductors, made some recordings, an LP., when finally in the middle of the 1990s it ceased to work (Flamich & Hoffmann, 2011).

For tens of years another ensemble, a string orchestra also existed in the Hungarian cultural arena. It was less acknowledged than the choir, still each and every member of that chamber orchestra was respected by both the sighted and the blind communities. The chamber orchestra was established in 1953 as the successor of the string orchestra of the Blind School (Flamich, 2018).

Consulting the very few materials that describe the history of Hungarian blind people's education, I may conclude that music did play a significant role in social inclusion in the past. The present, when the whole world tends to focus on mainstreaming still raises several questions, for example, how much does mainstream education influence blind people's music education, now?

Research on the empowering role of music

Currently, in the international literature of music education there is a limited number of papers dedicated to blind music students' and their professors'

experience and challenges. One of these works is a dissertation on inclusive teacher competencies through the eyes of blind and low vision musicians, music students and their teachers. In the following phase, the paper outlines the findings of the dissertation.

The reason I decided to elaborate on the topic was that in the school year of 2016/2017 at the School of the Blind, I was asked to teach Braille music reading and notation to talented blind students who wish to continue their studies in special music schools, and dream to be musicians. Being an active, though, non-professional musician and insider researcher myself, I am convinced that exploring the roots of difficulties and challenges may add new aspects to re-consider teaching music to blind students in secondary and higher education as well as preparing music teachers to teach students with various dis/abilities.

The dissertation understands music as a cultural discourse, and explores Hungarian blind and low vision professional classical musicians', music students' and their sighted teachers' beliefs on teaching music at secondary and higher education, and describes the history of blind people's music education in Hungary. In the paper I also shed light on stereotypes related to blind persons, blindness and music.

The participants of the research say blindness-related stereotypes and their consequences, for example: fear are still strongly present in music education. It can best be proven by the fact that blind students may continue their music studies in secondary and higher education solely in case one teacher of the chosen institution is willing to teach them. Blind students as well as their teachers emphasize that the teachers, professors concerned assume blind students are open, enthusiastic and creative, whereas each blind student feels that their music teachers are uncertain in teaching the blind. Teachers compensate their uncertainty with openness and creativity, for example relying on blind students' hearing in score reading classes. Teachers say they would be eager to participate in courses to prepare them to teach students with various dis/abilities. Currently, music teacher education fails to offer courses to prepare teachers for teaching blind or in any other way impaired students. Therefore, the dissertation aims to provide a detailed description of the methodology of music teaching, Braille music notation and the inclusive nature of singing in a choir or playing in an orchestra. The historical overview reveals the tendencies of blind people's music education which, owing to various education policies and economic reasons has gradually lost its significance. Imre Ungár, Hungarian blind internationally renowned pianist, pointed out as early as in 1960 that "the number of music lessons has been dramatically reduced in the School of the Blind" (Ungár, 1960:n.p.). Supposedly, the tendency resulted in ceasing of blind people's acknowledged ensembles, the choir (Homérosz Kórus) and the orchestra (Berindán László Zenekar) as well as in decreasing the number of students in the school choir, though the latter phenomenon may well be attributed to mainstreaming as well. Owing to the "pervasive" nature of music (Straus, 2011), to increase the number of music lessons would certainly have a positive impact on blind students' concentration and learning abilities, consequently, the current practices should be reconsidered and any attempt for intensifying students' contact with music should be supported.

The dissertation also aims to examine the truth behind the stereotype that blind people have extraordinary hearing and musical abilities. Therefore, as to answer the re-occurring question, a carefully-planned literary review is included in the work, in which Sacks (2010) states "one third of the human cortex is concerned with vision, and if visual input is suddenly lost, very extensive reorganizations and remapping may occur in the cerebral cortex...". These reorganizations highlight that there is a difference how sighted and blind people hear, and thus, the existing diversion may also explain in what ways their hearing can differ. Straus agrees with blind students' music teachers in the fact that not all blind persons are "born musicians". Interestingly enough though, in this research out of the 11 blind persons 9 report to have absolute pitch (AP). This ability plays a significant role in blind students' inclusion in music class activities and surprisingly, it results in a certain kind of respectful attitude towards them.

The interviews of the dissertation also aim to reveal the challenges blind music students and their sighted teachers face in learning and teaching music in secondary and higher education. These narratives may certainly prove a significant basis to work out programs to improve inclusive music teachers' competencies.

As far as the interviews are concerned, what all the respondents find challenging is relaxed and flexible posture. Hand, finger, body motions and motion patterns prove difficult, too. The most challenging task, however, is to understand, feel, learn and teach these motions. Although, in most cases, certain motions are realized, they fail to support technical improvement and musical expression until they are automatized. The participants state that motions can be learned, flexibility, relaxedness, impetus, and to feel how they help musical expressions, take a long time to acquire owing to the lack of visual input.

In case of blind music students learning and teaching body motions require touch, which is considered a natural characteristic feature of learning and teaching music, especially, when either the teacher or the student or both are blind. According to each respondent, teaching music with the help of body contact is based upon fundamental confidence. Sighted as well as blind teacher participants claim that body contact appears in teaching music to sighted students, too, though, it is less frequent.

All the respondents emphasize that critical thinking, confidence and sincerity are the basic pillars of blind and sighted musicians' cooperation in learning and teaching music. Therefore, it is of major importance to look beyond stereotypes, and get acquainted with several basic characteristic features of how persons with various dis/abilities perceive the world, so disability-related courses would definitely contribute to the birth of confidence, and thus, would facilitate the cooperation between students and teachers. Cultural disability studies, i.e. cultural approach to the presence of disability and those concerned could well be regarded a significant resource for courses to improve inclusive teacher competencies.

Cultural disability studies

Human differences are present, moreover, well represented in each culture. Disability, one basic element of human differences is also richly reflected in human culture, as culture depicts daily life (Couser, 2009). Lenmard J. Davis, one of the most acknowledged critical disability studies scholar highlights a characteristically common attitude to disability, which tends to determine thinking about and taking steps towards disabled persons and disability-related issues:

"When it comes to disability, 'normal' people are quite willing to volunteer solutions, present anecdotes, recall from a vast array of films instances they take for fact. No one could dare to make such a leap into Heideggerian philosophy for example or the art of Renaissance. But disability seems so obvious — a missing limb, blindness, deafness. What could be simpler to understand? One simply has to imagine the loss of the limb, the absent sense, and one is half-way there." (Davis, 2006:xvi.)

Disability studies and critical disability studies are now present in the academic arena. As to promote further understanding of disability, cultural representations of disability have also been in focus recently, and ambassadors of the young discipline offer a wide variety of literature to rely on, for example: Lennard J. Davis' Enforcing Normalcy (1995), Rosemarie Garland-Thomson's Extraordinary Bodies (1996), David T. Mitchell and Sharon L. Snyder's Narrative Prosthesis (2001), Robert McRuer's Crip Theory (2006), Margrit Shildrick's Dangerous Discourses of Disability, Subjectivity and Sexuality (2009), Tobin Siebers' Disability Theory (2008), Disability Aesthetics (2010), and David Bolt: The Journal of Literary and Cultural Disability Sudies (2006) as Berressem, Ingwersen and Waldschmidt (2017) list to exemplify and demonstrate a well-established theoretical basis as to imply the significance of understanding diverse human dis/abilities through culture. Cultural disability studies emerge from cultural understandings and interpretations of disability.

Conclusion

The paper outlines the role, perspectives and practices of music in blind persons' social inclusion, social responsibility. I attempt to give several holistic answers to the questions the title implies: firstly, I highlight that music plays a significant role in blind persons' social inclusion, though mainstreaming may influence their skills and abilities. On the basis of blind people's lived experiences I may conclude that well-prepared teachers and the quality of education in general, and music education in particular are inevitable to support blind persons' social responsibility. As to assist transition from theory to practice, I introduce cultural disability studies. Music is a significant part of the mental image mankind has always formed of blindness. Lived experience-based narratives reveal that although sounds do enjoy priorities in the unseen world, not every blind person is a born musician. This paper points out that there is a kind of a gap between blind music students and their professors, even if both parties intend to bridge it. The paper strongly relies on lived experiences, and thus, impressively illustrates how people with diverse abilities move in the world. Cultural disability studies may well prove

inevitable sources to support music teacher education as one way to promote blind persons' social responsibility.

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XXII. Tactile Art for Everyone

Erzsébet Móga Sebők, Kézzelfogható Foundation, Budapest

Slide 1.

Touching Art

Erzsébet Móga Sebők
Kézzelfogható Foundation
01/06/2019

Slide 2.

Activities of Kézzelfogható Foundation

Tactile exhibitions
Museum tours being blindfolded
Arts and crafts

Slide 3.

Artistic activities

Creation
Joy
Exhibition

Slide 4.

A portrait is born

Slide 5.

Artists with visual impairment

Slide 6.

Artistic activities

Creation
Joy
Selling works of art

Slide 7.

Therapy
Quivar
There is a story behind each picture
Vasarely
inspiration

Slide 8.

Why is a tactile exhibition integrative?

- Exhibitors (fine and folk artists) with and without visual impairment
- Visitors get familiar with the works of art under the same conditions, because sighted visitors are blindfolded, and tour guides are visually impaired
- Special experience for families or groups of friends

Slide 9.

Visitors with visual impairment

Slide 10.

Selection of exhibits:

- Quality
- stability
- Tactility
- Colourful materials, surfaces, shapes, structures

Slide 13.

Training tour guides

- General rules
- Communication
- Knowledge on arts
- Practice

Slide 14.

Training courses

- The foundation started training courses for tour guides to the tactile exhibitions in 2010
- In 2014 the training course was open for candidates from all over the country, later they were tour guides on the different locations of the itinerant national exhibition
- In 2015 the number of tour guides increased, local citizens could be tour guides in the distant regions of Hungary
- In 2019 the former experiences and knowledge were resumed and shared, in an accessible format, with all qualified tour guides

Slide 15.

Dialogue between artists and visitors

Slide 16.

Cooperation with artists

Szilvia Vágó's award-winner work at the László Moholy-Nagy Design Scholarship

Slide 17.

Teréz Szemereki, award-winner of the Noémi Ferenczy prize, discovered the importance of touch whilst working with distinct surfaces

Slide 18.

Barbara Badacsonyi Móga
designed bags with a focus on tactile experience

Slide 19.

In 2014 the Federation cooperated with 39 art groups in the Concrete Project

Slide 20.

Beneficiary: School for the Blind

Slide 21.

The accessible exhibition tables were designed by László Bergovecz, designer and artist

Slide 22.

Exhibitions for visitors with visual impairment

Slide 23.

- 1990-1995 National Museum, BTM, Museum of Military History, museum education programs
- 2002 inauguration of the constant exhibition of the National Museum titled On the border of East and West
- Tactile exhibitions in the Museum of Fine Arts:
- 2005 After the pharaohs, treasures of Coptic art from Egypt
- 2006 Exhibition about Sigismund of Luxembourg
- 2007 …And then the Incas arrived
- 2008 Renaissance in the pharaohs' Egypt
- 2008 The golden age of the Medici
- 2013 Miro

Slide 24.

2008 Sturovo (Slovakia)
Exhibition of VI artists, titled The birth of Sun

Slide 25.

Museum program related to the school curriculum
Museum of Hungarian Applied Folk Art (Szentendre, Hungary)
Museum of Applied Arts

Slide 26.

Tiszafüred
Csákvár

Slide 27.

Mezőtúr
Mezőcsát

Slide 28.

Exhibitions of Kézzelfogható Foundation
2013 Museum of Fine arts Tactile Art for Everyone
National itinerant exhibition, 13 locations

Slide 29.

Thematic exhibitions
2018/2019
Topic: stone

Slide 30.

Week of sacral arts
Exhibitions:

- 2011 Pázmány Péter Catholic University Department of Information Technology
- 2012 Klebersberg Kultúrkúria Art Centre „Ancient Greeks as we see them”
- 2013 The joy of liberty, in the Salesian Monastery of Óbuda
- 2014 ”Betekintő”, integrative exhibition in Nagy Szent Teréz church
- 2015 „Above waves” tactile exhibition and first award ceremony in Kövi Szűz Mária Church
- 2016 Tactile exhibition in the Esztergom Castle Museum
- 2017 „A kiteljesedés szabadsága, avagy Szent László nyomában” tactile exhibition, in D 18 gallery

Slide 31.

2014

Slide 32.

Other initiatives for tactile exhibitions

TOUCH exhibition -Design week of 2016

- Sziget Festival 2017, 2018
- Night of museums 2018
- Disability-awareness days for families

Slide 33.

Summary 2017 photo: tactile art for all

Slide 34.

„Látáspont” clay workshop

- **Group of artists, founded in 2016, in the Vocational School for the Blind**
  additional salary for qualified VI potters
- Orders from clients
- They sell their works
- Free time pottery club, not only for VI potters
- Active participants of innovation

Slide 35.

Order

Slide 36.

Selling works of art

Slide 37.

Extracurricular activities

Slide 38.

’Látáspont’ workshop

handcrafts
Straight from the hands of VI artists
info@kezzelfoghato.hu

Slide 39.

Activities of the foundation

- Accessible exhibition areas
  Foundation of an archive and methodological/information centre
  International relations
- Scholarships, awards
- Organization of art camps, conferences
- Publication of books, journals, methodological brochures
- Accreditation of training courses, employment of individuals with disabilities in arts and handcrafts
  Raising disability-awareness

Slide 40.

Thank you for your attention!

XXIII. Visual Art and Visual Impairment

Tanja Parlov, Center "Vinko Bek", Zagreb

VISUAL ART AND VISION IMPAIRMENT

Tanja Parlov, art teacher

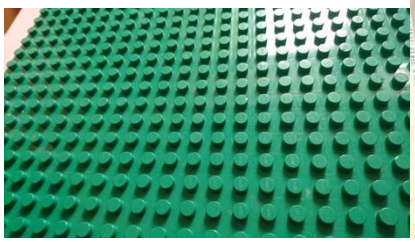
Visual art is an area in which we start with the visual perception of the world around ourselves. Everyone experiences it in their own way and produces more or less successfully depending on a number of factors: understanding, creativity, motor skills, motivation, but above all visual perception. With our sense of sight, we obtain approximately 90% of the information from the environment. Blind children and children with low vision are there indeed deprived. Sight impaired children should learn to watch their eyes, that is to teach them to use the rest of their eyesight as effectively as they can, and the blind children should learn to "see" with their hands, that is by touch. Both firstly need to meet the world that surrounds them, then recognize it and eventually build their own image of it. Starting through the simplest of examples and then gradually moving to the more complex. Hearing communication plays a much bigger and more important role than it does with children with good vision. Everything we do we have to accompany speech.

First of all you need to keep in mind that every blind or vision impaired child is a story for itself and that we need to approach individually to everyone, meaning to customize the program to the child's abilities. Some of the art program will be adopted with ease and some will be difficult. What we can offer to all of them are artistic elements and compositional principles that every child, in their own way, can adopt.

We start from the space itself and the body in space, because only in this way can we experience the world around ourselves if we're blind. Then comes the surface because she is too palpable. When we have mastered enough space and defined bodies in space, their surface and color, we can move to the surface of the paper. It allows us to view the image of space, form and color in two dimensions what is purely a visual method of communication. The color is a specific, purely visual art element and blind people can overcome it only if they have the stimulus of light and in the most strongest contrasts, light versus dark and warm versus cold. The figure is also an exclusively visual element and it comes from the shadows of each body in space, but we can make it touchable like a line that represents the outline and structure of some form in space.

As for the default program, we can mostly track him, but with a lot of adjustments and simplifications of the content and expectations. What we should insist on is the order and continuity of the adoption of visual elements.

THE ORDER OF ADOPTION OF VISUAL ELEMENTS SPACE





The first tasks would be related to the introduction of the child with the space that surrounds it, exploring and defining it through games as the indoor and outdoor, small and big, full and empty. When entering into space, a person with vision gets a lot of information about where he is in the first few seconds. However, a blind person only has the potential to become aware of the size of the space through echolocation. That's why we're first going to study small space where a child can learn the limits of space (for example, a box in which you can enter your whole body and meet the relationships of space by touch such as up - down, front - back, left – right). That way we can explain to the child that this is the way each indoor space works. Observing the differences in relations inside-out, building obstacles so a child can become aware of the differences of the simple and the complex, empty and full. Through education, knowledge, experience and development of motor skills tasks may be all the more difficult and demanding. The first visual tasks should allow students to build their own space of ready-made elements. It can be a type of mass for modeling where the procedure for the composition and connectivity is extremely simple and easy, or LEGO bricks which are also finished elements that need to be linked, it can be cardboard, boxes, and later, regular or air-dry clay.

FORM

When we have become aware of the relationships of empty compared to full, we can start speaking about forms. In order to make them as simple as possible for a person with impaired vision, we need to start from simple shapes to complex. It's a good idea to immediately start calling them as compact mass, flat mass and line mass. Each of them can be concave, convex, or aperture. We will offer the children something compact: tennis ball, sphere, egg, orange, cherry... different sizes, different structure, but the same tendency of density. With line mass the examples could be: a branch, a pencil, your hands, fingers, hair... all of the shapes that are long and thin and reshaped by rolling them. Flat mass gets created by flatting out some materials: leaves, papers, picture books, windows, doors... Each of these masses we can dent and hollow out so it is good to find examples that are close to them. When we mastered these simple masses, we are ready to engage in much more complex volumes. So we can later, on the basis of our own experience of individual mass, shape ourselves, trees, flowers, a room, a house... It is important that we use motives that are known to the students so

they can create them by themselves. The first contacts with shapes in space will be tied to tactile exploration, then driven by movements and at the end there will be independent recreating of primal masses. Later, the tasks will become more complex, but the complexity entirely depends on the maximum potential of the student, his motor skills, tactile curiosity, experience...

SURFACE

Introducing the individual shape, we are also meeting its surface. Basic division of the surfaces would be smooth – coarse, hard – soft, dry-wet. This is the simplest division that can be upgraded with further engagement. It is important to familiarize the child with the diversity of surfaces and enable for him to connect the surface with its proper name. By getting to know the surface we are meeting the relief, how to in nature and in the artistic work. Having their tactile knowledge increased, the children can shape relief in all of its forms – dent, low and high. We can experience the surface from the aspect of color like the invoice which even blind students love. Here I would also name clay as the leading material. Surfaces on cardboards, due to larger formats, we can get with a mixture of newspaper paper, adhesives for wood and water, with the proviso that the paper should have been previously soaked in water. After that the glue is added and all is mixed very well. The resulting material is very tender and mushy making it very easy to work with.

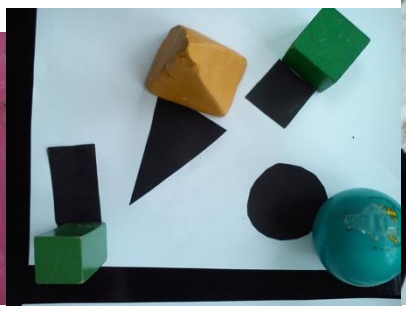
COLOR

Color is the visual element that is exclusively intended for use by persons who have eyesight. Here we can pass on the standardized tests. Through exploring and mastering techniques, we get to know each of the legality of colors – basic, derived, chromatic, achromatic, hot, cold, complementary... Depending on the damage of sight, experience of color is different. Some students will be able to explore all of the legality of color through visual tests and some will only see the strongest contrasts. Blind people can experience color as the artistic technique with touch by painting with their hands on paper, scratching the paint, applying it in thicker layers. It is a very fun and interesting experience for them. When it comes to blind people that have the stimulus of light, they can vary the strongest contrast of light, black - white and, potentially the contrasts of heat, yellow - blue. When it comes to cerebral achromatopsia, the problem with colors is quite complex. The selection of white, black and all the shades of grey is safe and correct, but everything else is often pure speculation. Using achromatic colors, we

can get large differences in brightness which is enough to gain an interesting artwork.

FLAT




The transition to a flat format must be gradual. The whole first half-year we work with formatting in space in order to enough experience to move on to the surface. It is extremely important that, when transitioning to the surface, the students know how the shape looks like in space, and only after how it looks like on paper. The start of the Unit would be dedicated to the shadows because they are absolute surfaces. The ball is a very good example. The students get acquainted with objects such as a cube, sphere, pyramid, cuboid, and after that they learn about their characters in the space of paper. We must not ignore the free characters. Do not expect that a blind person can independently cut out characters – they are able to cut with scissors, but only in a straight line or to cut something in two. For these teaching units you should prepare ready-made characters. We can set the characters in various relationships, for example: geometric opposite of free,

square opposite of small round, large versus small, play with different rhythms, grading them by size, symmetrically group them and more. These are all good exercises that help students to get by and subordinate the two-dimensional space. It will be quite a challenge to a blind person, but also an excellent base for later tasks on the surface. In this unit, we use thicker papers and strong contrasts to make it easier for students to know where they are on the surface of paper.

A DOT AND A LINE

The most complex art element we learn last. The drawing is solely tied to visual perception. It is not peculiar to a blind person, but it is imposed on her by tactile

communication. Braille consists of the simplest artistic character, the dot. But in the daily application, it is not enough. In teaching we use straight and curved lines of different style. When learning to draw, we start with a dot, then with the relationships between dots which are great exercises for people who need to learn Braille, and when we line up all the dots very tightly, we are talking about a line. First we're adopting the straight line and all of its routes and slowly we're describing individual characters with those lines. Then we're adopting curved lines. When we learned those as well, we are ready for more complex drawings consisting of dots and various lines. Then we could draw ourselves, our faces, or shapes that are known to us. When it comes to drawing techniques, it should be noted that the student needs to be offered with a technique that he can see: a soft (B6) pencil, thick marker, greasy pastels... We are even more limited with blind students because it is really difficult for them to draw on a positive film since they haven't developed graphomotor skills and to draw on foil, you need strength and strong moves in order to create tactile tracks. The recommendation is to introduce the foil when you see that the child is able to use it properly and with ease. To introduce the blind pupils to this unit as soon as possible, you need to import ready-made dots and lines made out of thick paper which proved to be good. The students were able to investigate the drawings, but also to create their own. The same effect is achieved with paper-mache on an impregnated cardboard surface. You definitely need to provide every child the possibility to get acquainted with the drawing because he's going to need it in further education, as well as in other classes.

DESIGN

In teaching we have the curricular units that are related to design through visual communication that are interesting to solve through tactile symbols. With modelling utilitarian items, it is important that these objects are close to the students, such as bowls, chairs and alike.

THE CONCLUSION...

It is extremely important to enable each child to create, learn through playing, to be confirmed as a creative and imaginative person, to show us their vision of the world and not to impose them our patterns.

XXIV. Me and space early orientation and mobility in young children with cortical visual impairment

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I in Space:

Early orientation and mobility of children with cerebral visual impairment

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Keywords: *'self-directed movement', 'contact with the ground', 'adapted environment'*

Comment: The parents of the children in the photos contributed to the publication and the photos can be used only in this article.

1.Introduction

The development of orientation and mobility are strongly connected to visual skills, motion and position changing movement and self-body perception. (FRAIBERG,1978.; NIELSEN,1992.). All of these abilities / skills are in dynamic development in the first years and early childhood, any one's impairment affects the others. (SUDGEN,1990). I will present the complex early intervention process of four children with atypical visual development and visual behaviour under 2 years with whom I started to work at least one year ago. All of them were mature newborns. One child had perinatal injury (laesio cerebri progressiva), the other three children were born with the impairment of the central nervous system *(Corpus callosum agenesia; Basal ganglia calcification; Sturge-Weber syndrome)* what affected their visual perception and motion and position changing movement.

2.Children with atypical visual development and visual behaviour

Their early intervention began when where they were around 4 month old. In order to ensure anonymity their names are changed. I received consent forms from the parents to show their pictures during my presentation, but they did not consent to copy them and the photos can be used only in this article.




3. Starting Parameters and Framework for Development

A common feature in their anamnesis was that the first signs of deviant development was visible at the age of 3-4 months.

- Delay in psychomotor development (SEED)
- Deficit of visual attention (visual processing disorder)
- Muscle tone regulation disorder
- Neurodevelopmental and ophthalmological screening

None of the children had specific optical diagnosis, the ophthalmic control was induced by their neurodevelopmental monitoring. The complex health check that was carried out at the Early Intervention Centre Budapest summed up and explained the observed symptoms and helped to understand the status diagnoses. Developing therapy and counseling took place at the Early Intervention Centre Budapest and in home environment. After the assessment, special emphasis was laid on regular and complex special pedagogy development and counseling *(qualified teacher for VI, qualified teacher for physical disabilities)* and motor development *(physical therapist: manual therapy and active movement),* during which the therapist came to know the child better and co-operation with the parents began. In all cases, first observation and brainstorming concerning the direction of development as well as the adaptation of home environment took place always with the parents.

4. The Beginnings: *Little Room and Resonation Board* (Nielsen, 1992)

In all the four cases, the parents, the manual therapist and I agreed that the primary goal is to assess the children's visual reactions in order to see what kind

of visually stimulating but not strenuous surroundings may motivate the children to watch, to reach for something and to initiate movements that would change their positions or places. We familiarized ourselves with the Lilli Nielsen–room ("the Little Room"). In one case we just tried the resonation board, in another case the child accepted only a cardboard *(Illustration 6)* surface of support. In another case the child did not accept the closed box *(Illustration 5)* that could be placed above him, so we just put a simple baby gym *(Illustration 4)* above him, from which his favorite toys hung. Recognizing light conditions and various objects and experiencing different surfaces was successfully carried out in all cases.

Illustration 4

Illustration 5

Illustration 6

5. Opening-up and Discovery

The second phase of getting to know space is induced by the development of self-initiated movement: when the children leave the closed little room, they experience different space, light and surface conditions *(Illustration 7,8).* They roll and crawl on a different surface of support, where they meet different stimuli. The point of this phase to have a continuous, incessant contact with the surface and to practice independent, self-initiated movements. As a therapist, I was responsible only for safety and motivating from the position of a facilitator, not controlling the situations. We created an environment (space) that the small child is familiar with and can discover safely, always offering opportunity to withdraw from a situation as well as discovering new

(Illustration 7,8)

6. Discovery and Moving in Space *(Joint Attention and Safety)*

One of the children, Matthias, (*Basal ganglia calcification*) when leaving the Little Room, liked to spend a lot of time on the resonation board: he listened to music, knocked on the surface, he lied down and sat up. One of his favorite toys was a BIGmack communicator, which, if he pushed it, said a much-liked nursery rhyme stanza by stanza. *(Illustration 9, 10)* This was the key to making him move: he slid down the resonation board and moved by bottom shuffling on the carpet. The hard surface of support was then replaced by a semi-hard surface.

(Illustration 9, 10)

7. Dividing space

Being able to move on his own on various surfaces helped this little boy understand that he could reach different parts of the developing room without passively being picked up and carried there. He gained first-hand experience of every section of the route in a tactile, auditive and visual manner, although the effectiveness of the latter may not be defined due to his visual processing disorder. The visual behaviour of the child should also be observed by the parents, who can use the CVI-scale developed by Roman-Lantzy particularly for children with CVI (C. ROMAN-LANTZY, 2003) Also, children will experience the expansion of space and they can get to know more and more tools and toys that provide stimulation.

(Illustration 11, 12, 13)

8. Familiarisation with space

In the photo *(Illustration 14.)* we can see 22-month-old Sophie who is learning to walk. Leaning on her stroller, she is advancing toward the mirror wall, one of her favourite spots ever since she was a baby (*Illustration 15, 16)*. The figures stuck on the wall motivate her to stand up and take sideways steps, while she can observe the space in the mirror and from time to time she turns back to look at her mother.

(Illustration 14, 15, 16.)

9. Familiarisation with space and directions

Finally, we see Sophie throw her ball in the direction from which she received the request to do so. In the pictures *(Illustration 17)* she throws the ball to either her mother or to the physical therapist who is taking the pictures. By doing so, Sophie familiarises herself with the directions in space. In picture *(Illustration 19)* she is playing with a game called *Nano's Mischief* and after identifying the lamp in the book she points at the lamp on the ceiling. Just like in Matyi's case, we believe the most important guidelines here are Sophie's continuous contact with the floor, the familiar surroundings (stable, tactile, auditive supports) and not having too many objects in the room. After 18 months, her efforts to familiarise herself with the space became more confident, and her orientation became unambiguous. Building small movements into motion, a sense of independence, the facilitated, rather than controlled movements and locomotion, and the familiar environment have proven efficacious in all four cases. All four children have found a way in which, according to their level of mobility, they can live and understand the relationship between their bodies and space. The parents play an essential role in the process as it is they who create an environment (mostly in the living room) where their child can practice independent movement by maintaining continuous contact with the floor. The parents were not directly instructed to do so; they just found this approach useful as a result of the observations they made and the joint discussions we had at the Centre.

(Illustration 17, 18, 19.)

10. Conclusion

In all four cases I have concluded that continuous contact with the floor facilitates the understanding of space to a great extent for children with atypical visual behaviour. Also, these children will not have the experience that they can familiarise themselves with the surrounding space only through the physical cooperation of another person.

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XXV. From little cabin to Discovery Wheel

Minna Nevalainen, Timo Ylikarhu, Finnish Federation of Visually Impaired

Slide 1.

”From little cabin…
…to discovery wheel”
The early stages of
a visually impaired child's
orientation and mobility

Minna Nevalainen physiotherapist
Timo Ylikarhu O&M teacher
Finnish Federation of Visually impaired
Budapest 1st June 2019

Slide 2.

Motor development
and visual impairment

- No vision → no motivation
- Risk of delayed gross and fine motor skills
- Hypotonia, minor movements, unilateral posture
- “Head down” posture, poor body awareness
- Child with VI needs repeated and versatile posture, motion and sense experiences↓
- Physiotherapy during first years
- Manual guidance, activation, systematic practice
- Aim: guide, practice and support gross motor skills, body control and awareness in interaction with the surrounding environment

Slide 3.

Motor development
and visual impairment

- Active daily life, skills need every day training
- Courage, motivation and doing by one´s own
- Learning by playing → practicing and repeating in functional way
- Using also aquatic therapy
- Balance, body and posture control, independent walking↓
- Basis for later O&M

Slide 4.

First steps of O&M

- Good balance -> cane training
- Large toys (e.g. doll carriage) can give
  - freedom of walking
  - sensations of obstacles and level

- Cognitive abilities are still developing
- Finger in hand – first experience of guided walking
- All you need is…

little explorer's curiosity!

Slide 5.

More steps, more help

- The timing needs to be right
- Hockey stick and other handy tools first
- Professional help and support can guide the prosess of using

"the discovery wheel"

- A new way of orientation and sensation

↓

- Ask: What did it find?

Slide 6.

Don't forget to….

1) Observe surroundings just using hands and feet
   - First: in the "little cabin"
   - Afterwards: Everywhere!
2) Give extra attention for child´s

- postures,
- directions of motion
- constructs

3) Adjust your support with the age, development, character, other abilities
4) Ask for help from the society!
   - Finnish system bases on co-operation

Sldie 7.

Közönöm – kiitos – thank you!
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XXVI. The Tactile Material Workshop/Library Project

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THE TACTILE MATERIAL WORKSHOP/LIBRARY PROJECT
By Six Dots Foundation for the Blind
Canan ÇAM YÜCEL*

ABSTRACT

The Tactile Material Workshop/Library Project is supported by Istanbul Development Agency; and is carried out by the leadership of Six Dots Foundation for the Blinds, and the partnership of the Turkish Republic Sariyer Governorship, the Turkish Republic Istanbul Family, Labor, and Social Services Directorate, Association of Barrier Free Access, and Parıltı Support Association for Children with Visual Impairments. Within the Project, it was planned to organize Map/Sketch Workshops, and to prepare tactile maps to be used in these workshops. It was aimed to contribute to the increase of map literacy of the individuals with visual disabilities who live in Istanbul, and to increase the orientation and mobility skills by developing their spatial perception with the help of these tactile maps. In the first step of the project, with attendance of all stakeholders of the Project and individuals with visual disabilities, a common mind meeting was organized, and the methods that are going to be followed in the process were determined. In the second step, the legends that can be understood easily were chosen from Attmaps Project by the individuals with visual disabilities to be used in the tactile maps. Thus, the process of designing and production of the tactile maps was started according to the standards that had been determined. While planning the Map/Sketch Workshops, the goals and objectives were also determined. The tactile maps of some regions in Istanbul were created according to the demands of individuals with visual disabilities who want to attend the Map/Sketch Workshops. The maps that had been created were worked one-to-one with visually disabled individuals, and were practiced in their own places by going there. After the practice, an evaluation questionnaire was applied to the individuals with visual disabilities, and feedbacks were taken. At the end of the Project, it is aimed to enrich the map library as much as possible by determining the certain standards in map/sketch production, and it is also aimed to increase map literacy in Turkey. It is predicted to make initiatives for sustainability of the Project by sharing the outputs with related public institutions and organizations in Turkey.

Key words: individuals with visual disabilities, tactile maps, map literacy

INTRODUCTION

The Tactile Material Workshop/Library Project is supported by Istanbul Development Agency; and is carried out by the leadership of Six Dots Foundation for the Blinds, and the partnership of the Turkish Republic Sariyer Governorship, the Turkish Republic Istanbul Family, Labor, and Social Services Directorate, Association of Barrier Free Access, and Parıltı Support Association for Children with Visual Impairments. The Project started in December 2018 and it is going to end at the end of December 2019.

The main goal of the Project is to contribute to the development of the creativity of children and adults with visual disabilities by providing them to benefit from tactile materials in different areas, and to make the education more accessible.
The Tactile Material Workshop/Library Project aims; to bring children and adults with visual disabilities together with tactile materials; to provide equal opportunity for their participation in education, employment, social life, and for their Access to information; to increase the public awareness that they can be successful in different areas by different learning strategies; to make the public areas more accessible for adults with visual disabilities; and to increase the awareness of children and adults without disabilities about the learning strategies of their visually disabled peers.
The works in the Project has focused on three different areas; developing tactile educational materials that are appropriate for science curriculum; making Works about tactile map reading to increase orientation and mobility skills and making tactile map workshops; making workshops for children and adults without disabilities to create awareness by introducing them with the learning strategies of their visually disabled peers.
In this article it is aimed to give detailed information about the map/sketch workshops that are made for children and adults with visual disabilities. These map/sketch workshops aims to contribute to increase the map literacy of visually disabled children and adults who live in İstanbul. The map/sketch workshops have three goals; to introduce a region to individuals with visual disabilities on tactile maps, and to provide them to discover; to introduce the map language and to develop their abilities in finding direction in a map; to help them discover the link between the drawing and the practice.

LITERATURE REVIEW

Most of the researches show that tactile mapping is important for individuals with visual disabilities to comprehend space. Individuals with visual disabilities can use maps to locate and Orient themselves and to move around. They can also use these resources to help them move around in their everyday lives, to school or around the neighborhood. Because of not receiving spatial information through sight, the map is fundamental to the perception and construction of space by the user (de Sena & do Carmo, 2005). It is determined that experience and learning not only develops the performance of distinguishing the two-dimensional shapes but also improves distinguishing the haptic three-dimensional shapes (Crabtree & Norman, 2014).
Tactile information shows different characteristics from visual information. Touching provides to reach one part of the whole. To get information about the things touched, it is necessary to spend the adequate time and effort. It is important to provide tactile experiences for the individuals who do not have functional vision. Tactile information requires individual physical contact, and it takes more time to understand. For the presentation of tactile information, it is necessary to spend extra time. By this way, individuals with visual disabilities have the chance to touch, examine, understand and make synthesis. The needs and skills of the individuals with visual disabilities and the learning environment must be taken into consideration to use the tactile strategies effectively. Both giving time for the presentation of the tactile information and evaluating the adaptations

systematically, affect directly the learning of individuals with visual disabilities (Downing & Chen, 2003).
Using tactile maps provides the individuals with visual disabilities to create the cognitive maps of their environments. These maps also consist of different type of symbols. The symbols that take place in the maps which are produced for individuals with visual disabilities are concrete so that they can be understood through touch and can be stored in the memory. There is still no standardization of the symbols in the tactile maps today. The users of the tactile maps can memorize the symbols before using the map but they can also need to go and look at the symbol that they could not remember while examining. Foresight is necessary for individuals with visual disabilities. Foresight develops the interaction with the map. To develop the foresight, it is necessary to develop the memorization of the elements of the map. As a result, while designing the tactile maps, it must be taken into consideration that the tactile symbols to be distinguishable from each other. In this way, the memorization of the symbols will get easier. The tactile factors that will provide the development of the process of distinguishing the symbols from each other are; size, shape and contrast. If it is wished to create an inclusive tactile map, it is necessary to use the symbols that have appropriate size, simple shapes and contrast. So, these symbols should have the distinguishing properties such as height and texture. There must be elevation difference between the symbols in the maps, it must be felt by the fingertips, and must be remembered according to their shape properties (Gual et al., 2014).

THE GOALS AND OBJECTIVES OF MAP/SKETCH WORKSHOPS

The main goal of the map/sketch Workshops is to design and produce tactile maps to be used by individuals with visual disabilities. The objectives of these workshops are; to contribute to the increase of map literacy of the individuals with visual disabilities who live in Istanbul, and to increase the orientation and mobility skills by developing their spatial perception with the help of these tactile maps.

THE STEPS OF THE MAP/SKETCH WORKSHOPS

Before, during and after the map/sketch workshops, some steps were followed

- With attendance of all stakeholders of the Project and individuals with visual disabilities, a common mind meeting was organized, and the methods that are going to be followed in the process were determined.
- The legends that can be understood easily were chosen from Attmaps Project by the individuals with visual disabilities to be used in the tactile maps. Thus, the process of designing and production of the tactile maps was started according to the standards that had been determined.
- The tactile maps of the garden that Six Dots Foundation for the Blinds takes place were created. The tactile maps of some regions in Istanbul were also created according to the demands of individuals with visual disabilities who want to attend the map/sketch workshops.
- The content and the steps of the map/sketch workshops were also determined.
- Firstly, the legends that were used in the maps were studied.
- The map of the garden that Six Dots Foundation for the Blinds takes place was studied inside.

- The map of the garden was taken, and was practiced while walking in the garden.
- The maps of some regions in Istanbul were worked inside on a table one-to-one with individuals with visual disabilities, and were practiced in their own places by going to that region.
- At the end of the map/sketch workshops, an evaluation questionnaire was applied to the individuals with visual disabilities, and feedbacks were taken.

DETAILED DESCRIPTION OF THE MAP/SKETCH WORKSHOPS

The map/sketch workshops consist of three main stages. These stages are; preparation of the maps/sketches, practicing the maps/sketches, and evaluation of the map/sketch workshops.

1. Preparation of the Maps/Sketches

The Basic Principles: To Show the correct direction of the maps/sketches, lines like slash that can be felt by finger are placed on the left top corner of the paper. The buildings that take place in the maps/sketches are represented as black surfaces filled by raising. The roads are the White areas that stay down when compared to raised areas, and it is essential that the roads must be wide that can be followed by finger. The open areas such as parks, gardens are represented as White areas that are surrounded by raised lines. The legends can be shown in the same paper or in a different paper according to the area that the region covers in the paper. It is expected the legends not to be smaller than a six dots cell or bigger than 1cm.

Determination of the Regions that the Maps/Sketches Will Be Made: For the determination of the regions, both the individual and institutional demands and the needs that have been observed during the workshops are considered as important. For this reason; the needs, the purpose and the location of the buildings are important factors. Some of the squares that take place in different cities of Istanbul, some metro stations that are used mostly, campuses of some universities such as Boğaziçi University, Istanbul University, Marmara University are the regions that maps/sketches were made. The most important factor that should be taken into consideration while determining the region that the map/sketch will be made is to determine the borders of the region. The borders of the region are drawn by taking into consideration both the width of the paper's surface and the applicability of the basic principles about the map/sketch.

Scaling: The maps/sketches do not have to have the constant reduction number. The basic principle in the maps/sketches is that the legends must be distinguishable while touching, and the roads must be followed by finger. The basic criterion to determine the size of the paper that will be used is the decision that will be made about the map/sketch to be carried or not. As well as using A4 sized paper for some maps/sketches, A3 sized paper or two A3 sized papers are also used for some of the maps/sketches.

The Legend System: The legend system consists of two different groups. In the first group, there are the tactile symbols that are commonly used in all maps/sketches. The second group consists of the legends of the structures that are given number when it is needed, these numbers are written in Braille in a circle, and are added into the legends of that map/sketch. If the names of the structures have the length to be squeezed in the area in the map/sketch, or can

be written shortly in that area, it can be written in the area that shows the structure in that map/sketch. While choosing the symbols in the first group, it was taken into consideration that these symbols must be distinguished as soon as possible and with the least error.

Maps/Sketches: Two types of maps/sketches are used in the workshops: The first group of maps consists of the main maps/sketches. These are mostly drawn on a two A3 sized paper and have many details about the region such as; the structures and the buildings, the roads, the sidewalks, the green areas etc. The second group of maps/sketches are called as assistive maps/sketches and are the simplest forms of the main maps/sketches which are simplified according to certain criteria. These maps/sketches that are used to help to make the learning process easier are mostly one A4 sized maps/sketches. They are mostly used to practice the regions such as university campuses in which the borders are definite. They are used in the map literacy Works that take place in the first part of the workshops. The main goal is to Show the representation of the region's view from above, the location of the buildings when compared to each other etc. By this way, it is aimed to enrich the cognitive mapping skills of the individuals with visual disabilities.

2. Practicing the Maps/Sketches

Practicing the maps/sketches consists of two parts. In the first part of the practice, the route and the legends have been worked on a particular map/sketch to contribute to the map literacy skills of the individuals with visual disabilities. In the second part, the route that was determined has been practiced by walking around. The details of practicing the map/sketch are described in detail below:

Map Literacy Training: Map literacy training aims to develop skills such as; to perceive and distinguish the tactile presence of the map/sketch (buildings, roads etc.), to distinguish the symbols that belong to the legend system, to see the link between the representation that takes place on the map/sketch and the real area, to determine the location of a point in the real area by using map/sketch, to determine the locations of more than one point to each other. During the map/sketch workshops, the training has been started by describing the legend system, the individuals with visual disabilities have been asked to describe the symbols that they touch, and it has been expected them to be familiar to the legend system in general. After the legend system, if it is needed, the assistive maps/sketches that help to learn the area as a whole have been used. The main maps/sketches are the materials that have been used finally in the workshops. The general expectation from the main maps/sketches is basically to have a perception about the general view of the area. A determined route has been worked with the main maps/sketches.

Map/Sketch and Orientation Practice: This part consists of three steps; determination of the route, determination of the information points, and determination of the number of the trainers and the participants.

The route has been determined as a ring system in which mostly the starting and the ending points are going to be the same. The two important criteria that are taken into consideration while determining the route are; the way that has gone through the rote must be functional for the participant, and must include the legend symbols as much as possible. During the workshops, in the maps/sketches of the city squares that have been practiced, the crosswalks and the characteristic

properties of that region are the important points; and in the maps/sketches of the campuses, the Daily life in the campus is taken into account.
The information points have been determined by taking into consideration the intersection points, centrality, and margins of error while going through the route. In these information points, as well as reviewing the way that was gone in the map/sketch and route, Works such as; determining the current location, and creating a route according to the target route can be done. If it is necessary, although it is not involved in the route, the information can be given about the intersection points that are considered as important.
It is expected not to have more than four participants in one training. In the training process, it has been given so much importance to one-to-one interaction with the participants. For this reason, each participant has one trainer during the workshops. One personnel of the Project takes the responsibility of organization of the training. So, it is expected to have one more trainer than participants during the training process.

3. Evaluation of the Map/Sketch Workshops

After the practice, an evaluation questionnaire has been applied to the individuals with visual disabilities, and feedbacks have been taken. By the help of this questionnaire, it is aimed to get information from the participants about the content of the training, thoughts about the materials and trainers, application of the workshops. In the last part of the questionnaire, there are open-ended questions in which the main goal is to get detailed information about the recommendations of the participants so that the maps/sketches and the workshops can be improved.

DISCUSSION AND RESULTS

During the Project, some changes and corrections have been made in most of the maps/sketches. So, when it is looked from this perspective different drafts of each map/sketch have been prepared. In the topics that the participants have made different suggestions such as more details or the size of the map/sketch, the appropriateness to the goal has been overseen as the basic criterion in the arrangements of the workshops.
The participants of the map/sketch workshops are 15 years and older individuals with visual disabilities. Some of the participants are totally blind and some of them have low vision. Some of the participants are congenitally blind and some of them lost their vision later in their lives. For this reason, some of them have Braille literacy, some of them cannot read Braille. Some of them have better performance in their orientation and mobility skills on the other hand some of them can need physical assistance while moving with the map. The educational levels of the participants show difference. The Project is going to end at the end of December 2019. So, the map/sketch workshops are still going on. For this reason, the statistical information about the socio-demography and the total number of the participants cannot be given definitely.
With the help of the questionnaires that have been applied at the end of the workshops, the maps/sketches and the practice are graded. At the end of the Project, the scores given to the map/sketches and to the practice are going to be counted and percentages are going to be determined for the whole of the workshops.

The suggestions and demands of the participants about the materials used such as the legends, the assistive maps and the main maps have been taken. The simplification of the map/sketches as much as possible, the directions of the legends to be the same in the map/sketch and legend template, the main streets to be distinguished from other roads, the legend symbols to look like the structures that they represent, a different training to be followed so that the relationship between the place and the map/sketch can be established correctly, the materials to be accessed easily; are the suggestions and demands of the participants about the materials.
The suggestions and demands of the participants about the practice part of the workshops are also taken. The practice part of the workshops to be expended by following inductive method that goes from parts to the whole, the frequency of the practice to be increased, if necessary, a map/sketch to be practiced more than one, the maps/sketches to be matched with the navigation systems, the digital systems to be benefited; are the suggestions and demands of the participants about the practice.
During the map/sketch workshops, it has been observed that the efficiency got from the map/sketch shows paralysis with the intensive relationship between the participant and the tactile materials in the early ages. In this context, as well as using the two-dimensional materials and the three-dimensional materials for academic purposes or in play activities, Braille literacy can also be added into the tactile materials. The increase in the diversity of the tactile materials feeds the relationship established between the individuals with visual disabilities and the tactile materials. It is also determined that in relation to the orientation and mobility skills, there is a bidirectional and positive relationship between the route determination skill and map literacy skill. Consequently, it can be said that the presentation of the map/sketch practices as a part of orientation and mobility practices, will contribute to both the map literacy skills and the orientation and mobility skills. The use of the maps/sketches of the city squares and university campuses will contribute to the independence of the individuals with visual disabilities. As the participants told the efficiency of the maps/sketches will increase when they are matched with the navigation systems and when they benefit from the digital systems. The navigation systems are not the alternatives for each other, they are the complements of each other.

THE EXPECTED RESULTS

There are three expected results for the map/sketch workshops at the end of the Project:

- to enrich the map library as much as possible by determining the certain standards in map/sketch production
- to increase map literacy in Turkey
- to make initiatives for sustainability of the Project by sharing the outputs with related public institutions and organizations in Turkey.

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XXVII. Systematic approach on orientation and mobility teaching for visually impaired people

Zsigmond Fehér, School for the Blind, Budapest

The system approach to teaching orientation and mobility to individuals with visual impairment

Zsigmond Fehér, School for the Blind (Budapest)

Welcome ladies and gentlemen.
I started working as a rehabilitation specialist at the Rehabilitation Centre of the State Institute for the Blind in 1990, where I used to work with adults who lost their sight in adulthood. Since 2007 I have been working as an O&M (orientation and mobility) specialist, where I work with students aged 7-20.
After working with persons who lost their sight in their adult life, it was a real challenge for me how to handle the fundamental differences in teaching children with congenital blindness. In order to find answers for my methodological concerns, I started observing and analyzing the perceptual and mental processes that take place when someone needs to move around and orientate without visual feedback, what sort of information, data, skills, knowledge, and methods are necessary to accomplish the different tasks in a safe and efficient manner.
On this path, I elaborated the system approach methodology of O&M.
This system must provide the efficient functioning of the following two units: orientation, which is a 'human ability or skill of defining one's actual place and position at a certain moment of time, with the help of sensory processes, via the joint mental processing of data from and characteristics of the surrounding environment, together with his or her knowledge and experience.' The second unit is mobility: 'a controlled change of position and place, taking into consideration the characteristics of the environment, together with individual skills and abilities" *(Veress, 2008).*
Considering definitions of the system approach, this is a data-processing system, because functioning requires precise and detailed data about the environment. It is goal-oriented, because it aims at carrying out all tasks mentioned above in a precise and efficient manner. It is open and adaptive, because it is in constant interaction with the environment, takes into consideration its characteristics, and adapts to its changes.
The following units of the system work in close cooperation:
Central unit, which is comprised of the following elements:

- *Processor*

Which processes, i.e. recognizes, identifies and selects all the information, gives meaning to the auditive, tactile, haptic and olphactory data, what they mean from the point of orientation, and consequently 'draws' a mental map of the surrounding environment and defines the position and location.

- *Memory*

Where all auditive, tactile, haptic, olphactory knowledge, mental maps of familiar environments, all objects together with their auditive, tactile, haptic, olphactory concepts, methods and techniques are stored.

- *The element responsible for decision-making*

In the process of achieving the targetted goal, responsible for making an execution plan and monitoring action (constant feedback) by using information which is relevant to the location and position, and with the creative use of the memory (already known methods, techniques, mental maps of similar environments, implementing solutions similar to former experience).

- *Alarm system*

A special part of the central system, works in the background, automatically, needs no conscious attention, constantly monitors information arriving from the periphery, and when a piece of information processed is identical with any of the elements stored in its memory, it immediately adverts the central, decision-making part about the emergency.

The periphery and its sub-systems:

- *Information-receiver*

Collects all possible acoustic, tactile, haptic, olphactory data.

- *The part responsible for execution*

Carries out the mobility plan made by the central part, and reacts promptly in case of an emergency.

In relation to the latter, it is important to underline, that it is part of a bigger 'system', the individual, together with his/her personality. This is why its functioning is determined by all the characteristics of the person's general and momentary mental abilities, physical and psychological traits.

Moreover, the individual has autonomy and is able to learn spontaneously. The system starts operating at the very moment of moving places, and all O&M experience improves and teaches the system. All my VI friends, who were never taught O&M and still are proficient users, confirm this.

Having all this in mind, the following are characteristic of the system approach to O&M:

First of all, we must be aware, that when we start working with a beginner (inexperienced) but already operating system, it is a complete system. The O&M specialist, who gets familiar with the particular system, its functioning and task, supports the system in achieving its highest possible efficiency by enriching its database with auditive and tactile experiences, building up a solid basis of concepts, multiplying methodological and technical knowledge, developing the whole and all its elements, modifying them if necessary.

Conscious and automatic processes are going on parallel. A given situation determines if something becomes conscious, or stays in the background. For example, using a white cane is an automatic process, up to the point when the person needs to find a curb, so action becomes conscious. It is a severe problem if this does not performed automatically.

Baring all this in mind, the system is trained in three phases: substantial, preparatory and end phases.

During the substantial phase, the system incorporates the basic operational elements, methods and technical knowledge. The following fields are tackled:

- Body image, body concept, body schema. / Role of the system*: Identification of one's location and position in space*
- Directions/role of the system*: identification of location and position in space*
- Spatial relations/role of the system*: identification of location and position in space*
- Cognitive information/the role of the system*: filling up memory*

The goal is to build up concepts, which are all based on real sensory experience. The O&M specialist must focus on enriching auditory, tactile and haptic knowledge during all phases of the training.

- Perceptual areas/role of the system*: information gathering*
- Acoustic perception
    - Defining directions
    - Measuring distance
    - Echolocation
        - Haptic perception
            - With hands
            - With soles of the feet
            - With long white cane
        - Localization of extensive objects (sensing bigger objects)
            - Beginning/end of bigger object

Mental abilities/role of the system*: data-processing, assessment, decision-making, elaborating an execution plan, monitoring*

- Noting differences/underlining typical characteristics
- Noting similarities
- Differentiating, analyzing relevant and irrelevant, improving the ability to synthesize / note interrelations / noting cause-effect relationships
- Improving attention
- Improving perceptual attention
- Developing shared attention
- Improvement of short/long term memory
- Making/using mental maps

Improvement of kinesthetics. /role of the system*: precise implementation of the execution plan*

- Linear motion with a constant speed
- Walking up/down stairs
- Turns
- Walking distances (1-10 m)
- Methods and techniques /role of the system*: precise implementation of the execution plan*
- Use of a long white cane-kinesthetics
- Heading in directions
- Orientation indoors
- Orientation outdoors

During the preparatory phase new information is conveyed (new environments, orientation landmarks in those environments, new methods and techniques), and things the person learnt in the substantial phase are used in new combinations, in increasingly challenging O&M environments. Role of the system: multiplication of the elements stored in the memory, data processing, assessment, decision-making, making an execution plan, precise implementation, monitoring action.

Areas to develop are to be developed in more or less the following order:

O&M in the street

- O&M in cross-sections
- O&M on public transportation
- O&M in public buildings

- O&M in open spaces
- O&M and special circumstances
- Problem-solving in O&M situations

During the end phase, the independent, creative and efficient use of all the formerly acquired knowledge is performed. / Role of the system: independent practice of the system.

You have most probably noticed how disproportionate the three phases are. On the one hand, due to the time limit I cannot go into more detail in this presentation. On the other hand, the substantial phase is a mile stone, because all what comes later is based on the knowledge the person acquires during the substantial phase.

Methodological characteristics of the system approach to O&M:

All activities (perceptual, mental or motor) are built up in a systematic manner, separately from one another, component after component. This is how the parts of the system are built up, and simulation and even later real complex O&M work, can only start after each component has become a skill.

A deep understanding of how each particular component, and how the system as a whole work, help the specialist in detecting problems, finding the causes of particular difficulties, and consequently in problem-solving. The following principles must be met during the whole process, with a special focus on the substantial phase and the development of perceptual skills:

Respect for individual skills, abilities and characteristics.

Gradual learning, i.e. advancing from easy to challenging, from simple to complex tasks. It is important to provide time for maturation. The principles of planning and conscious work are also important, without which we may lose control of the processes.

During the first two phases, especially in the substantial phase, lessons are modular. It means, that in each module we develop and practice a set of predefined skills. As in each individual the different skills improve differently, skill development must be under close control and requires conscious planning on part of the specialist from the very beginning. It is essential to get back to all the elements we taught during the substantial phase, and practice them from time to time, to ensure efficient imprinting and functioning.

A topic-centered approach is kept in the second phase, too. For example, O&M in cross-sections is introduced in a gradual manner, from the simple crossings we head to complex cross-sections. The modularity of teaching is broken up by these complex tasks, as the use of already known elements is needed to accomplish them. Using public transportation, for example: first, we must get at the stop, then on the bus, travel a couple of stops, get off. This is how the database of the system is filled with methods, techniques, problem-solving plans. Real situations are shown which support the individual in solving a particular problem, so the fundaments of problem-solving are set and techniques are improved.

After the first two phases (when the system is filled up with information, basic functions were built in), the client must carry out complex O&M tasks independently, in a creative and efficient way, often in unfamiliar spaces, with the O&M specialist present, but staying in the background.

The method needs further elaboration. It is already being written down in detail, and teaching it to professionals is under consideration.

This is all I can tell you in this short time about the system approach to O&M. It is all based on my observations and experience during my work. It is all theory, lacks for example neurological examinations which would analyze brain functions and the activity of the different parts of the brain during O&M. So, the system needs to be further investigated, but I am convinced that it does exist and works. However, we need further details on the when, what and how.
I am glad to brainstorm, so fell free to share your thoughts and ideas with me. Let me remind you that so far I have been telling you about an intact, well-functioning and efficient system and the ways in which it can be improved. But what happens if the system or one of the components is injured or does not function properly? What happens, if there is a Mental disorder or after brain hemorrhage or any other deficit? How does that affect the system? Is there spontaneous compensation, if yes, how? How can we support the brain in compensating for the deficit, to function close to optimal?
The system approach may be able to give us answers for all these questions, because it examines both the system as a whole, and tries to analyze and understand even the most essential processes.
At the end of my talk, let me thank my students and colleagues: Zsuzsa Bacsáné Halász, Éva Ilona Veress, Renáta Vincze for thinking together with me. Let me also thank my Polish teacher, Janusz Preis, who had a great impact on both my professional and private life.

Thank you for your precious attention.

XXVIII. Home teaching and ambulant care in the South Great Plain Region

Éva Nagygyörgy, Creative Forms Foundation, Szeged

Slide 1.

Ambulatory and home teaching in the South Alföld region
Éva Nagygyörgy
Rehabilitation specialist, professional director

Slide 2.

Home teaching

Family must adapt	Less exhausting
Lack of example	Hindered mobility
Social isolation	Involvement of family members
	Familiar objects

Slide 3.

Ambulatory service

Client must adapt his/her daily routine to the service	Fix Tools
Transportation difficulties	Ease separation
Lack of family members' participation	Focused work on behalf of rehabilitation specialist
	Recommendation/example
Recommendation/exampl	

Slide 4.

Investigation into the efficiency of rehabilitation models *:

- Rehabilitation of persons with AMD (p=226);
- The service has a primary focus on functional vision training;
- 3 models – ambulatory service, ambulatory service with home teaching, ambulatory service with follow-up by a social worker;
- The survey did not confirm the increased efficiency of rehabilitation with additional home teaching.

* B C Reeves, R A Harper, W B Russell: Enhanced low vision rehabilitation for people with age
related macular degeneration: a randomized controlled trial (British Journal of Ophthalmology, 88 p1443-1449, 2004)

Slide 5.

Orientation and Mobility specialists about home teaching *:

- Adaptation of client's knowledge to his/her home environment;
- Recommendations on the accessibility of home environment;
- Provision of background information to the client and his/her support persons;

- Identification of psycho-social problems
- Meeting client's needs which are related to his/her environment
- Follow-up counselling

* GA R. Zijlstra, J. Ballemans and G. IJM Kempen: Orientation and mobility training for adults with low vision: a new standardized approach (Clinical Rehabilitation, 27(1) p3-18, 2012)

Slide 6.

South Alföld

- 1,3 million inhabitants
- 22% of all Hungarian VI citizens live in the region – around 18.000 persons
- 5500 people get disability payment due to visual impairment
- 53,8% of VI people are over 60
- Number of those living in rural areas (outside settlements) is the highest in this region
- Urbanization - characteristic among young people
- 254 settlements –the population of only 2 towns is bigger than 100.000 persons

Slide 7.

Clients
Typically people over 60 years of age, living in villages.

Slide 8.

Type of service is determined by:

- Client's needs, possibilities and living conditions:
  - mobility,
  - living conditions, attitude of the family
  - health condition, additional disability,
- choosing the required modules (e.g. vision training – optical aids)
- preliminary knowledge and experience,
- rehabilitation goals determined together,
- capacity of specialists.

Slide 9.

Limitations of home teaching

Slide 10.

On the way...

Békés County

- 3 clients
- 7 lessons
- 243 km

Bács-Kiskun County

- 3 clients
- 6 lessons

- 163 km

Csongrád County

- 4 clients
- 8 lessons
- 117 km

Slide 11.

Possible solutions

- Decentralised service locations –
  one or two/county, in community facilities;
- Itinerant rehabilitation specialists employed by each county - capacity-building;
- First ambulatory teaching, then home teaching;
- Home teaching parallel to participation in self-support groups in the centre (practice, socialisation);
- Waiting list, management.

Slide 12.

On the way…

Thank you for your attention.

Slide 13.

Contact:

Kreatív Formák Foundation
Address: 6728 Szeged, Napos út 16.
Tel: 06-70-381-8488
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GET THE FEEL – SEX EDUCATION – presentation and introduction of the workshop

Emma Vandamme, Lisa Vanhove, Begeleidingscentrum Spermaile, Bruges

Slide 1.

'Get the Feel'Comprehensive Sex Education

for children and youngsters with VI

Emma Vandamme

Mobile Support Service Accent

Centre of Expertise Spermalie / De Kade

Rehabilitation Conference of ICEVI-Europe

Budapest, June 2019

Slide 2.

- The importance of sex education?
- Why extra attention is needed to sex education for children and youngsters with VI?

Slide 3.

Which information about sex and sexuality do children and youngsters with visual impairment miss?

Slide 4.

Interview with three young adults

Slide 5.

Why the Sex Kit
'Get the Feel'?
Learning by observation and imitation is not possible

Slide 6.

Why the Sex Kit Get the Feel'?

Sexual education at school, the Internet or information of friends and family?

Slide 7.

Sexual education at school?

- "They used a lot of photo's, which are useless to me."
- "We looked at a movie. The explanation and audio didn't say much. So it actually left me with more questions afterwards than I had before."
- "Even when they did use all kinds of useful material in class, I couldn't say: 'Can I study it from up close, please?' Because that would have seemed really strange."

Slide 8.

The internet?

- "The internet is a visual medium. You use visual information and people instantly know what you mean."
- "When you go to websites like 'allesoverseks.be', you find very descriptive information. I found that information quite useful."
- "When you look for information, and you don't know the right words to use, you'll quickly end up on wrong sites, like porn."

Slide 9.

Friends and family?

- "It's a hard subject to talk about. It's difficult to discuss."
- "It's not just something you can ask your parents. Or certainly not discuss it in detail."
- "People simply don't talk about it. Well sighted youngsters also don't get why it's so difficult to get information about sex and sexuality. For them everything is simple, because they can just see everything."
- "I only had a few friends in high school. So I didn't hear much about relationships. From the moment a subject becomes more intimate, they discuss it in smaller groups at intimate places."

Slide 10.

Why the Sex Kit
'Get the Feel'?

Learning by observation and imitation?

- Not possible

Sexual education at school, the internet or information of friends and family?

- Insufficient

Input of professionals is needed!

Slide 11.

Let's get started!

Slide 12.

Would you share personal experiences about sex with your clients?

Slide 13.

Use of vagina model or penis model within sex education to a toddler?

Slide 14.

IF YOU SAID NO… What made you said no?

Slide 16.

SHYNESS IS NORMAL! Boundaries of professional OK! Boundaries of client OK!

Slide 17.

But sex education can't be minimalized!
Let's talk sex!

Slide 18.

'Get the Feel'

No elaborate method

Survey of materials and procedures

Slide 19.

Tactile materials

Slide 20.

Reading books, guidelines, brochures…

Slide 21.

Games & workshops

Slide 22.

Card 3: Underwear
Description + reference

- Singlets
- Tank tops
- First bra
- All kinds of bras
- Knickers
- Strings
- Boxer shorts

Themes and objectives for sexual education

OBJECTIVES	THEMES OF SEXUAL EDUCATION									
	Body and puberty	Self-care and self-image	Friendship and relationship	Sex and sexuality	Communication	Resilience and sexual harrasment	Gender and sexual orientation	Sex and society	Reproduction and birth control	Sexually transmitted diseases
Knowledge	X	X					X	X		
Attitude	X	X					X	X		
Skills	X	X								
Emotions and experiences	X	X					X	X		
Support										

Combinations with other materials from the kit

Slide 23.

More information about 'Get the Feel':
www.de-kade.be/Accent
accent@de-kade.be

Slide 24.

Go for it!

XXIX. Marathon Running with Visual Impairment: Challenges, Benefits, Achievement

Judit Gombás, PhD., Lilla Vásárhelyi, ELTE Bárczy Gusztáv Faculty of Special Needs Education, Budapest

Slide 1.

Marathon running with a visual impairment: challenges, benefits, achievement

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Slide 2.

Dick Traum

The first ever runner to complete a marathon with a prosthetic leg at the 1976 New York City marathon. His unique achievement encouraged Terry Fox, and later an infinite number of individuals with different disabilities, to get actively involved in long-distance running.

Slide 3.

Benefits of regular PA (physical activity) for individuals with disabilities:

- physiological benefits: improved general health, necessary strength provided for daily activities (e.g. blind parent carrying baby, no pushchair used; ready to walk, no car in everyday transportation etc.)
- Psycho-social benefits: boosts self-esteem, multiplies social interactions and social participation, helps accept the disability.

Slide 4.

Thanks to regular PA:

- Overall quality of life increased,
- plays a crucial role in habilitation and rehabilitation processes.

Slide 5.

Reasons for running with a VI

What are their motives for running?
What barriers do they face during training and races?
How can they overcome those barriers?
Do family and friends influence their participation?
What (physiological/psychological/social) benefits of regular running do they experience?

Slide 6.

Method

Qualitative research (semi-structured interviews)

Sample

9 Hungarian marathon runners with VI (7 male, 1 female; 29-51 years; 2 total blindness, 7 low-vision)

Slide 7.

Family background

Parents: no involvement in regular PA

Slide 8.

Skills

'Everyone knows how to run, it's instinctive and there's nothing to see' (31-year-old male respondent).

Slide 9.

Motivating factors to start running:

- longing for a good body shape,
- - importance of a healthy lifestyle,
- - wish to find an inclusive community and new friends,
- - desire to prove, primarily to themselves, and to non-disabled people, their ability to complete a marathon.

Slide 10.

Feedback from family/friends/colleagues

'If I say, I lifted 25 kgs in the gym twice as many times as before, people say great, but it's nothing special. But if I tell them I've run a marathon, they just say wow, congratulations, that's amazing.' (33-year-old male respondent).

Slide 11.

Biggest challenges

To plan training with sighted guides
To have enough training hours with a guide – treadmill used extensively
To navigate in crowded street races

Slide 12.

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XXX. Teaching Orientation and Mobility to Deaf-Blind People

Irina Sumarokova PhD, 'Perspective', Nyizsnyij Novgorod

Slide 1.

Teaching Orientation and Mobility the Deaf-Blind People

Irina Sumarokova PhD, Director of the Non-Profit Organization "Perspective",
Nizhniy Novgorod, Russia

Slide 2.

Nizhniy Novgorod Regional Charity of Parents of Visually Impaired Perspectiva"

Slide 3.

The Charitable Foundation for the Support of the deaf-blind "Co-Unity" has been created five years ago in Russia to intensify the rehabilitation work with the deaf-blind in different regions. It finances various educational programs for the deaf-blind, supports leisure centers for this category of people.

Slide 4.

Russian non-profit organization "Perspective" works with deaf-blind people since 2015. Our leisure center is visited by more than 20 deaf-blind people of different ages: from 19 to 83 years old.

Slide 5.

Excursions and journeys

Slide 6.

Master classes (clay modeling, gift candles making, weaving, quilling, etc.)

Slide 7.

Classes of work "skills of everyday life"

Slide 8.

Parties

Slide 9.

Propulsion activity

Slide 10.

Most of our deaf-blind people get to events on their own, including those who are totally blind

Slide 11.

At the beginning of the work our orientation instructor has studied the route with them from the bus stop to our center.

Slide 12.

We use tactile schemes on relief-forming paper or the special device "Landmark"

Slide 13.

The learning algorithm

1. familiarity with the object according to the schemes - the learner must form an image of the object being studied

Slide 14.

The learning algorithm

2. a practical study of the object under the guidance of an instructor

Slide 15.

The learning algorithm

3. the student tries to move around the object being controlled by the instructor

Slide 16.

The learning algorithm

4. The student tells about the object, shows it in the diagram, schematically depicts it on
the "Landmark"

Slide 17.

We taught the volunteers – the mobility assistents for the deaf-blind

Slide 18.

Thank You for attention!

Irina Sumarokova

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www.perspectiva-nn.ru

https://www.facebook.com/irina.sumarokova.10

XXXI. SEXUAL EDUCATION WORKSHOP

Emma Vandamme, Lisa Vanhove, Begeleidingscentrum Spermalie, Bruges

Slide 1.

'Get the Feel'Comprehensive Sex Education
for children and youngsters with VI

Emma Vandamme

Lisa Vanhove

Mobile Support Service Accent

Centre of Expertise Spermalie / De Kade

Rehabilitation Conference of ICEVI-Europe

Budapest, June 2019

Slide 2.

Why the Sex Kit' get the Feel'?

Learning by observation and imitation?

- Not possible

Sexual education at school, the internet or information of friends and family?

- Insufficient

Input of professionals is needed!

Slide 3.

Information about sex at school, on the internet and from friends and family: interview of three young adults

Slide 4.

Discuss with your neighbor:

Who takes the initiative?

- Professional?
- Child/Youngster?
- Parents?

Slide 5.

Who takes the initiative? Interview with three young adults

Slide 6.

The sex kit

Tactile materials

Reading books, guidelines, brochures

Games and workshops

Slide 7.

Tactile materials

Slide 8.

Reading books, guidelines, brochures…

Slide 9.

Games & workshops

Slide 10.

'Get the Feel'

No elaborate method

Survey of materials and procedures

Slide 11.

'Get the Feel'

Comprehensive sex education

Knowledge

Attitudes

Skills

Support

Emotions

Slide 12.

OBJECTIVES	THEMES OF SEXUAL EDUCATION									
	Body and puberty	Self-care and self-image	Friendship and	Sex and sexuality	Communication	Resilience and sexual harrasment	Gender and sexual orientation	Sex and society	Reproduction and birth control	Sexually transmitted diseases
Knowledge					X				X	X
Attitude					X				X	X
Skills					X				X	X
Emotions and experiences					X				X	X
Support									X	

Slide 13.

Oh, this feels nice and safe…

Slide 14.

OBJECTIVES	THEMES OF SEXUAL EDUCATION									
	Body and puberty	Self-care and self-image	Friendship and	Sex and sexuality	Communication	Resilience	Gender and sexual orientation	Sex and society	Reproduction and birth control	Sexually transmitted diseases
Knowledge	X	X								
Attitude	X	X								
Skills	X	X								
Emotions and experiences	X	X			X	X				
Support										

Slide 15.

Content

Tactile material

Games, workshops, (Role-)play, training

Books and brochures

Slide 17.

A workshop on body posture, appearance and dare to be assertive?

Slide 18.

OBJECTIVES	THEMES OF SEXUAL EDUCATION									
	Body and puberty	Self-care and self-image	Friendship and	Sex and sexuality	Communication	Resilience	Gender	Sex and society	Reproduction and birth control	Sexually transmitted diseases
Knowledge			X			X	X			
Attitude			X			X	X			
Skills			X			X	X			
Emotions and experiences			X			X	X			
Support										

Slide 19.

Content

Tactile material

Games, workshops, (Role-)play, training

books and brochures

Slide 21.

Let's get started!

Slide 22.

But first…

privacy

culture

active

sexuality

choose

orientation

listen

laugh

a few rules

Slide 23.

case studies

Slide 24.

Nobody is perfect but a team can be.

You don't have to be a sexpert to be a good sex educator!

Slide 25.

Wanted

Knowledge

Support

Skills

Emotions

Attitude

Slide 26.

More information about 'Get the Feel':

www.de-kade.be/Accent

accent@de-kade.be

Slide 27.

Go for it!

VALTERI

OFF ROAD CANE

Travelling in nature, in snow and rough surfaces can be a trial for an unaccustomed cane user.

Walking should be fun and exploring the environment an exciting experience with more opportunities than hazards. The traditional white cane in the wide open spaces may cause some degree of anxiety.

VALTERI

For this reason we have designed bumpers and hoops to make it easier and safer to explore the environment in challenging circumstances than by using a white cane. These pro-canes invite the young traveller to move from point A to point B in a variety of ways – not just by trying to find the most direct route. They are designed to slide and glide over and past or to bump into obstacles that may be encountered en route.

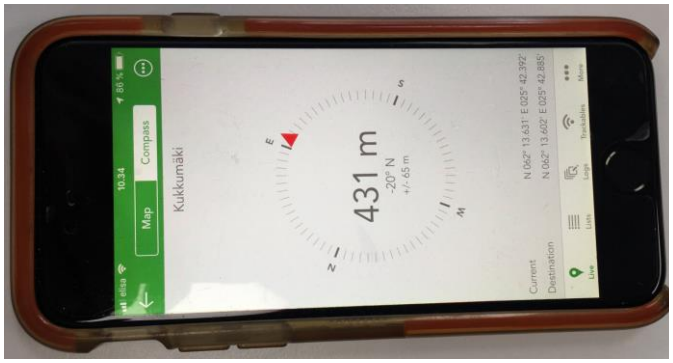
These canes provide a sensation of safe travel and very quickly give information about the environment that is out of reach. They can be used by multiply impaired people to great advantage but will also provide an experienced cane user new ways of exploring various kinds of surfaces.

Canes have been made of inexpensive plastic materials including bicycle handles. There is no patent pending – find a handyman and just get cracking!

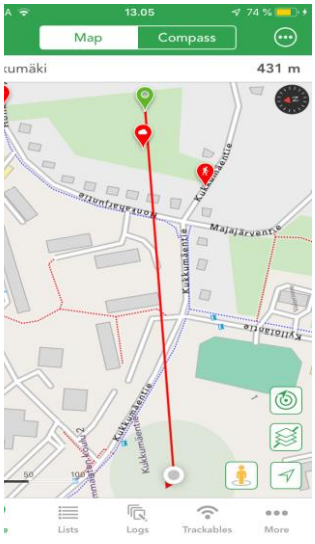
VALTERI

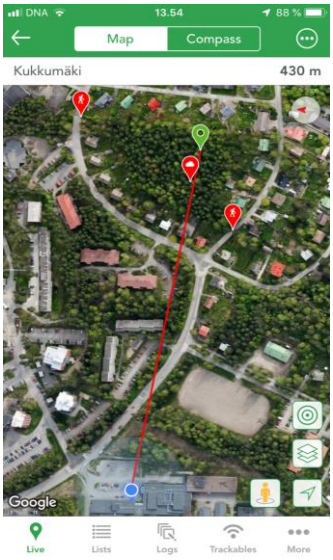
Goes GEOCACHING

- it’s about orientation
- it’s about navigation
- its about mobility
- it’s about using tools and aids
- it’s problem solving
- it’s teamwork
- and it’s fun!



Geocaches are hidden everywhere: parks, city centre, forest…
You can locate ”treasures” with GPS, smartphone or maps.
You can follow the compass arrow or read map. If you cannot see the arrow BlindSquare app tells direction to the cache.

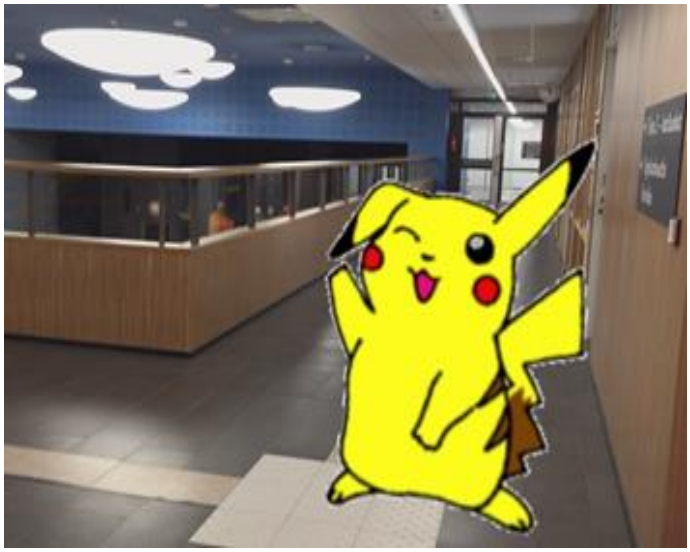


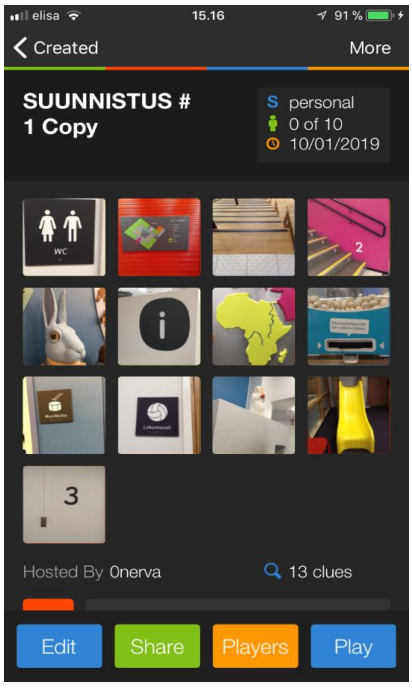


VALTERI

Geocaching foster social interaction and collaborative project work. Two teams hosted GIFF 2018 geocaching event at Valteri Onerva.

VALTERI

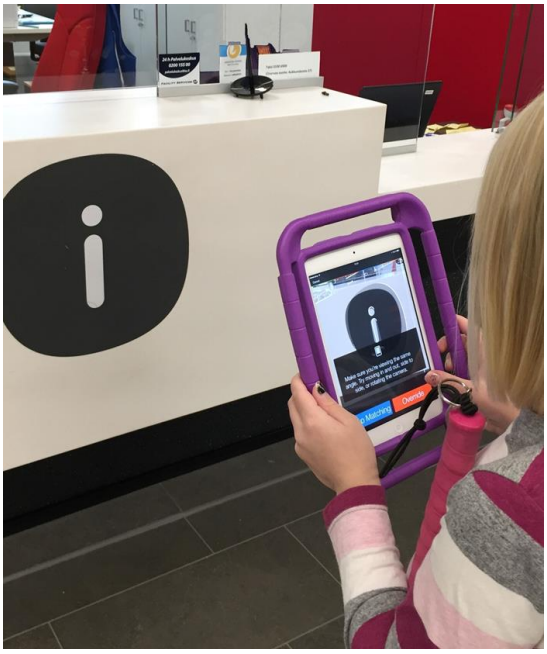




MOBILE ONERVA

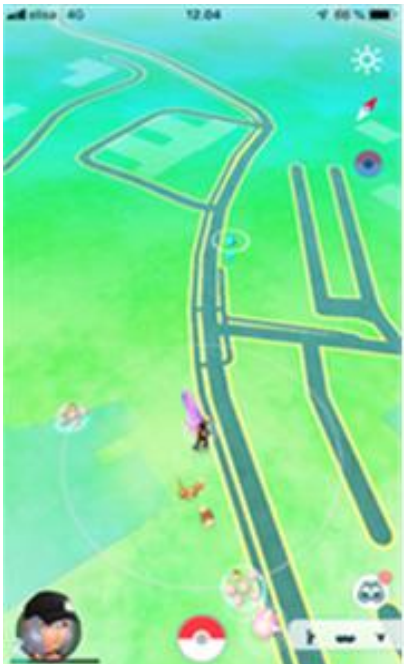
Mobile games and treasure trails can be used to encourage and motivate visually impaired students to move independently indoors and outdoors.

- KlikaKlu: seek and match
- WallaMe: reveal hidden messages
- HPReveal: follow Pokémon etc.
- Color Hunts
- Treasure Hunts



VALTERI

POKÉMON GO

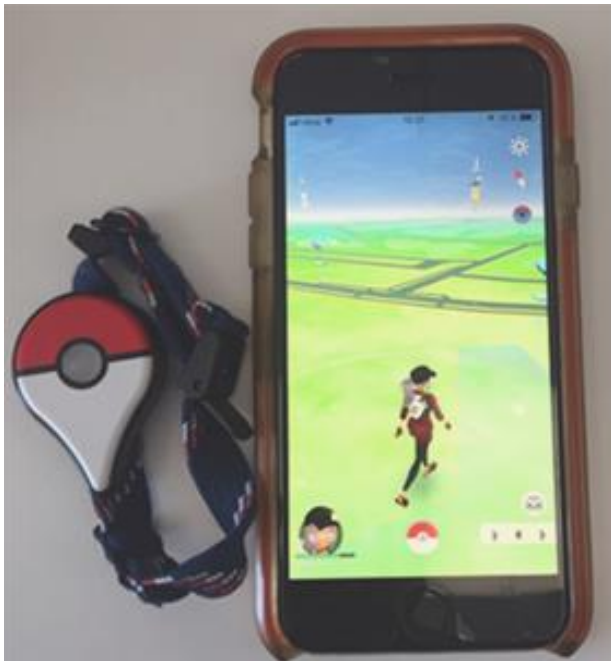


Finding way with Pokémon Go

- help pupils get out of the house
- increase physical activity, exploring
- neighourhood and further
- incourage visiting new places
- boost observing and learning about the environment
- offer possibilities to interact with other players
- measuring distances when hatching eggs
- using google maps together with Pokémon Go app

Pokémon Go Plus

- hand held
- connected by bluetooth
- vibrate when you are close to a Pokéstop or Pokémon

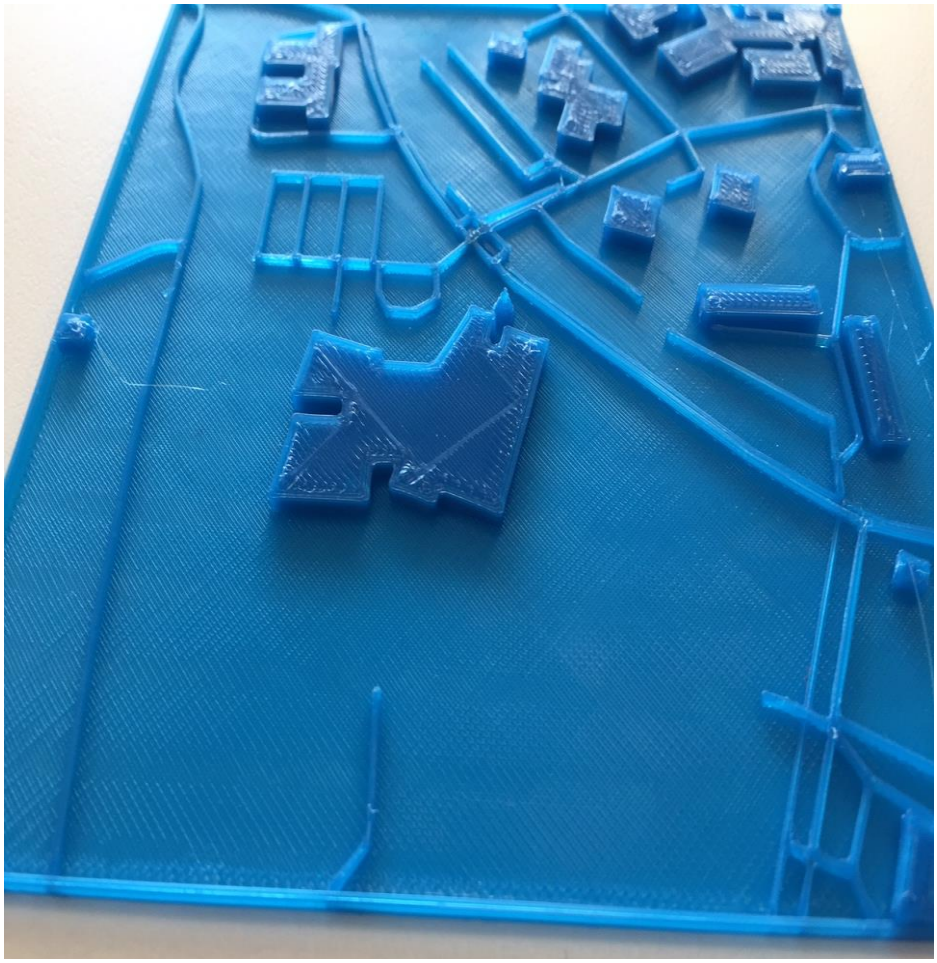


valteri.fi

VALTERI

TOUCH MAPPER

easy way to create tactile maps



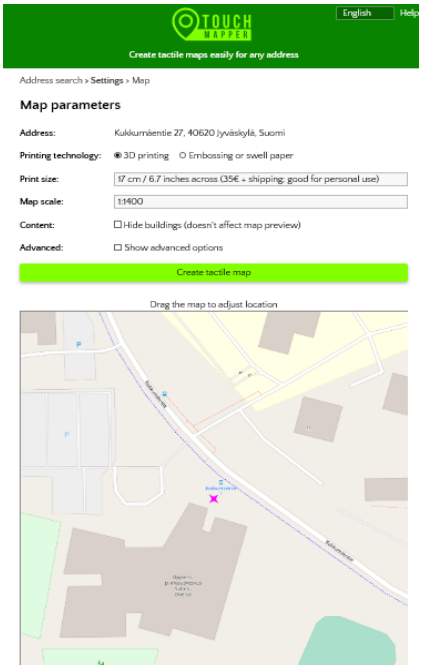
You can either print the map yourself at no charge using an embosser, a swell paper printer or a 3D printer, or you can order an affordable 3D print (a basic map for 35 euros, about USD40).

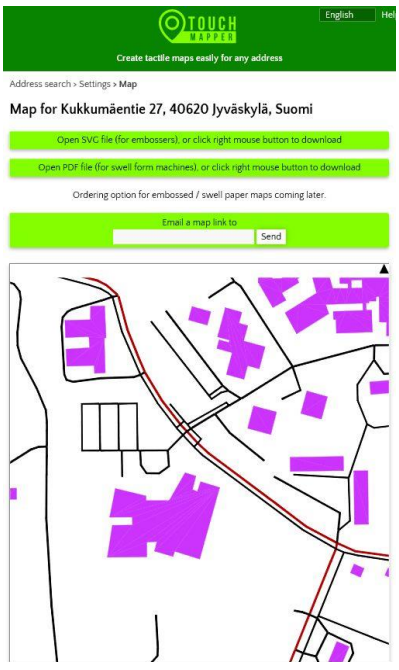
It's simple

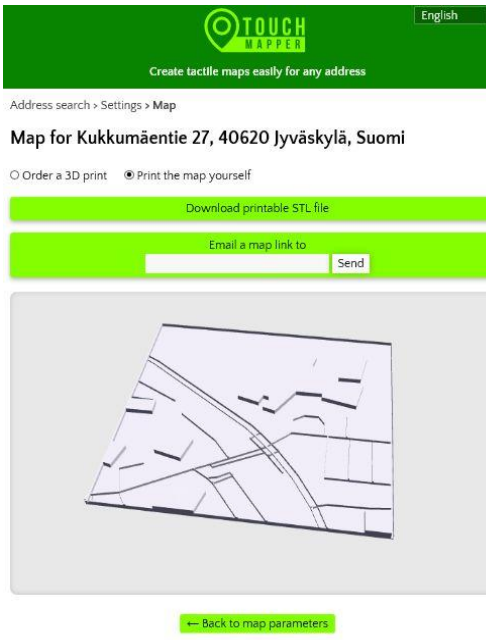
1. Enter an address and click "Search"
2. Click "Create tactile map"
3. Print or order the map

Street address:

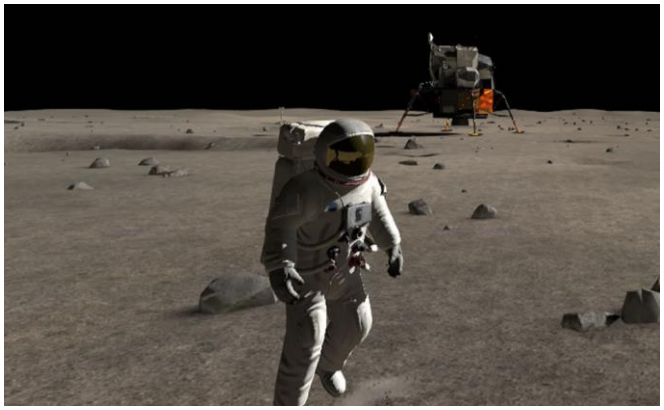
Kukkumäentie 27 Search

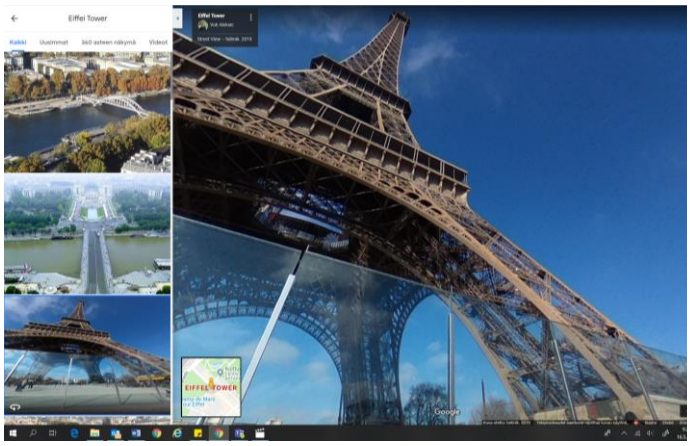






VALTERI





VR

Virtual reality offers numerous solutions for the visually impaired. With simple VR- goggles you can learn things in a different way. All you need is simple VR goggles (google cardboard), a smartphone and a 360 camera. This may sound difficult, but it's not. YouTube is filled with instructional videos

Mobility

Learning new routes can sometimes be a bit difficult. You don't get enough repetitions, parts of the route can remain unclear or something else that may reduce your self-confidence to go alone on the route

Ask someone to record the route with a 360 camera. Watch the route as many times you want through VR- goggles

Education

Some concepts may be hard to understand for people with severe vision loss. Land forms, sights etc. do not necessarily tell people anything.

Test Google earth VR app. You can fly around the world and see the sights and land forms or see what it looked like when Apollo 11 landed on the moon

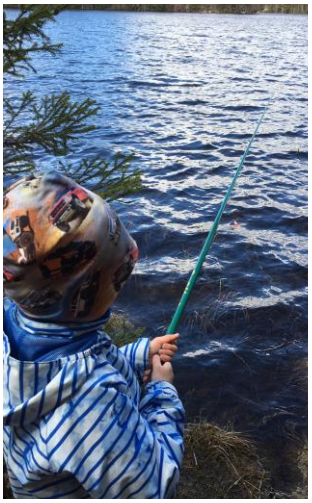
Timo Repo IT Device Specialist
Low Vision and O&M Specialist

VALTERI















INTEG-ART PROGRAM

Kreatív Formák Alapítvány


Program data

- 14 months (04/2018-05/2019)
- 2 major events – 220 participant
- 2*14 occasion for team occupation
- 350 contacts during occupation
- 5 local visually impaired artists introduced
- 9 well-known visually impaired artists' lifeway recognised

Activity

- INTEG-ART team occupation: self-realization for visually impaired people in different art branch
- Self-help team: solving everyday tasks in fellow community
- Self-power team and consultation: mental help for groups and individuals
- Call Center channel: rapid support without team occupation

Target group

- Visually impaired people and their matter-of-course assistants
- Partner institutes and organizations
- Assistant specialists
- Wider society

Themes:

- painting
- weave – knitwork - crochet
- pottery
- poet - tail
- sing – music – dance
- film
- seasonal gift/decoration

+ knowledge development:

- lifework of popular visually impaired artists
- adaptive techniques of these artists

Specialists

- social worker
- mental help expert
- rehabilitation specialist

+ casual adviser:

- special education teacher and
- cultural manager

The system of goals

Individual level

- improving societal utility,
- dicrease of social isolation,
- knowledge development, increase of general awareness,
- developing skills to retain independence: fine motion, problem solving, creativity etc,
- producing higher value by his/her own hands – better quality of life.

Team level

- supported fellow community,
- learning new techniques, and/or application potential the adaptive techniques acquired during rehabilitation program under controlled circumstances,
- improving social skills (conformation, cooperation, communication).

Institutional level

- complementary service to support the rehabilitation of low vision and blind people (follow-up / possibility to exercise),
- methodological development in the territory of daily living activities,
- another activity to insure the complex system of service to improve the quality of life of visual impaired people.



The Role of Occupational Medicine in the Employment of People with Visual Impairment National Survey's Experiences

Sarolta Nagy MD

Introduction

The Disabled Person's employment significantly influences their quality of life. Their job opportunity is depends on their health status, education and their place of home.

The Disabled Persons have similar diseases, like polulation has, only, in case of the disabled persons some diseases appear more often.

The Disabled Persons are undereducated and underemployed.

The Disabled Person's succesfull social integration promotes their education, learning profession, retraining and empolyment and the Occupational Health take a main rule in this support. foglalkozás-egészségügyi ellátásnak.

We looked for the answers for the next questions:

1. Factors influencing the Labor Market integration.
2. Factors influencing the Employment.
3. The Assistive Technologies used by employed Visual Impaired Persons.
4. Employers and Colleagues attitude about Visual Impaired Persons.

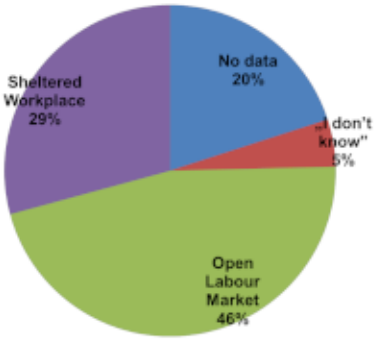
Materials and Methods

- The barrier-free online quastionnaire included 33 questions.
- The quastionnaire was send by colleagues of Eötvös Loránd University Bárczi Gusztáv Faculty of Special Needs Education to adult Visual Impaired Persons in Hungary and to Civil Organizations.
- The anonymous data in escel table we processed with Pivot table, descriptive statistics, calculation the relative risk (RR) with 95% confidence interval.

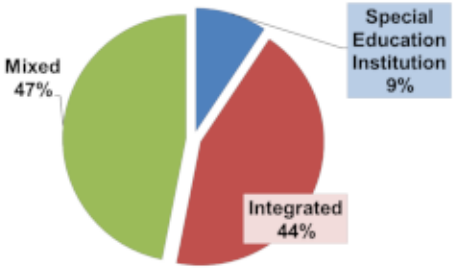
Demographic results

- We received 68 filled out questionnaire, 65 quqstionnaire was evaulated.
- 39 (60%) Women and 26 (40%) Men filled in our quastionnaire.
- 81% (52 Person) of Participants were 18-45 years old.

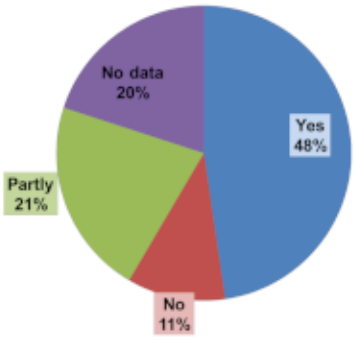
The type of Workplace



The type of School

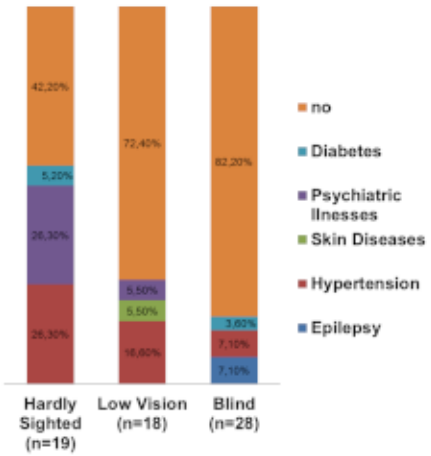


Is Your Workplace properly barrier-free for You?

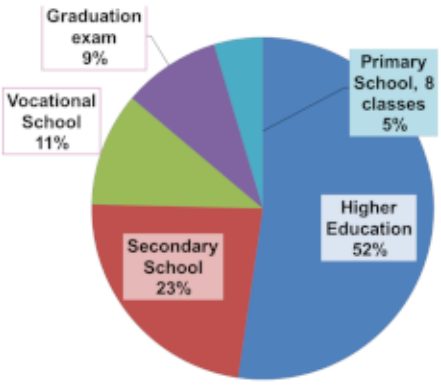


Additional diseases

6,3 times more probable, that a hardly sighted Person will suffer from additional illness, than a blind Person will suffer from



The highest level of Education (% distribution)



Summary

Our questionnaire was filled in, mainly by Persons living in Budapest and Persons with higher level of education, than in case of previous questionnaires.

Like in our previous researches, the Persons with visual impairment also like or would like to work in open labour market and the questions about their disability don't disturb them.

In the case of Persons with visual impairment we can also see (like in case of hearing impaired Persons and disabled Persons), that Those Persons, who use the correct Assistive Technologies in majority are employed and educated.

Based on our Current Research, we can conclude:

The Persons with visual impairment felt important to participate in the quastinnaire preparing and the personal participation in research.

More and more gates are opening for Persons with visual impairment in the social and workplace integration due to technical, electronic and digital devices developments.