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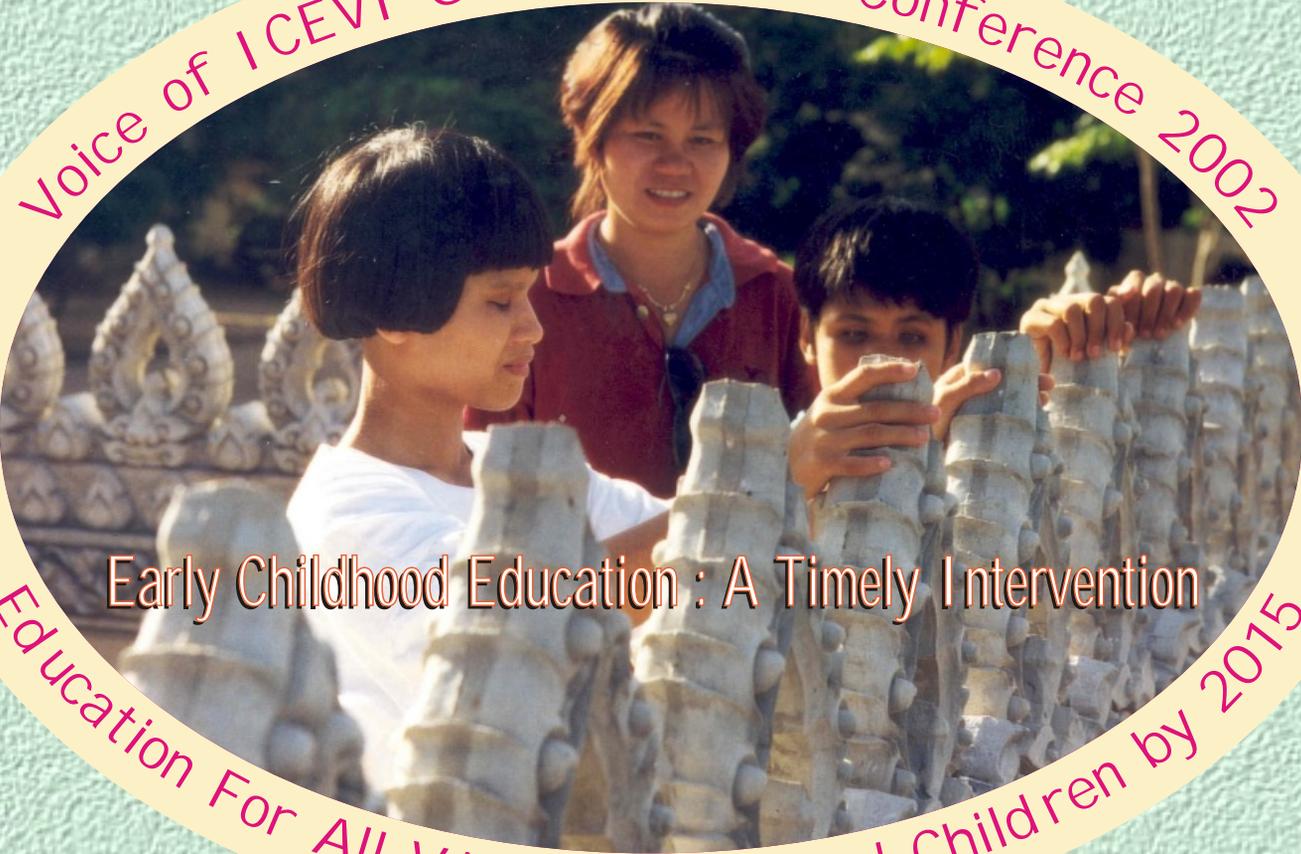
The Educator



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Early Childhood Education : A Timely Intervention

Education For All Visually Impaired Children by 2015

A Publication of

The International Council for Education of
People with Visual Impairment

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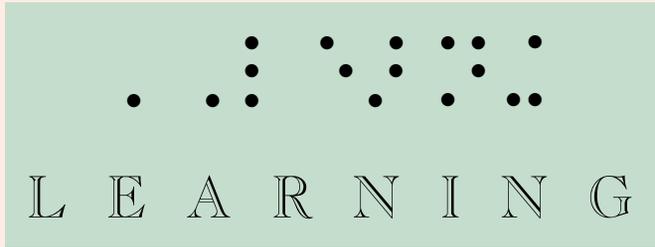
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The ICEVI is a global association of individuals and organizations that promotes equal access to appropriate education for all visually impaired children and youth so that they can achieve their full potential.



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In a collaborative arrangement with Perkins, USA, WORTH Trust makes these Brailleurs available in India and the developing world at a cost much lower than the import price from the U.S.

For more details, please contact :



WORTH TRUST

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E-mail: worth@md3.vsnl.net.in

WORTH also Manufactures and Markets wheelchairs and tri-cycles, walkers and mobility canes. A braille kit bag complete with braille paper, stylus, writing frame, abacus, plastic sheet for drawing, geometry sets, ruler and a measuring tape is also available for students.

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CONTENTS

<i>Letter from the President</i>	2
<i>ICEVI Fact Sheet</i>	3
<i>Letter from the Editor</i>	4
<i>Letter from the Thematic Editor</i>	5
<i>Message from the President, WBU</i>	6
<i>ICEVI Golden Jubilee Conference</i>	7
<i>Regional Updates</i>	12
<i>Meeting of the Principal Officers - In brief: Update to Members</i>	14
<i>Early Childhood Care and Education for Children with Visual Impairment in Asia</i>	16
<i>A Great Contribution from a Great Foundation helps ICEVI Expand Access to Education for Blind Children in Africa, East Asia, Latin America and West Asia</i>	25
<i>Early Intervention in Germany for Children with Visual Impairment</i>	26
<i>Promises to Keep: Early Education in the United States</i>	28
<i>New Visions: Moving Towards an Inclusive Community</i>	34
<i>About PAVIC Activities</i>	42
<i>From a Parent's Perspective</i>	44
<i>News : Here and There</i>	46
<i>Calendar of Events in 2003</i>	48

Letter from the President



Lawrence F. Campbell
President

Dear Colleagues:

This issue of *The Educator* will be in your mailbox shortly after the New Year begins; so let me use this opportunity on behalf of the Executive Committee of ICEVI to wish each of you

and your loved ones a happy, healthy and prosperous 2003.

I also want to use this opportunity to welcome Vice President Steve McCall as he takes over as the new Editor of *The Educator*. Steve's first issue in this position has been created in collaboration with our North America Caribbean regional chairperson Susan Spungin. I think you will agree that they have prepared an excellent issue devoted to Early Childhood Intervention. I believe that there is no greater investment we can make than to promote the development of early childhood intervention programs. I urge you to support Early Childhood Intervention programs in your country. Where such programs do not exist please work with parents, parent organizations and national representatives of the World Blind Union to advocate for such services.

As I write this letter, we have just concluded the first meeting of the Principal Officers for current quadrennium. That meeting was most warmly hosted by our new Treasurer, Grace Chan at the Hong Kong Society for the Blind.

I am pleased to report that we are starting the new quadrennium in a reasonably sound financial position. However, we will require your support and cooperation to maintain a strong financial base for your work; particularly as our regional programs grow and develop. Later this year I hope that we will be launching a new scheme to secure support from those, like yourself, who share the mission and values of ICEVI. We will keep you informed on this effort in future issues of *The Educator*.

Our Secretary General and his team have been working hard since the world conference to make ICEVI more visible and productive. I think you will see the results of that labor in this issue of *The Educator* and in the programs and services to our members that will be emerging in your region in the months to come.

I am also pleased to report that one of the most important outcomes of the recent Principal Officers meetings was the decision to have ICEVI become more actively involved in carrying out research on best practices and service delivery systems. This issue is of particular concern to ICEVI in developing countries where the vast majority of children and youth have no access to education.

I have appointed an interim Research Task Force, chaired by our Secretary General that will develop a process and framework for our research efforts. The recommendations of this Task Force will be presented at the first Executive Committee

meeting of this quadrennium to be held in Cape Town, South Africa in late March 2003. At that time, a Standing Committee on Research will be formed and will, shortly thereafter, initiate ICEVI supported research on a number of critical questions that require attention.

Our goal is not research for the sake of research, but practical yet rigorous inquiry that will provide educators, administrators and policy makers with empirical data upon which to make better decisions for children with visual impairment. No where is this more important than in developing countries where access to education is low and where competition for limited resources makes it imperative that we make programmatic decisions based upon solid empirical data. We will be updating you on our efforts in this area in future issues of *The Educator*.

I do urge each of you to be in touch with your regional chairperson to share your thoughts on how ICEVI can become a more active force in promoting equal access to education for all blind and low vision children and youth in your region. We also hope that you will become an active user and contributor to the ICEVI website <www.icevi.org>

I hope you enjoy this issue on Early Childhood Intervention.

Sincerely



Lawrence F. Campbell

President



ICEVI - FACT SHEET

Mission

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

History of the Organization

Started in 1952 in the Netherlands, the ICEVI conducted its Golden Jubilee conference in the Netherlands from 28 July to 2 August 2002.

ICEVI Regions

The 7 regions of ICEVI and their coverage of countries are as follows:

Africa Region	:	52 countries
East Asia Region	:	19 countries
Europe Region	:	48 countries
Latin America Region	:	19 countries
North America and the Caribbean Region	:	15 countries
Pacific Region	:	14 countries
West Asia Region	:	26 countries

The current database of ICEVI has nearly 4000 professionals and organizations working for persons with visual impairment throughout the world.

Networking with other organizations

ICEVI works closely with International Non-Governmental Development Organizations (NGDOs) and UN bodies such as UNESCO, UNICEF, and WHO.

Publications

ICEVI, publishes a biannual magazine "The Educator" which is available in both audio and Braille forms besides the print version. The Educator is printed in Spanish language too and sent to nearly 4000 individuals and leading organizations in more than 150 countries around the world. ICEVI Newline reaches nearly 2000 persons and organizations.

Website of ICEVI

www.icevi.org

Letter from the Editor



Steve McCall
Editor

Welcome to the first post conference issue of The Educator. As Vice-President, one of my primary responsibilities is for the ICEVI publications in all their various formats. The Educator is our flagship publication and this edition is the third produced in the new layout developed by my predecessor Harry Svensson and his publication committee and production team.

I'd like to begin by paying tribute to Harry for all his hard work and to our previous editor Ken Stuckey for his tremendous contribution to the development of The Educator. My job will be to try to maintain the high standards set by my predecessors and to continue their mission to establish The Educator as a provider of high quality information – a publication that offers the best ideas from academics and practitioners and that reflects the perspectives of parents and educators in our field.

The Educator must, of course, be global in its scope. I am only just beginning to get to grips with the international scale and complexity of the organisation required to produce The Educator. My computer provides evidence for this worldwide complexity - one direct result of my new post is that my already substantial daily email correspondence has doubled in size! The editorial and production team spans the globe and this week I have been in regular correspondence with new friends in India, South America, China, USA and other countries who are all helping to bring this edition together. I'm learning about The Educator as I usually do with most things in life – the hard way!

I'd like to thank everyone involved in the preparation, production and distribution of this edition and to all our contributors. I hope you enjoy reading this and that you will think about submitting contributions to future issues yourself. If you have any items that you would like considered or suggestions about how you would like to see The Educator develop, please send them to me.

Planning for the next edition is already underway. We will continue to build around themes and the next Educator will be concerned with issues of inclusion. Don't forget that you can access previous editions of The Educator through the ICEVI website and also look at previous editions of Newsline in our on-line publication. Happy Reading!

Letter from the Thematic Editor



Susan Spungin
Thematic Editor

Introduction

"I once knew a little boy who spend recess periods standing right in the middle of a wind-swept playground just praying that someone-anyone-would notice him and knowing all the time that nobody would.

I once knew a child who sent Valentine Cards to every person in the whole class, and received not

a single one in return. I once knew an adolescent who always sat at an empty table in a Junior High School Cafeteria pretending that he wasn't even aware that he was sitting next to emptiness.

I once knew a teenager who spent days waiting for the telephone to ring, but it never did, and who spent Saturday nights alone with his radio pretending that he was listening to it.

I once knew a man who was afraid that because he happened not to see, he would be consigned to an eternity of loneliness where there would be nobody who would want to marry him."...

This particular passage was taken from Harold Krentz's book, *To Race the Wind*, 1972.

One of the major problems facing children today is the absorption into a society and culture which is not necessarily of their making, and may not even be of their liking. All children experience difficulty at some time in assimilating into the community or engaging in community activities, but these difficulties are multiplied many times for children with visual impairment.

Challenges of Early Intervention

More is known about the importance of early experience and the appropriateness of strategies for successful intervention. The challenges facing the field of visual impairment are far more complex than they were 50 years ago. Today, all children have a fundamental right to an adequate and appropriate education, regardless of the severity of the disability. Educability is no longer synonymous with "schoolability" (Lippman & Goldberg, 1973). Children previously under-served or denied access to an education must now be identified and placed in the least restrictive educational environment.

We have for too long represented to the world that the blind need special treatment while at the same time beseeching the sighted population to treat the blind without unusual or other-than-normal attitude. This apparent contradiction

has created in many countries a crisis situation in the development of special education program planning. In this new millennium, in order to build a future for blind children everywhere, we must identify the differences that are unique to children with visual impairment to ensure this population's full growth in all areas of cognitive, psycho-social and physical development.

Dr. Ferrell shares with us the history of services for young children with visual impairment in the United States. The review of law and legislation recognizes "vision services" as an essential component of early intervention along with the services of an orientation and mobility specialist. She further addresses issues of labelling, personnel training content and shortages, and notes how the United States is dealing with the misapplication of the concept of natural environments by not keeping in the forefront the unique needs of young children with visual disabilities.

In sharp contrast is the paper by Prof. Sudesh Mukhopadhyay, which gives the reader an overview of early childhood enrolment in the Asian Region, issues of unique needs that often compete with needs for survival, and the new emphasis on trying to reach the girl child and parents. These issues are addressed in the context of building on existing programs in early childhood education for all children.

Fuch's paper provides a brief overview on the early intervention program in Germany. He points to the need for improvement in assessment and the need to recruit more early intervention teams. Finally, he suggests the need for training, continuing education, and professional supervision of early intervention staff.

Dr. Walther's presentation was originally presented as the keynote for the 50th anniversary meeting of ICEVI in Holland. We felt it was so excellent, it deserved broader dissemination for those of you not able to join us this summer. The paper is very provocative and suggests that we may wish to consider the definition of handicap as an "unsuccessful dealing with diversity". Whether you agree or disagree this paper makes you think in new ways!

These four papers all have the common thread of the diverse needs of young children with visual impairment and the different ways these countries address those needs. The reality is many things we need can wait with the exception of these children.

"Right now is the time his bones are being formed, his blood being made, and his senses are being developed. To him we cannot answer "tomorrow." His name is TODAY. (Raynor, 1978).

Message from the President - World Blind Union



Kicki Nordström
WBU President

To all ICEVI readers!

The United Nations has declared 2003-2013 the decade of Literacy for All. Its aim is to eradicate illiteracy across the world by 2015.

This demanding task will require immediate action on the part of Governments,

Institutions, Agencies, NGO's and the private sector.

In order to achieve this important goal, it is natural that both ICEVI and WBU work hand in hand. We must show the world that we have the political will and a strong common agenda to promote literacy skills for all blind and partially sighted persons.

However, as we can see from the articles in this issue relating to early childhood intervention for blind and partially sighted children, this population is often overlooked and forgotten in such national and international initiatives. The specific needs of users of braille or large print have not been considered in the declaration of "Literacy for All" and the lack of specially trained teachers to teach literacy to people with a visual impairment during the decade has been overlooked. This is very disappointing!

In another world wide initiative, the UNESCO Disability Unit together with the International Working Group on Development and Disability (IWGDD), have recently launched a Flagship campaign relating to Inclusive Education for persons with disabilities. International disability organisations have been invited to participate, along with representatives of specialist and professional organisations as well as interested stakeholders. Both WBU and ICEVI have participated in the two meetings already held.

But even in this forum we have difficulty in making our voice heard when it comes to the needs of Braille users and the requirement for trained specialist

teachers. The World Federation of the Deaf (WFD) has argued extremely successfully for the retention of special classes and settings for the teaching of sign language, yet we, who are working in the field of blindness, have not gained similar recognition of the need for special approaches – yet!

This must be our common goal in the coming years, ICEVI and WBU working together to fight for the recognition of Braille as blind people's own written "language". Trained specialist teachers must be available to teach these skills to ensure that people who are blind have the same opportunity of education as other citizens in their country.

The solution might not always be found in inclusive classes, as the first draft of the Flagship initiative on Inclusive Education seems to suggest, and as UNESCO implies in their policy for the education of disabled people. Just like children who are deaf, Blind and Deafblind children need access to specialist trained teachers, and sometimes to special teaching and individual attention, which can often be difficult to achieve in inclusive classrooms.

Children who are blind have specific needs that are different from those of sighted children and from those of children with other needs arising from intellectual and physical disabilities. To educate a blind person is to meet all their special needs including developing their mobility and independence, not just teaching them how to read and write in Braille!

In order to make our common dream come true, ICEVI and WBU have together developed joint policy statements. One is a general statement relating to education in the field of blindness, the other declares our common position on "inclusive" education policies which often appear to be organised in a way which excludes children with visual impairments.

Together we will change what it means to be blind and WBU is grateful to have the support of ICEVI !

ICEVI GOLDEN JUBILEE CONFERENCE 2002

A SYMBOL OF SOLIDARITY

We are happy to inform the readers of The Educator that the International Council for Education of People with Visual Impairment (ICEVI) conducted its Golden Jubilee Conference in the Netherlands from 28 July to 2 August 2002. Over 700 delegates from more than 100 countries attended the event and deliberated on the main theme of the conference "New Visions: Moving Toward an Inclusive Society." We thank all those individuals and organizations who extended their support to ICEVI ensuring the success of the Conference and we look forward to further fruitful collaboration in the future.



The general assembly unanimously elected Mr. Lawrence F. Campbell from the USA as the President of ICEVI for the period 2002-2006. Dr. Stephen McCall from the United Kingdom, Mrs. Grace Chan from Hong Kong, and Mrs. Nandini Rawal from India were elected as the Vice-President, Treasurer and the Secretary of the organization. The Executive Committee confirmed the appointment of Dr. M.N.G. Mani as the organization's first Secretary General to coordinate the activities in various regions.

The executive committee which met in February 2002 in Bensheim endorsed the new realignment of ICEVI regions and as a result, Regional Chairpersons were elected by the delegates for Africa, East Asia, Europe, Latin America, North America and the Caribbean, Pacific and the West Asia regions. The following are the new Regional Chairs.

- | | | | |
|----|----------------|----|---------------------------------|
| 1. | Wilfred Maina | .. | Africa |
| 2. | Mavis Campos | .. | East Asia |
| 3. | Lucia Piccione | .. | Latin America |
| 4. | Eberhard Fuchs | .. | Europe |
| 5. | Susan Spungin | .. | North America and the Caribbean |
| 6. | Jill Keefe | .. | Pacific |
| 7. | Bhusan Punani | .. | West Asia |

During the Conference, a brochure on the Strategic Plan and a book describing the history of ICEVI were also released. ICEVI is determined to achieve the goals of the strategic plan and be a catalyst for the global initiative to develop educational opportunities for all children with visual impairment by 2015. ICEVI is seeking the support of Governments and Non-Governmental Development Organizations (NGDOs) across the globe to realize its goals. The generous grant from The Drs. Richard Charles and Esther Yewpick Lee Charitable Foundation meant for implementing awareness and capacity building programmes in the Africa, East Asia, Latin America and West Asia regions was also announced during the conference.

At the Conference a number of useful resolutions were passed which have ramifications for the activities of ICEVI in the future. The salient features of the resolutions are presented below for the benefit of the readers of The Educator.

Advocacy with the UN and other Agencies

1. ICEVI welcomes moves to develop a comprehensive and integral UN Convention on the rights of disabled people. It urges that the right to education for all disabled people, including those with visual impairment, be given a prominent place in such a convention. Furthermore, it calls for the process leading to the development of a convention to be an inclusive and not just a top-down one, involving disabled people widely throughout the world, and encourages all ICEVI members, through their countries and regions, to become involved and make an effective input into this process on behalf of children and young persons with visual impairment.
2. ICEVI should press the United Nations and other agencies to ensure that blind and visually impaired children are taught by qualified teachers and support assistants.
3. Given the huge amount of money spent on weapons and ammunition, the threat to the lives of millions of people, the fact that wars cause many more millions of people to become disabled, as well as the disruption to children who struggle to survive and who are cut off from any attempt at education, ICEVI should promote campaigns to bring home to governments the need for money to be spent on education and health rather than on the battlefield.

ICEVI Mission

4. All of ICEVI's activities should be directed toward enabling those who are visually impaired to achieve equality of access and equality of opportunity that will allow freedom of choice in both private and professional life.
5. Whereas governments in developing countries have recognized the role and contribution of NGOs and Civil Societies in providing support to the planning and management of programs for visually impaired children and adults, ICEVI should:
 - ◆ Promote mutual respect, trust, and accountability between those providing services to visually impaired children and youth.
 - ◆ Encourage national and regional seminars and workshops on promoting partnerships and
 - ◆ Encourage research to document best practice across region.

Education and Related Services

6. Education of blind and visually impaired children can be enhanced if it is strongly linked with community-based delivery of services.
7. Whereas education of blind and visually impaired students in inclusive settings is a desirable goal; and Whereas some students will need preparation for successful inclusion in education and in life; and

Whereas educators of blind and visually impaired children need to advocate for and assist in the implementation of meaningful and responsible inclusion; and

Whereas inclusive education is one of an array of placement options necessary to meet the needs of blind and visually impaired students;

ICEVI should support and endorse the necessity of a full array of educational placement options in order to meet the unique and individual needs of all blind and visually impaired children.

8. Whereas children and youth with visual impairments and blindness have unique and non-academic needs, as well as academic needs, the curriculum should be shaped to take all of these needs into account.

9. Whereas certified Orientation and Mobility (O&M) Specialists have received extensive training which includes empirically sound practices for effective use of residual vision and visual efficiency; and

Whereas O&M Specialists have extensive training in the techniques of orientation and mobility; and

Whereas any remaining light perception or other vision is part of an individual's tools for orientation and safe, efficient travel; and

Whereas it is counter-productive to inhibit natural tendencies to use all available senses, including remaining vision for orientation and safe, efficient travel;

Therefore, be it resolved that blindfold orientation and mobility training is counter to best practice in orientation and mobility training for blind and visually impaired children, youth and adults.

10. That ICEVI promote throughout the world the principles proposed for Europe in "The Dortmund Recommendations" to give young children with multiple disabilities and visual impairments the best chance in life to become as autonomous as possible.

Early Childhood Intervention and Parent Partnership

11. That ICEVI adopt the term "*Early Childhood Intervention*" in place of "Early Intervention".

12. Whereas the early years of a child's life are primarily managed by parents and family; Whereas governments, especially in developing countries, have not included these years in government commitments;

And given the importance of early intervention for visually impaired children and the danger of over-professionalization due to compartmentalized professional support, ICEVI should consider:

- ✧ Initiating a movement for recognition of home-based programs of Early Childhood Care and Education and recognition by Governments for support and quality improvement.
- ✧ Developing country and culture specific programs for early intervention and support for visually impaired children rather than 'imposing' or 'copying' 'first-world' country models without appropriate adaptation, so that professional support emerges as an enabling rather than a required condition.

13. That ICEVI should consider re-establishing an Early Intervention group and provide:
- ✧ Guidelines on how to start early childhood intervention groups, develop appropriate services, support such programs nationally;
 - ✧ Guidelines to encourage professionals to ensure that fathers are included and to encourage men to enter the field
 - ✧ A recommended set of knowledge and skills to guide the training of personnel working with infants and preschool children with visual impairment and their families, with the intent of building local capacity to provide services to families and training the personnel who serve them; and
14. ICEVI should be encouraged to develop a section of its web-site devoted to early childhood intervention programs and support groups, and also a chat room for parents of children with visual impairments and professionals who work with parent groups.
15. Recognizing the significant role of parents in the education of their children and the fact that parents want to be partners with ICEVI, the EXCO should;
- ✧ Consider the question of parent representation on ICEVI committees.
 - ✧ Facilitate contacts between ICEVI, NGOs and parent groups in the countries where they are established.
 - ✧ Encourage the establishment of other parent groups.
 - ✧ Encourage ICEVI regional representatives seek out and establish contact with parent groups and help create national networks to assist parents to create an international forum of national parent associations.

Braille and Educational Resources

16. ICEVI should give high priority to improving access to Braille. In addition, ICEVI should lobby at the global level for exemption of Braille materials from copyright requirements, and Braille production materials and equipment from all taxes and duties.
17. ICEVI should support the distribution, recycling, and repair of materials to support education and social inclusion of all children and young people throughout the world.

ICEVI Organization

18. Whereas ICEVI works very hard on creating 'best chances' for visually impaired children: The ICEVI EXCO is therefore urged to consider the idea of establishing an ICEVI council of children and youth whose views and opinions would guide the ICEVI decision-making process.

Conferences

19. Whereas the North American Caribbean Region (NACR) has always supported ICEVI as a global organization meeting the needs of children with blindness and low vision world-wide; and
- Whereas the NACR has benefited for 50 years from the diversity of information, resources, and individuals attending ICEVI Quinquennial Global Conferences; and
- Whereas the NACR believes in the importance of ICEVI Regional Conferences in the interim but feels that they cannot fulfil the same goals as the global conferences;
- Accordingly, the ICEVI EXCO is urged to continue to hold one global conference every four years in order to ensure the broadest coming together of all cultures, and information on a broad diversity of educational programs and teaching methods in order to benefit all.
20. That all future conference venues for ICEVI are made accessible for all participants with visual impairments and blindness by providing the accommodations and adaptations necessary to ensure their dignity and maximize their opportunity for independence and full, meaningful participation.

ICEVI will be initiating efforts at all levels to see that the resolutions are put into action. Readers will be apprised of the follow-up activities from time-to- time.

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Following the resolve of ICEVI to strengthen its regional structure, the seven regions begun planning activities to increase the visibility of ICEVI in the regions. All seven regions have successfully formed regional committees and some have even formed sub-regional and national committees.

It is gratifying that The Drs. Richard Charles and Esther Yewpick Lee Charitable Foundation has made available to ICEVI substantial grants for organizing awareness programmes about the capabilities of persons with visual impairment, facilitating capacity building programmes for teachers and for developing innovative approaches in service delivery systems. This is the first time that ICEVI has received a grant of this nature and the NGOs working in this area are invited to consider matching grants to help develop the initiatives further. To date, the regional chairpersons have formulated more than 100 project proposals for implementation in 2003.

The Africa region has already planned a range of activities for the various sub-regions. The Africa regional committee is meeting in February to approve the plan of action for the region in the year 2003. ICEVI is proposing to carry out research in the Africa region to develop appropriate service delivery systems to benefit children with visual impairment who are living in the hard to reach areas. In order to provide special impetus to the initiatives in the region, the first meeting of the executive committee of

ICEVI for the quadrennium will be held in Stellenbosch, South Africa in March 2003. Prior to the EXCO meeting, the Africa region will be convening its Sub-Regional Committee to formulate action plans for implementation of educational services in the southern part of the continent of Africa.

The East Asia region has already formulated country plan for the Philippines. A feature of this plan is the collective involvement of Government bodies, parent groups, non-governmental organizations and others to improve services for children with visual impairment in the country. This cooperative approach is vital if services are to be effective. During 2003, the region is proposing to organize programmes under The Lee Foundation Scheme in the Philippines, Indonesia, and China and extend capacity building programmes to other regions in the future. The Parents Advocates of Visually Impaired Children (PAVIC) in the Philippines is active in encouraging parents to enrol their children with visual impairment in schools. This initiative is commendable and ICEVI is encouraging similar efforts in other parts of the world too.

The Latin America region has conducted a series of planning meetings to formulate action plans for the entire quadrennium. The region wants to focus more on capacity building programmes for teachers especially in the areas of education of low vision children, services for children with multiple disabilities, orientation and mobility, and

subject areas for effective schooling. It has also taken up the task of translating appropriate reading materials into the regional languages in order to benefit the local teachers and other professionals. The region is enlisting the support of Government and NGOs working in the region to help improve educational services for children with visual impairment.

The West Asia region is proposing to undertake some capacity building programmes as well as development projects such as those relating to community based rehabilitation and the impact of information technology on educational services for persons with visual impairment etc. Following the joint ICEVI-Deafblind International Asia Region conference held in 2000, the region has already taken steps to organize another joint conference of ICEVI and DbI in Dhaka in 2004. The region is motivating country representatives to work closely with the Government organizations to expand services as the West Asia region has the largest number of persons with visual impairment in the world.

Besides these four regions, which are implementing projects under the Lee Foundation Scheme, the other regions of ICEVI are also very active.

The Europe region has its own website and has produced a brochure of information about its work. The regular regional newsletter is available to members from Europe and others outside Europe on request. The region has already convened a meeting of its Regional Committee and resolved that the motto of ICEVI should be projected in all its programmes organized at the regional and country level.

The Pacific region has hundreds of hard to reach islands. In collaboration with the South Pacific Educators of the Visually Impaired (SPEVI), the region will be organising a regional conference in January 2003 where issues relating to education of persons with visual impairment will be addressed and the members will also work out plans for the effective involvement of ICEVI for the active promotion of services in the region.

The North America and Caribbean region is planning to work with other similar professional organizations in the region and organize a number of capacity building programmes. To meet the challenge of sharing information between members who are so spread out, the region is proposing to make more effective use of electronic media. The Regional Chairperson shared the strategic plan of ICEVI at the World Blind Union Officers Meeting in Cuba and other conferences. She also represented ICEVI at the UN World Bank Conference in Washington D.C. in December 2002.

The regional chairs realise that involving government agencies and voluntary bodies at a local level is crucial for upscaling services for persons with visual impairment. The progress made by the regions is encouraging and ICEVI is pleased with the enthusiasm and commitment already shown by the regional chairs. There will be more activities in the regions once the implementation of project proposals under the Lee Foundation scheme gets underway. ICEVI will be happy to provide an update on progress in the next issue of The Educator.

MEETING OF THE PRINCIPAL OFFICERS HELD IN NOVEMBER 2002

IN BRIEF : UPDATE TO MEMBERS

Dear Readers,

ICEVI is organizing various meetings periodically to plan and review its activities. Besides administrative issues, many policy issues are also deliberated in these meetings. ICEVI feels that the policy issues discussed in such meetings may be of interest to the readers. ICEVI will be updating you with this information, derived from various meetings, from time to time mostly through *The Educator*, its biannual magazine, and also through its electronic Newline. The first meeting of the Principal Officers of the current quadrennium was held in Hong Kong from 16 to 17 November 2002. The following key points may be of interest to you:

1. ICEVI and the World Blind Union are in the process of preparing a joint policy document on education of children with visual impairment.
2. ICEVI will also be strengthening its collaboration with the IAPB and IMC. ICEVI will be making presentations in the 11th International Mobility Conference in Stellenbosch, South Africa during March-April 2003 and also in the 7th General Assembly of IAPB in Bahrain in September 2003.
3. ICEVI and the Deafblind International are proposing to organize a joint Asia Region conference in 2004.
4. ICEVI is initiating various measures to strengthen its involvement in UN related activities concerning persons with disabilities.
5. ICEVI has been invited by the World Bank to associate itself in advocacy programmes dealing with disabilities (ICEVI was represented at the meeting of the World Bank on December 3, 2002 on account of the World Day of Disabled Persons).
6. ICEVI has constituted a Research Task Force to formulate research proposals aimed at developing effective strategies to expand educational services for persons with visual impairment. The Research Task Force will complete the preliminary work prior to the meeting of the Executive Committee to be held in South Africa in March 2003 at which time they will meet with all the regional chairs and finalise the formal development of a research committee.
7. The Africa, East Asia, Latin America, and West Asia regions have developed more than 100 project proposals relating to creating awareness, capacity building, and innovative models of service delivery for implementation during 2003 under The Drs. Richard Charles and Esther Yewpick Lee Charitable Foundation Grant.

8. The Newslines of ICEVI sent in October 2002 has generated a lot of interest among the readers. E-mail addresses from members and supporters will continue to be added to our database to increase the readership of this biannual Newslines.
9. Inclusive Education, Personnel Preparation, and Best Practices in services for persons with visual impairment are some of the likely themes of the forthcoming issues of the Educator.
10. ICEVI is exploring the possibility of initiating need-based on-line courses in the distance mode in collaboration with the Hadley School for the Blind, U.S.A. More information on this collaboration will be made known to the readers through the next issue of the Educator.
11. A CD describing the activities of ICEVI has been developed. This will be used mostly by the Principal Officers and Regional Chairpersons for advocacy purposes. It will be posted on the website soon for the benefit of the viewers.

Please feel free to contact the Secretary General for any further information on these points.



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Early Childhood Care and Education (ECCE) for Children with Visual Impairment in Asia

Prof. Sudesh Mukhopadhyay

Head, Educational Administration Unit

National Institute of Educational Planning and Administration, New Delhi, India.

Salamanca Framework For Action (1994), Article 53

“The success of the inclusive school depends considerably on early intervention, assessment and stimulation of the very young child with special educational needs. Early childhood care and education programmes for children aged up to six years ought to be developed and/or reoriented to promote physical, intellectual and social development and school readiness... Programmes at this level should recognize the principle of inclusion and be developed in a comprehensive way by combining pre-school activities and early childhood health care.”

Introduction

Things have changed but not drastically since the World Conference on Education For All held in Jomtien in 1990. The Salamanca Framework for Action (1994) was a significant milestone in the education of children with disabilities. The World Declaration on Education for All (2000) notes that ‘learning begins at birth’. This, it adds, ‘calls for early childhood care and initial education’ which can be provided through ‘arrangements involving families, communities, or institutional programmes, as appropriate’. This conclusion reflects a growing body of evidence demonstrating the fundamental importance of the first years of life - both within the womb and outside of it - in the development of children. Failure to respond to the nutritional or health needs of the young child may cause irreparable neurological damage. The first two years of life are a critical stage in the development of the brain and, hence, play a crucial role in determining the educational destiny of the child. Parents and family members need to be empowered with knowledge and skills to understand and serve the development needs of children (UNESCO, 2000). For all those working with children with disabilities, these observations are real life challenges.

Rightly, the World Conference did not seek to prescribe how childhood care and initial education were to be provided, knowing arrangements would differ enormously between and within countries. Traditionally, institutionalized pre-school programmes have been costly and aimed at serving the better-off members of society, not the disadvantaged. It is difficult to justify the growth of such programmes in countries where millions of children are unserved by primary education. The need, however, is not for costly programmes, but for the provision of essential services and assistance. To meet this need, an effort is being made in a number of countries to institute low-cost, often non-formal, programmes for disadvantaged children. The aim of these programmes is to promote health and nutrition and provide the stimulation and experiences that will prepare children to succeed in school.

The need for such programmes is evidently great. Their establishment is often a response to the inability of the primary school to serve the most needy children. Non-enrolment, dropout and low achievement are often the result of health and nutritional as well as cultural and social problems.

Early childhood care and education seek to prevent these difficulties from arising. The growth of pre-school programmes is usually fastest in those countries in which the main challenge is no longer that of accommodating for the majority of children, who are already in school, but that of enrolling the remaining ten to twenty per cent of hard-to-serve children. Research demonstrates that children who have received some form of pre-school care are more likely to be enrolled and retained in school than are students from the same social milieu who have not had the benefit of pre-school programmes. Hence, properly conceived low-cost programmes of early childhood care should be seen not as a diversion of resources from primary education, but as a complementary investment necessary to ensure the enrollment of children from disadvantaged backgrounds.

Children At Risk

As is true for many other indicators of education and social development, poverty / under development appears to be an important reason for the low profile of Early Childhood Care and Education (ECCE) and adds to the vulnerability of the children from such countries, areas, pockets and families. The table below provides a picture across the Asian countries.

Gross enrollment ratios for programs of early childhood care and education/development, circa 1990 and 1998*

Country	Age Range	Enrollment: 1990	Enrollment: 1998
EAST ASIA			
Cambodia	36 months to 72 months	5.3%	5.8%
China	3-6	30% (91)	49%(97)
Indonesia	4-6	36.7% urban (96) 8.9% rural (96)	42.0% urban 11.2% rural
Japan	3-5	Data not available	82% (97)
Lao PDR	3-5	6.0%	7.3% (97)
Malaysia	4-5	75%(91)	90% (97)
Myanmar	3-5	2%	Data not available
Philippines	4-5	8.0%**	14.0%**
Thailand	3-5	26.7%	40.1%
Vietnam	3-5	35.3%	68.6%
SOUTH ASIA			
Afghanistan	3-5	2%	0%
Bhutan	3-5	Data not available	0.66%
India	3-6	10.3%	16.9% (97)
Maldives	3-5	Data not available	50.2%
Nepal	3-5	Data not available	8.1%

* Robert G. Myers, The Consultative Group on Early Childhood Care and Development "Early Childhood Care and Development: A Global Review, 1990-1999.

** *If childcare and parental education institutions were included the percentages would be 19.5% in 1990 and 55.7% in 1998 (Philippines).*

Poverty increases the risk that children below 6 years of age who have sensory, physical or cognitive impairments will not be identified and this increases the risk of developmental delay. Inadequate initiatives and support for ECCE by governments are essentially penny wise but pound foolish in the long run given the human resource development investments and losses in the adult years.

At issue is the well-being and development of children in Nepal, Nigeria, Nicaragua and elsewhere who are managing to survive in spite of being born into poverty and living in life-threatening conditions. These young survivors are increasing in number. In their survival they are at the same time a delight, a hope for the future, and a daily problem for poor families struggling at the margin to survive.

At least 12 of every 13 children born in 1990 will live to see a first birthday. When that statistic is compared with the 1960 figure of 5 for every 6 children born, it is clear that an important advance has been made in child survival over the 30 years. Projections for the year 2000 suggest that 19 of 20 children born are expected to survive to age one.

A great deal of emotional energy will be spent in the coming decade worrying about the one child who is at risk of death. Large sums of money will be spent trying to save her. And that should be. But what will happen to the twelve, or nineteen, surviving children? Who is worrying about them in their early and formative years? Who is looking beyond survival to ask, and answer, the question, "Survival for what?"

Unfortunately, most surviving children continue to live in the same conditions of poverty and stress that previously endangered their lives. These and other conditions now put them at risk of impaired physical, mental, social and emotional development in their earliest months and years. Through neglect, millions of surviving children are being condemned to lethargic, unrewarding, unproductive and dependent lives. Deprived of the chance to develop their abilities, they are often unable to cope adequately with a rapidly changing and increasingly complex world. They are kept from participating in the construction of a better world. These children deserve a "fair start" in life. Instead they experience a "false start" and, from the outset must sit on the sidelines.

As Myers (1993) observes "Although the cost and financing have frequently been given as reasons for the low level of investment and although these will always be a concern, enough low-cost and effective alternatives are available that the present under-investment in early childhood development does not arise from a lack of resources. It is primarily a matter of acquiring new ways of thinking, of taking advantage of existing knowledge about what to do, of looking for ways in which existing governmental and non-governmental organizations can be called upon and motivated to incorporate child development into their on-going programmes, and of mobilizing the political and social will and the available resources to do it. Finally, because we are early in the process of establishing programmes of early childhood care and development, we have room to shape the process, avoiding mistakes that have been made in other programme areas. We have the opportunity as well as the obligation to work diligently and creatively toward providing a 'fair start' for children as they move from the womb to the classroom and from the close environment of the family to the larger world."

The Larger Picture

In order to understand issues relating to ECCE for children with visual impairment, one needs to see the larger picture. The UNESCO document 'Education for All, The Nine Largest Countries' (2000) summarizes this information provides a comprehensive overview. The nine countries differ considerably in the provision they make for ECCE. They differ as well in the priority assigned to the future development of programmes in this area.

Early childhood education is nearly universal in the large and medium-sized cities of China. In the countryside, some 60 per cent of children are estimated to attend a kindergarten or pre-school programme in the year before enrolling in primary school. In the future, greater attention will be given to seeing that state educational guidelines are observed, management strengthened and the contents and orientation of programmes revised in order to improve quality.

Egypt's new educational policy places great emphasis on the development of early childhood education as a means of overcoming disparities in home environments. While, at present, only a small percentage of students are accommodated in government pre-school programmes, future plans call for the addition of two classes to the basic education cycle. Under this proposed arrangement, children would enter a pre-school programme at the age of four, which would prepare them for entry into primary school at the age of six. A National Conference on Development of Curricula in Basic Education, held in February 1993, gave special attention to the kindergarten curriculum. The Government is presently working out details of a comprehensive plan to develop early childhood education.

In India, the main instrument for early childhood care and development is the Integrated Child Development Service (ICDS), which in 1992-1993 covered some 15 million children. The target populations for ICDS activities include children of slum dwellers, working children, the sons and daughters of landless labourers, tribal children and others living in disadvantaged situations. A particular emphasis is placed on reaching the girl child. In addition to health care and nutrition, ICDS centres provide opportunities for structured and unstructured play, and a variety of learning experiences designed to promote the social, emotional, mental, physical and aesthetic development of the child. ICDS is experimenting with different strategies for the provision of services. A particular effort is being made to site programmes in a manner that makes them accessible to the children of poor working mothers. Many ICDS centres are attached to, or associated with, primary schools. The government intends to expand the coverage of ICDS activities considerably in the years ahead as an integral part of its EFA strategy.

In Indonesia, the government recognized early on that universal provision of pre-school facilities would not be feasible for some time in a country as vast as Indonesia. A different strategy was, therefore, adopted. Through a programme known as Bina Keluarga, poor mothers are provided with knowledge and skills to enable them to provide stimulation to the young child, from birth to three years. The programme is distinctive in a number of ways. First, it is focused upon the first years of life, not the years immediately before entry into school. Secondly, it invests in empowering mothers to monitor child growth and development, not in setting up facilities. Thirdly, it is implemented through women's groups and 'belongs' to the community rather than being viewed as a government programme. Indeed, the programme has been transformed into a national movement for the well being of children.

In Bangladesh, Nigeria and Pakistan, government involvement in pre-school education is limited. In all three countries, the operation of programmes for pre-school children is in the hands of private institutions or, in certain cases, NGOs. The role of the government is limited to setting standards and inspecting institutions to make sure these are observed. Pakistan has plans to launch an experimental intersectoral programme for pre-school children. In all these countries, it is recognized that, given the many competing demands on limited resources, large-scale development of institutionalized early childhood care and education programmes will not be possible in the present decade. The governments of the three countries, however, will seek to make existing programmes in health, nutrition and development more responsive to the needs of young children. Long-term plans in all countries call for the development of early childhood care programmes for disadvantaged children.

As the above summaries demonstrate, the nine countries differ quite sharply in both the priority accorded to ECCE and the extent and nature of the programmes and coverage provided. All countries recognize that learning begins at birth and that the first years of life are a critical stage of development. They differ in the means with which and ways in which they are responding to the challenge of ECCE. The common aim of all programmes can be seen as that of providing quality services to disadvantaged children at a cost that the countries can afford. In this respect, Indonesia's efforts offer an interesting approach that other countries might profit from examining closely. Both Indonesia and Mexico - and certainly other countries as well - make the education and training of parents an integral part of their approach to ECCE. This is, yet, another demonstration that EFA must be conceived as a whole, not as an assortment of parts and pieces serving various age groups. As emphasized earlier, education is an interactive process that takes place not only in institutions, but also throughout society.

ECCE and Visually Impaired Children

The general picture for ECCE is quite disheartening in the sense that much still needs to be accomplished. In such a scenario, one wonders what would be the possibilities for the doubly disadvantaged groups like children with disabilities especially those who are born with sensory impairments. According to Mani (2000) "The life of any child between 0-5 years is very crucial and it is more so in the case of visually impaired child." Piaget, an internationally renowned psychologist, calls young children 'little scientists'. The early years of children are extremely crucial for developing the right type of concepts, attitude and skills.....imitation of tasks also play a vital role in the overall skill development of a child, and puts the visually impaired child at a disadvantage. The visually impaired child's imitation from the non-vocal communication techniques such as hand language, eye language, smile language, and facial expression is limited.

All those who work with children with visual impairment, know that these children are dependent upon mediated learning. In the absence of general awareness by the immediate care givers (eg. mothers with low literacy levels), and in the absence of governmental policy to provide comprehensive services to these children, the outlook for development is quite dismal. The sensory motor deprivation and absence of stimulation stunts the emotional, social and even intellectual and physical growth of these children. For the individual child with a visual impairment, it can mean

the loss of the potential and capability that a well planned early intervention programme can optimise. Effective early intervention also builds the confidence of parents and leads to healthy bonding with parents and siblings. The advantages of ECCE as a school readiness programme is equally important for these children.

In most of the developing countries ECCE is a female caregiver's domain and is too often poorly paid, and poorly resourced. In a UNESCO initiative relating to ECCE for children with disabilities in some of the Asian countries, the following proposals were put forward.

Lessons Learnt (India)

- ★ *Early intervention programmes cannot be sustained unless the families are active partners.*
- ★ *The best possible support should be available at village level – 90% of special educational needs should be met at community level.*
- ★ *Integrated education should be seen as a way in to improving existing primary education. Inclusive schools, with an inclusive curriculum, provide a cost-effective education.*
- ★ *In Karnataka state, the government has set an advisory committee for IEDC. This committee has played a major role in bringing about policy changes, introducing integrated disability contact in mainstream teacher training programmes, and setting up an ICDS workers' training programme. Action groups on IEDC at state level are necessary to promote IED in developing countries.*
- ★ *In CBR, people have the misconception that there is no need to look at special educational needs. It is important that the CBR programme should see IED as an integral component, as 80% of the needs of children with disabilities are educational rather than medical.*

(Indumati Rao in First Steps, UNESCO, 1997)

Reports from other countries suggest similar conclusions:

Mauritius

Since January 1997, the government has given a grant to all children aged four to five who are attending kindergartens. This has led to a new problem, which is threatening inclusion. Often, disabled children stay at kindergarten between the ages of three and eight. Because they do not fit the age criterion for a grant, some kindergartens, which were formerly open to integration now refuse to accept disabled children. This is a new struggle for APEIM, which has begun by meeting with the Minister of Education to discuss this important issue and to make him aware of the value of inclusion in kindergartens and primary schools.

(APIEM in First Steps, UNESCO, 1997)

LAO PDR

The prognosis for children is better when help is available at an early age; it is also easier to give that help when they are young. Bringing in the kindergarten sector makes sense. Perhaps it is also worth considering whether integration may not be just a little easier when it is introduced at the very start of service provision, rather than when the 'mature wood' of a fully developed special school system makes 'bending' in new directions more difficult.

The experience of the Lao Integrated Education Project has shown that with careful planning and implementation, and by using all the resources available, the twin goals of improving quality for all and providing for children with special needs can go hand in hand; each initiative in the process feeds into the development, and in turn each benefits from the combined effort. Determination and co-operation are the keys to success.

(Janet C. Holdsworth and P. Thepphavongsa in *First Steps*, UNESCO, 1997)

Suggestions for Consideration

In view of the fact that the ECCE in general still needs to be geared up in the Asian Region as a whole and especially in India, there are certain specific points which will need to be considered when dealing with the ECCE programmes for the visually impaired. At this point, I would like to share with the readers the results of one international initiative known as the IEA Pre-Primary Project (*Notes taken from the publication by Weikart, David P., 2000 pp33-42.*), where 15 countries across the globe participated in a study on ECCE. The countries were as varied as USA, Ireland, Nigeria, Indonesia, Belgium, and Italy to name a few. But the point, which the study made, is that parents and teachers across these countries identified characteristics of effective ECCE that were broadly similar and there was more agreement than disagreement. In that case this study would imply two important lessons for consideration:

1. We may not need to begin our thinking from scratch. ECCE programmes in our respective Asian countries may not be strikingly different from those in many other countries; and
2. Any conceptualisation about ECCE programmes for children with visual impairment need not be drastically different from other ECCE activities planned for children who have no disabilities. Let me quote some of the most important and least important skills prioritized for child development in this study.

❖ ***The three categories considered most important were:***

- ☆ *Social skills with peers*
- ☆ *Language skills*
- ☆ *Self-sufficiency skills*

❖ ***The least important skills were:***

- ☆ *Pre academic skills*
- ☆ *Self-assessment skills*
- ☆ *Social skills with adults.*

If teachers and educators of children with visual impairment were to prepare a similar type of list, the chances are that they would agree with this prioritization. It is in this context let us look at the following points for consideration:

- ☞ *Begin with a known model and work to make it applicable to the new programmes that we may try to develop for children with visual impairment, as it will save time.*
- ☞ *Systematic in-service training programmes by a trainer knowledgeable in the model employed and acquainted with visually impaired children may help us to develop a programme that is validated and acceptable.*
- ☞ *In countries like ours we always recommend low teacher-pupil ratio for such programmes. It may be better if we are open for models, which are based on sound child development principles and offer strategies for maximizing children's active engagements.*
- ☞ *Parent involvement and participation is essential for a programme to effectively reach the child especially the child with visual impairment and it can lead to a partnership to promote young child development.*
- ☞ *It is critical to appoint staff and care givers with support and understanding that they need to implement the programme effectively.*

In conclusion, let our countries realise that the pedagogy emerges from society's attempts to meet the needs of children. We all try to learn from west, then read and realize that in the USA, real change came in the 1950s with the growing awareness that something needed to be done for children with special needs. The focus was initially on the handicapped, but it was soon extended to impoverished children, in the 1960s, when the awareness of civil rights issues spread in to education (Weikart, 2000). To day, with all the conventions, charters and acts in place, the planners and implementers need to really look at the priorities and come to see ECCE as part of a service for all rather than an isolated activity for the elite classes. This would lead to a realisation of the Dakar goals outlined below:

DAKAR FRAMEWORK FOR ACTION

Education for All : Meeting our Collective Commitments

Adopted by the World Education Forum, Dakar, Senegal, 26-28 April 2000

We hereby collectively commit ourselves to the attainment of the following goals:

- i) expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children ;*
- ii) ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good quality ;*

- iii) *ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes ;*
- iv) *achieving a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults ;*
- v) *eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality ;*
- vi) *improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.*

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A Great Contribution from a Great Foundation helps ICEVI Expand Access to Education for Blind Children in Africa, East Asia, Latin America and West Asia

One of the milestone events of our 50th anniversary celebrations was the formal launching of a new initiative on education for blind children in Africa, East Asia, Latin America, and West Asia regions supported by a matching grant of US\$ 500,000 from Drs. Richard Charles and Esther Yewpick Lee Charitable Foundation (LCF).

This new initiative will assist ICEVI in expanding access to education for blind and low vision children in Africa, East Asia, Latin America and West Asia regions by supporting programs in three major areas.

- ◆ *Creating greater awareness of the capabilities of blind and low vision persons.*
- ◆ *Strengthening the skills of teachers to allow them to integrate blind and low vision children into community, schools and*
- ◆ *Developing innovative model programs that will both expand access to education for blind and low vision children and improve the quality of those educational services.*

Working with a consortium of international non-government organizations and other donors, ICEVI is generating matching funds that will generate at least US \$ 1,000,000 to be used to improve the situation of children in our Africa, East Asia, Latin America and West Asia regions where currently less than 10% of children with visual impairment have access to any form of education.

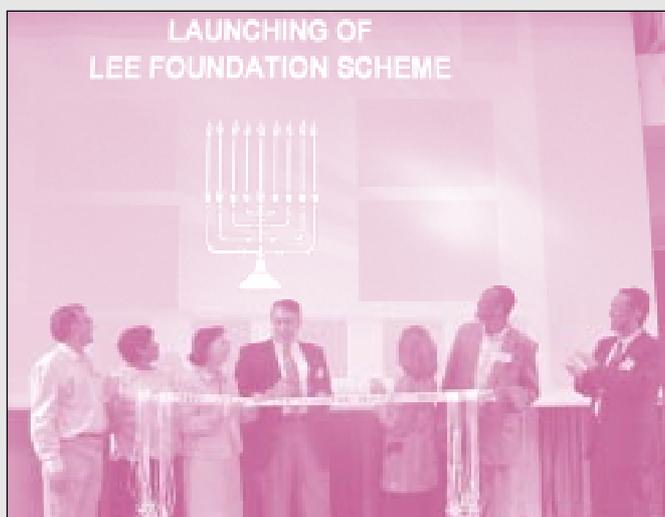
On August 2, 2003 educators from more than 100 countries saluted this generous grant from the Drs. Richard Charles and Esther Yewpick Lee Charitable Foundation (LCF) which will allow ICEVI to improve the lives of blind children and their families by breaking the cycle of illiteracy and poverty.

The Africa, East Asia, Latin America, and West Asia regions have already prepared more than 100 project proposals addressing the objectives of the grant and the activities will start soon. In the year 2003, nearly 3000 teachers of children with visual impairment will update their knowledge in teaching these

children through various workshops and inservice courses to be organized under the LCF grant. More than 2000 parents and organizations of parents will be involved to increase the enrolment of children with visual impairment in schools in developing nations. The Government machineries will also be sensitized to the educational needs of children with visual impairment in order to

develop an inclusive society for them.

In short, the developments so far are satisfactory and ICEVI is determined to maintain the momentum built in the Netherlands to make a difference in the education of persons with visual impairment in the Africa, East Asia, Latin America, and West Asia regions, with the assistance of Drs. Richard Charles and Esther Yewpick Lee Charitable Foundation. The contribution of LCF, indeed is timely for ICEVI to push forward its global agenda of education for all children with visual impairment by 2015.



Launching of the scheme at the World Conference

Early Intervention in Germany for Children with Visual Impairment

Eberhard Fuchs

ICEVI European Chairperson

The following paper presents a compact overview of the early intervention situation in Germany. It only sketches the contents of early intervention; we would be glad to provide more detailed information to interested readers.

Blindness and visual impairment have complex effects on the entire development of the child, impacting on all areas of behavior and perception. Children who are blind or partially sighted exhibit specific courses of development and idiosyncrasies in their social behavior, play, and motor development due to their inability, or very reduced ability, to learn through visual impressions.

Interventions on behalf of these children require specialized knowledge about the specific diagnostic methods for assessing their development, their orientation and mobility, and their functional vision. Teaching principles and methods have to be specially adapted by using, for example, tactile and auditory modes with children who are blind and methods that support visual promotion in those who are partially sighted. The purposes of intervention have a markedly different focus compared with those for children with other impairments.

Early intervention is a primarily pedagogical provision. It is oriented toward the family, and it views its major task as perceiving the children as individuals and helping to place at their disposal a life environment that will promote development. The goal is to prevent the potential consequences of a visual impairment in the cognitive, socio-emotional, communicative, and psychomotor domain, and, when necessary, to apply appropriate visual training to counteract any earlier failure to exploit residual vision. This is

achieved predominantly through intensive cooperation with parents, the social environment, and other professionals engaged in early intervention.

As a result, most care takes the form of a visiting early intervention service which is delivered in the child's home, typically at weekly or fortnightly intervals.

Over the last two decades, Germany has built up an extensive network of early intervention centers for children with visual impairments who are blind, partially sighted, or multiply disabled. More than 50 early intervention centers, which are mostly based in schools or resource centers for the visually impaired, provide individual promotion for the children and expert counseling for their parents.

In recent years, the screening of children has improved continuously in that it is more comprehensive and carried out at an earlier age. In the state of Bavaria, for example, intervention begins during the first year of life for 40% of such children and by the second year at the latest for 60%. This is the outcome of successful public relations work by the early intervention centers, and, in particular, improved cooperation with ophthalmic and pediatric hospitals, early diagnosis centers, and ophthalmologists and pediatricians in private practice. These provide the majority of referrals to early intervention centers—in Bavaria, more than 80%.

In the whole of Germany, there are currently approximately 3,500 children with visual impairments aged 0-6 years receiving specific early intervention. This represents 0.074% of the total population or approximately one-third of all preschool-age children with visual impairments. It can be assumed that just about all those in this group who are blind and more than two-thirds of those who are multiply disabled receive specific early intervention from specialized institutions. A less satisfactory state of affairs, in contrast, is that it is received by only approximately 20% of children with low vision who have no additional disabilities. The reason for this has little to do with difficulties in the early diagnosis of low vision in children. It has far more to do with the continuing widespread belief that it is not worth referring children to early intervention centers when no improvement in vision can be anticipated through intervention measures. There is a need to emphasize more strongly that specialised intervention has enormous potential for both improving functional vision and coping with daily life in general.

A particular feature of the situation in Germany is that because early intervention centers are often based in schools, almost 60% of the 300 early intervention professionals are teachers. As a result interdisciplinary teams are still an exception rather than the rule. Increasing efforts are being made to integrate qualified psychologists, orthoptists, and Orientation and Mobility trainers into early intervention teams in order to ensure that the breadth of professional competence needed to meet the wide range of needs in this field is available.

Up to now, there has been no clear legal definition of the role of the early intervention professionals in Germany, and no guidelines for their training

and development. In 2002, the VBS Association of Professional Staff established the first nationally available continuing education course (420 hours part-time). This has proved an important step toward professionalizing the field.

One specific feature of early intervention for children with visual impairment in Germany is that in most federal states, children may receive services from generic and specialist early intervention centers at the same time. Simultaneous care from two intervention centers is problematic in terms of costs, calls for time-consuming coordination of support, and often restricts our ability to offer specialist input for example in the area of low vision training. This, in turn, runs counter to a holistic pedagogical concept designed to integrate all areas of development and daily life.

Summary

In recent decades, Germany has managed to set up an extensive network of modality-specific early intervention centers and thus ensure early care particularly for children who are blind or multiply disabled.

However, there is room for improvement in the assessment of children with visual impairments who are of average or above average ability and in the establishment of early intervention teams which have a more interdisciplinary nature.

Finally, the training, continuing professional development, and the supervision of early intervention staff needs to be expanded. It is necessary to make the recently developed tools for diagnosis, therapy, and, in particular, counseling available to all staff in order to assure the quality of our services.

Promises To Keep: Early Education in the United States

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Early education services for young children with visual impairments have had a long and proud history in the United States, dating back at least until the 1930s. In many ways, the development of early intervention services paralleled the history of parent involvement chronicled by Turnbull and Turnbull (2000): Parents were at first viewed as having relatively unimportant roles in their children's education, and the predominant opinion was that parents were ill-equipped to deal with the multiple issues that blindness presented. Consequently, some infants with visual impairments were separated from their parents and placed in "Sunshine Homes," where they received intensive services to compensate for their disability, delivered by professionals (Ferrell, 2000; Koestler, 1976).

In the 1950s, as the number of children with retrolental fibroplasias (RLF; now known as retinopathy of prematurity (ROP)) reached almost epidemic proportions, parents themselves organized to provide services for their children. Such private, often volunteer, agencies sprung up across the United States. For decades, private agencies defined early education for children with visual impairments, providing not only high quality services, but often providing the only early education services available at all in some areas. While other parent and professional groups eventually did organize services for their young children with disabilities, they did so in the shadow and following the example of families of children with visual disabilities.

Services for young children with visual disabilities in the United States are now widely available. As with any educational system, there is room for improvement. In this article, we review some

of the issues facing the field today and make recommendations for addressing these issues in the future.

The Law

The Individuals with Disabilities Education Act (IDEA), initially enacted in 1975, mandates special education services for preschoolers (ages 3-5 years) and provides incentives for states to provide early intervention services for infants and toddlers (ages birth-2 years). Although early intervention services are not mandated by the law, every state participates in the program in an effort to ameliorate the effects of disability on early development. Early intervention services are coordinated through either the health department or the education department in each state, while preschool services are the responsibility of the public school district. The law recognizes "vision services" as one component of early intervention services, and "orientation and mobility" (O&M) is identified as a related service (an ancillary service that assists a child to benefit from special education).

On the surface, the legislation has improved existing services and created new services for all children with disabilities. By creating universal early education services, families are less dependent on the location of private agencies, and high quality services are now available regardless of where one lives. The infant and toddler provisions are particularly significant, since they require an individualized family service plan (IFSP) that incorporates family as well as child needs and is reviewed every 6 months. The law also requires states to develop comprehensive early intervention programs and to assure that those services are provided by highly qualified

personnel. IDEA promises that all children, including those with visual disabilities, will receive the services they need to optimize their early growth and development.

Unfortunately, the promise is not always kept for young children with visual disabilities. Visual impairments may be one of the most severe disabilities, but in the United States it affects such a relatively small proportion of children (1/2 of 1% of the school-age population) that it is often simply overlooked in discussions that may affect policy and implementation. In some ways, the law that has served other young children with disabilities well may create injustices for young children with visual impairments. Some of the ways this has occurred are discussed below.

Early Education Issues

As the early education system has evolved over the years, several issues have developed that seem to place young children with visual impairments at a disadvantage, at least in terms of where and how services are delivered. These can be simplified into two main categories of concern: (a) homogenization of services, and (b) natural environments.

Homogenization of Services

Labeling has been an issue since Hobbs' classic *The futures of children* (1975) pointed out the pejorative and stigmatizing effects that disability labels can have on individuals' performance and self-esteem. In the field of visual impairments, labels and person-first language have not been the lightning rod that they have been in other disability areas, perhaps because we perceive "blind or visually impaired" more as a descriptor than as a stigma. But it is this principle that has largely driven the homogenization of early education services. In an effort to prevent the very real effects of labeling, such as low expectations and self-fulfilling prophecies, the field of early education has tried to avoid labels

altogether. Services are based on needs, rather than on characteristics, and personnel to deliver those services receive intensive training as specialists in the age group, but as generalists in terms of disability characteristics.

The difficulty with this approach is that children with very specialized needs, such as sensory impairments, are homogenized into the group without regard to the individual characteristics that may make learning different. A needs-based approach might correctly identify a fine motor skill as an objective for a child, but it does not acknowledge that visual impairment necessitates a different style of learning. Following brain theory, teaching strategies focus on repetition, practice, and play, but all from a visual perspective. In a non-homogenized environment where visual impairment is acknowledged, teaching and learning can be analyzed from a tactual, auditory, or kinesthetic perspective that would better address alternative learning styles. The problem is that we tend to do what we know best – and people who have always had vision tend to teach from a visual perspective. Without training, they have difficulty understanding that visual impairment or blindness is more than simply closing your eyes. It is both natural and understandable, and it happens sometimes even with folks who are trained not to do so. But it is not an excuse.

There is nothing inherently wrong with the way early education services have become homogenized. Developmentally appropriate practices endorsed by the National Association for the Education of Young Children and the Division for Early Childhood of the Council for Exceptional Children (Bredekamp & Copple, 1997) are excellent guidelines that truly represent best practice for all children. But it is false to think that children with visual impairments can experience events in the same way as children without visual impairments. While the learning

of children without visual disabilities is often reinforced by visual input, whether repetitious viewing of the act itself or the expression on an adult's face, children with visual impairment often miss out on both the visual feedback and the visual reinforcement. Learning occurs too often by chance, and it occurs in discrete, fleeting pieces that cannot easily be combined into concepts. Learning for young children with visual impairments has to be more deliberate – not a structured, stimulus-response approach, but a thoughtful and planned use of the time available to increase the chances for success by mediating an environment that cannot be experienced visually.

The issue of homogenization suggests that in the effort to avoid labels, use a needs-based approach, and provide universal early education, we run the risk of teaching to the lowest common denominator. The only thing we are sure about is that children with visual impairments are extremely heterogeneous (Ferrell, 1998, 2000). Predictions about outcomes are difficult enough when the environment is optimum; they are much more difficult when the environment does not address differences in learning styles. While homogenization is a good thing, sometimes it is better to let the cream rise to the top.

Number of Children Served. As promising as our special education legislation is, it is not without its problems. A significant problem for the field of visual impairment is the annual state-by-state count of children receiving services. For years concerns about the accuracy of the annual count were raised by numerous authors (Corn et al., 1997; Ferrell, 1998; Kirchner & Diament, 1999a, 1999b; Mason, Davidson, & Mc Nerney, 2000), who pointed out that many children with visual impairments were reported in categories other than visual impairment, such as multiple disabilities. This creates an underestimate of the number of children served that often leads to the false

conclusion that services and personnel are not a high priority because of relatively low numbers. Prior to age 5, children are reported generically, by age, rather than by disability category, reflecting the concerns about labeling discussed earlier, yet severely limiting the ability to plan for future service needs.

We thus know very little about how many young children with visual disabilities are served in early education programs. The Department of Education does report that 8,735 infants and toddlers received “vision services” in 1998 (Office of Special Education Programs (OSEP), 2002), which comprises approximately 4.3% of all infants and toddlers served under the law. But this is a greater proportion than reflected in the school-age population of students with disabilities (0.5%). These data suggest that (a) more infants and toddlers receive specialized services in infancy than they do at school age; or (b) infants and toddlers who do not meet the definition of visual impairment are actually receiving vision services; or (c) many more school-age students with visual impairments exist but are not receiving services. Unfortunately, we have no way of verifying any of these equally pessimistic scenarios.

Personnel Training. We also have no way of knowing the types of personnel who provide services to young children with visual disabilities. The IDEA legislation requires personnel to meet the highest standard of teacher certification in the state. We know from the OSEP report (2002) that 457 orientation and mobility specialists provided services to infants and toddlers in 1998, but we do not know how many of the 6,964 special educators who provided early intervention services were actually trained to work with children with visual impairments, or, indeed, what type of professional actually provided “vision services” to 8,735 infants and toddlers. If all the “vision services” were provided by the orientation and mobility specialists, then each served 19

infants and toddlers on average. However, this is clearly not the case, as 84% of the orientation and mobility specialists nationwide were reported in one state (most states reported no O&M specialists at all). Just who is providing early education services to visually impaired young children across the nation is unknown.

Yet, this should be of concern. A study conducted by Stratton (1991) indicated that early childhood special educators knew very little about the visual disability and the pedagogy of blindness and visual impairments, while teachers of students with visual impairments knew very little about family-center practice, early child development, and early intervention strategies. The primary difference between children with and without visual disabilities is not what they learn, but *how* they learn. We cannot expect personnel who learned visually themselves to fully appreciate or make accommodations for a non-visual learner without specialized training. There is very little evidence that the personnel working in early education settings hold this fundamental competency. Even the orientation and mobility specialists who provide services to infants and toddlers receive a traditional type of professional preparation that is focused on the individual (usually adults), without knowledge or application of family systems theory, family-centered practice, or early intervention principles and strategies. Who is *providing* early education services is just as important as who is receiving them.

Efforts to bridge this gap in personnel preparation are now under way at the Frank Porter Graham Child Development Center at the University of North Carolina. The Early Intervention Training Center for Infants and Toddlers with Visual Impairments (<http://www.fpg.unc.edu/~edin/>), in a train-the-trainers approach, is producing materials designed to build the capacity of university and college programs to prepare personnel to serve infants and toddlers

with visual impairments and their families. It will be interesting to note whether these efforts lead to changes in already credit-heavy teacher education and O&M preparation programs. The materials may have greater effect on the preparation of generic early childhood special educators and early interventionists. In the end, the impact on them may actually be greater, because it is highly likely, given the discussion above, that the majority of young children with visual disabilities will continue to receive services from these generically-trained specialists.

Natural Environments

IDEA 1997 added a requirement that, to the maximum extent appropriate, early intervention services are provided in natural environments. Natural environments are defined as “settings that are natural or normal for the child’s age peers who have no disabilities.” While this clearly includes services in the home, it seems to exclude the many center-based programs that have provided early education services to young children with visual impairments and their families for years. Since this legislation went into effect, many agencies have reported pressure either to change their services to conform to the legislative mandate (by serving children without disabilities), or to risk losing government funding for their programs.

The concept of natural environments is not without precedent in the field of visual impairments. Most private agencies would define the natural environment for an infant as the home, and services are in fact routinely provided there. What seems to be an issue across the country is that these home services are augmented by traveling to the agency for additional services, and it is these arrangements that are deemed “unnatural.” The issue may seem trivial, given the long history of providing services in the home and creating home-like environments at center-based programs (which has been advocated by

Fraiberg (1977) since the late 1960s), but many agencies with long histories of serving young visually impaired children and their families are struggling to survive. In the past their expertise was valued and sought after by other early intervention programs; today these agencies are viewed as reactionary and territorial.

There is some concern that these turf battles are based on economics rather than philosophy, but often they are argued under the mantle of best practice. There is no evidence that infants and toddlers with visual impairments are best served in the definition of natural environments in use today. There is research demonstrating that children with other disabilities are well served in these environments, but the low prevalence of children with visual impairments makes it highly unlikely that they were included in any of these studies. Generalizing the results of studies to a population not included in the research is *neither* best practice *nor* ethically defensible.

Furthermore, this misapplication of the concept of natural environments fails to account for parent choice. It assumes that all families want (and perhaps need) the same type of services. It is very possible that some families might not want home visitors, or that they might want to observe other children with visual impairments, or that they might want to spend time with adults who have similar concerns and interests. They might even want to receive services from personnel trained to meet their children's specialized learning needs. Rather than advancing the early intervention field, the natural environments initiative may be nothing more than another example of paternalism, where services are imposed on parents under the guise of "professionals know best." Natural environments should be interpreted in the same context as least restrictive environment: Parents should have a menu of options from which to choose what they deem best for their children.

Promises To Keep

The United States has come a long way in providing early education services to its youngest and perhaps most vulnerable citizens. But as we point out above, there is a great deal more to do to make sure that the needs of the vast majority of young children with disabilities do not overshadow the needs of those with visual disabilities. We can start by:

1. Being proactive. One thing we have learned is that in the political context, policy makers are generally not concerned about children with blindness or visual impairments. It is simply outside their experience, and they cannot be expected to remember about the specialized needs of such a minute proportion of the population. We cannot take policymakers (either legislative or professional) for granted, and we cannot let them take us for granted. They need reminders.

2. Keeping current. After setting the standard for early education, we have in some ways been eclipsed by generalists working for the common good. Had we been more involved with the fields of early education and early intervention, we might have been able to forecast and cut off the homogenization process. It is incumbent on us not only to follow developments in early childhood education, but to anticipate them and suggest alternatives.

3. Documenting what we do. Educational reform in the United States is now focused on research-based evidence that supports strategies to improve educational progress, particularly in literacy and mathematics instruction. In time, this movement will come to special education as well, and we will find very little evidence that meets the standards for research-based practice when it comes to young children with visual disabilities. We need to utilize every resource available to document our methods and to justify our philosophies, so that we can either (a) logically combat efforts to

homogenize services for young children with visual impairments, or (b) wholeheartedly and in good conscience embrace the policies being imposed by the majority.

These same issues may arise in other countries, too, as UNESCO (2002) reports that “developing and developed countries alike are expanding [Early Childhood Care and Education] provision” (p. 38). American poet Robert Frost wrote,

*The woods are lovely, dark, and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep.*

Some of the promises the United States has yet to keep may one day be yours as well.

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New Visions: Moving Towards an Inclusive Community

Renate Walthes

15 years have passed since I presented my first paper on early intervention at the ICEVI-Congress in Würzburg, and so it is a great pleasure and honour for me to offer you again some of my ideas concerning early intervention for children with visual impairments.

The first time I was asked to speak, I presented an introduction and gave an overall view on the situation and the purpose of early intervention. Today, however, my job is another one. Today I am supposed to develop some provocative hypothesis, cause protest and discussion. On the one hand this is something that suits me. Particularly while giving lectures to my students I generally avoid giving seemingly safe knowledge. On the contrary, I tend to question it, scrutinise facts as to their interests and theories behind them, and to accept no hasty certainties and solutions. It is only when I see that trainee teachers do not take programmes and concepts as given facts, but are prepared to question them, looking for the underlying assumptions of the men who establish these concepts that I feel that they are able to develop their own teaching ideas, which very important in this profession. On the other hand, as soon as I am explicitly asked to provoke, as Heather Mason has so kindly done, I find that this is not so easy. What of all the things I could and would like to say are provocative in a positive sense? I mean, are they made up in a way that everybody will understand what I am trying to say, and are Mrs. Marilda Bruno from Brazil or Mrs. Nurit Neustadt from Israel able to give answers to them. This is not an easy job, but a really exciting challenge for which I would like to thank the programme committee and in particular Heather Mason. Now I would like you to participate in my train of thoughts, so you

will be able to better understand what I have chosen to talk about. What kind of criticism and provocative ideas can be expressed in relation to early intervention today? Please, think briefly about what provocative thesis you would develop. Here are some of my suggestions:

- 1) *Early intervention for children with visual impairments is an almost endangered activity, at least in those nations that have devoted themselves to reproductive medicine and genetic technology.*
- 2) *Early intervention for children with visual impairments raises more problems than solutions.*
- 3) *The quality of the work in early intervention is too closely focused on the so-called single disability, that is blindness and visual impairment, and thus is unable to deal with the increasing complexity of impairments.*
- 4) *Family-oriented early intervention is an approach which is often espoused but less often achieved, the same is true when it comes to trans-disciplinary work.*
- 5) *Despite intensive studies and the exceptional work of some people the standard of low vision services in early intervention for children with multiple disabilities is still relatively poor.*
- 6) *Our early intervention concepts are too closely based on the standards and perspectives of those who see and do not meet the needs of the children who are born blind, visually impaired or multiply disabled.*
- 7) *It would be erroneous to say that there is something like a homogenous early intervention.*

- 8) *There are more differences than similarities in common when it comes to the objectives of early intervention.*
- 9) *We have, at least in the so-called first world a highly developed early intervention system, but at the same time are we creating a growing number of more disadvantaged and multiply disabled children f.e. CVI is there a connection.*

Which of these statements would you choose? Have I left out anything vital? Anyway, what I did realise is that I am asking these questions from the perspective of the culture I am living in. In those countries where children with disabilities have barely the chance to survive most of these questions are not being asked at all. Parents are more concerned about gaining access to any kind of institution offering early learning regardless of whether it has an appropriate theoretical standpoint or whether it caters for a single or a variety of disabilities.

Raising these questions does not mean I have the answers. I would like to focus on three topics.

I have decided to start with one of the basic questions, which is "Are we able to reach worldwide agreement when it comes to early intervention for visually impaired children? Is early intervention for children with visual impairments a homogenous concept, and what is this homogeneity all about? Is it the fact that children are welcomed into the world and need to be prepared for living in it that defines the homogeneity? Is the purpose of early intervention education and socialisation, or de-culturalisation? "

I think you will agree with me on this abstract level, but if you look at the norms, values and different styles of education, you will also notice considerable differences around the world. In some cultures children are shaped by the

influences of the extended family, in others children in the first 5-6 years are given quite a lot of freedom to develop their own personality, with no interference whatsoever, except for safety reasons. Furthermore, there are cultures, in which educational, even 'drill' processes begin at a very early stage, and there are cultures in which the child mortality rate is so high that actually nothing other than survival is expected from children until they reach the age of five. What does it mean to be a child in China given the introduction of one-child families; to be a child in South America with seven brothers and sisters in a family consisting of 30 members; or to be a child in a typically European-American father-mother-with-two children family; or in an African tribe with a high HIV-rate and a growing mortality of the adults? De-culturalisation is an abstract concept, childhood today is very varied. Can we assume that early intervention is something homogeneous? I don't think so.

Is visual impairment the unifying factor? Does the fact that the child has acquired a visual impairment mean that he or she requires similar support measures everywhere? I think this is the concept that brings us all together here and unites experts from many countries to discuss the necessity for and quality of early intervention. Is this concept still true today? Should visual impairment be the key factor that determines the form of early intervention? The two theses which follow make the contradictions more apparent:

1. The causes of visual impairment and their consequences on children's development and participation differ across the world more than ever before. In the industrial nations concerns about impairment of the posterior visual systems are predominant (eg. cerebral and cortical visual impairment arising from premature birth). In African, Asian or South American countries these

impairments are less common and concerns focus on damages to the eyes or the anterior pathways. (eg. cataract, glaucoma, infections). The effects of these impairments are very different and the needs of the children in these countries are different as well. If impairments are related to malnutrition and the children live in agrarian economies than the responses required are going to be different from those for children with complex brain damage who live in cultures which rely on cognition and intelligence. In the former situation struggle for survival rather than self reliance is the main concern. For children with complex needs in industrial societies intervention is focused on achieving the highest level of self-determination possible, and the attempt to understand their behaviour, strategies and needs. Do these circumstances have anything in common?

2. Some people may say that what visual impairments have in common is simply to get across to the children, regardless of anterior, posterior or complex impairments, a world which is mostly visually structured and thus unsuitable for their way of learning. Today information is based on vision, more than ever before. It is even argued that people today have to process as much information in one month as people did at the beginning of the 20th century during a lifetime. Can we now conclude that the more visual the world is structured, the more difficult it is for children with visual impairments to cope in it, and thus the more important is early intervention? Or is it rather as follows? Our world, particularly the highly technical so-called First World Countries is so much focused on visibility, so much dependent on visual contexts that it does not offer structures or patterns to people with a
- different perception. The more and more exclusive the references to visual and optical contexts, the more they are unsuitable for visual impairment, and for the integration of perception in general. If the statement is correct that in the era of information people are processing as much information in one month as people did at the beginning of the last century during a lifetime, then the increase of phenomena such as cortical visual impairments, perceptual difficulties arising from cerebral lesion, must be understood as a response to a construction of reality which offers less and less prospects for coping. This perspective raises the question as to whether in the future early intervention will be focusing on the traditional target group, that is blind and visually impaired children, or whether it should also deal with the topic of visual perception and its disturbances.
3. If it is not childhood and visual impairment that make early intervention a homogenous construct, is it then the institutions of early intervention? Is the fact that there are early intervention facilities with specialists in the fields of early childhood, physiotherapy and education of the visually impaired working to support families with a visually impaired child the unifying and homogenous principle? This, I am afraid is not correct either, if we look more closely at the facilities and the methods of early intervention. While some countries consider early intervention to be about supporting the development of the child, others see early intervention to be about supporting the development of the child, others see early intervention as primarily concerned with support for the parents and family. Still others attach great value to the development of a social network, focussing on representation and empowerment.

More than ever before, early intervention proves to be a patchwork, some kind of crazy quilt with no comparable standards and references whatsoever. But now I would like to concentrate on another issue and return to the question I asked at the beginning of my speech. Could it be that our early intervention system despite all efforts is nevertheless predominantly based on the standards and perspectives of those who see and therefore does not sufficiently meet the needs of the children who are born blind, visually impaired or multiply disabled?

One phrase by Kay Ferrell from the programme 'Reach Out and Teach' (1985) was really important and useful for my work in early intervention. Here is more or less what she said: "It is neither fair nor useful to compare the development of blind children with that of seeing children." Not only was this phrase important for helping me to make sense of the results of developmental tests, it was even more important because by discussing the topic of differences in development Dr. Ferrell also raised the issue of differences in dealing with the environment. I would like to give you an example from the beginning of my early intervention work. One of my first activities which I did together with some of my students, was a winter holiday with parents and their 5-6 years old children. Elementary experiences with snow, sledge riding, skating were part of the programme, as were cross-country and downhill skiing. For documentary purposes and as video feedback for the students I had a video camera, which I used as often as possible. The camera was very popular with the children, whether they were fully sighted or visually impaired. A blind, six year old boy barely left my side when I used the video cam. I had also brought a camera that was carefully inspected as well. The following discussion came about:

He : You know, it's really a shame I can't take pictures. I would love to do so.

I : Why shouldn't you, let's give it a try?

He : But how?

I : Well, this is how it could work: If you want to take a picture of something, look at it carefully first I mean with your hands and then you take the camera, hold it near the object and take the photo. When the picture is developed your mother, I or your friend will tell you what it shows.

He : Yes, that sounds good. First I'd like to take a picture of the air.

I : That's not possible, you can't take a picture of the air, because you can't see the air, - and, already being in trouble I told him, You can only take a picture of things you can feel and touch.

He : Then I'd like to take a picture of the wind.

I : Ulrich, you can't take a picture of the wind either, but you can try to take a picture of what the wind is doing with the leaves or a newspaper that is rustling through the streets. Wind is transparent like the air, seeing people cannot see it.

My attempts to explain went on and on, until the boy was satisfied, but not me. My Christmas present to the boy was an instant camera. He was enthusiastic, his parents were surprised, everybody else was shocked. How can you give a camera to a boy unable to see? It sounded cynical to some people. Not to me, however, I was fascinated by his curiosity, but could not yet tell whether the camera would be completely uninteresting after 24 hours. Something happened nobody expected. Ulrich (that is the boy's name) was, as I mentioned very

enthusiastic about taking pictures with his new camera. At the same time his mother and father were very much needed for describing and explaining things.

He held the camera directly against a wall: If I take a picture, can you see through it? No, you can't photograph through a wall. 'And if I hold it in this direction? Here is a window, you can look through it into the garden. Or, he was standing at the door listening to his friends on a swing, which was behind the house. Can I take a picture of them now? No, there's the corner with the water tank in front of it, it won't work. Contexts the parents thought were already known to him, became important again. Why can you see through a window but not through a wall, both are solid and firm? Where can I look through a net of wire and where not? What is it about hearing and seeing? Can seeing people see everything I hear, or even more? It became clear that he thought when he was in a room others could see him through the wall and the closed door. Seeing meant something almighty to him, something that was unimaginable and beyond his possibilities.

What does this example show? It shows that we cannot know in advance whether or what something means for somebody. At the same time it shows that our preconceptions about an object or a person controls our perception, ideas and actions. We think a camera is something completely unsuitable for a child who is born blind. Therefore, we would never give it to him. But on the other hand we would not see that in the context Ulrich used it, its purpose became a completely different one. It no longer served as a reflection of reality, but became a medium to learn something about the perception of those who see. With the help of the camera Ulrich came closer to what it means to see. His experiences with this medium have broadened and modified his concept of the visual world. I understand as little about how he perceives the

world as he understood about how other people see the world.

What does this mean for the experience, for the development of the self-confidence of a child, if this unimaginable power of vision takes on such dimensions. If children learn again and again that people who can see can do anything they might conclude that they can do almost nothing. How can they value their own skills, if those who can see are not interested in them? What do we think they are capable of in their ability to experience at the acoustic or kinesthetic level? What kind of strategies are they allowed to develop and keep? What kind of meagre concepts of space do we offer them, compared to the variety of those being discussed today in geography, physics, architecture and space science? What does it mean for the access to the world, the relation between me and the world, if I as a child with a visual impairment have to learn body protection techniques in the orientation and mobility training courses first? How am I supposed to deal with the requirement to be curious about the world, if I have to protect myself from it at the same time?

What does space and experience of space mean if I am not able to move independently? What concepts about space do we offer to these children? These are only some examples.

I guess we will develop a variety of programmes and methods just to calm down a bit and feel we have at least done something for the children. This is nothing bad, after all it is all we can do. Since most of us were not born blind or visually impaired we are not able to develop an idea of how the world of the blind and visually impaired children looks. They do not have a language of their own as hearing impaired people do. We have to live with our own ideas, preconceptions about being blind, visually impaired or multiply disabled, without ever knowing whether these concepts are right. Thus, to all of us dealing with early intervention

it would be useful to say good-bye to the idea that we know exactly what is right and important for a child with a visual impairment. On the contrary, we should admit that we can only deal with blindness and visual impairment in relation to our own ideas and preconceptions. Having once gotten rid of the assumption that we know what is good and right for those children we now should be able to regard them with more curiosity and understanding and to value the variety of their strategies.

This brings me now to the final area of cooperation with the family, with parents and sisters and brothers. I would like to talk about an observation that preoccupied me for quite some time now. The system of early intervention forces parents to be co-therapists.

But first I have to mention that for 17 years I regularly conducted parent-children courses. This means living together and learning from each other for 2 weeks in a place suitable for families, where neither the interdisciplinary team nor the families are at home. Eight families and nine specialists in early intervention come together spending a very intensive time. The basic principle of our cooperation is that it is the parents who know their children best. They and their children have to be enormously supported as to their judgements and perceptions. Whereas, we as specialists have a minor function, which means our knowledge is required only if the parents wish it. As I say always at the beginning, the course is not about training the child as much as possible, and as we say in German, getting the most out of him or her. This is clearly not what it is about, since when you get the most out of somebody, what is left? If we all think about our childhood and remember when and what we learned, then I think it becomes clear that we learned when it became necessary for our survival, when we could use it immediately, and we learned at play and imitation. This is

something that has got lost in our affluent society. Today nothing is required which can be used immediately for the community, neither from non-disabled children, let alone from children with disabilities.

If it comes to imitation we all know that the visually impaired will have a problem with imitation based on visuality. However, do we offer enough possibilities and variation of acoustic aids and games in which they are able to imitate sounds? What's more, the orientation towards therapy has increased to such an extent that the children very often do not know what it means to play, nor do they have the opportunity to learn at play. And what I am observing more and more in the last years is that blind and visually impaired children are very "therapy experienced" they have acquired a high competence in dealing with professionals and that applies to the parents too. The latter have become real co-therapists. The fact that they are first and foremost parents and they have a completely different role from that of the specialists is in danger of getting totally lost.

There has been a change in demand from parents in the last fifteen years. I have noticed this changes in courses provided for the families. In former time the most important aim to the parents was to live as a family and enjoy life with their visually impaired child. However this has changed. Nowadays, parents demand different types of therapy, nothing else. After several days of our approach, parents are relieved to find that they can spend time with their child in play and in joy and still receive the same results or better as with the therapy - this is what we experienced in our parent-children courses.

Many specialists confirm again and again that today it is much easier to cooperate with the parents than it used to be, which makes me think that this is because they have acquired

the views and concepts of the specialists and therapists. This is something we should change, even if it doesn't suit us. We should concentrate more on the differences between parents and specialists, not to undermine the role of the parents and tell them they do not see their children correctly, but to point out how necessary their view on the child is and how incomparably unimportant the specialists' viewpoint is. Parents are living with their children, while specialists see them only for a few hours a month during a few years. It is not their job to make demands on the parents but to have the right to choose the support and early intervention.

To see parents as clients, this has consequences for the role of the specialists. Their duty is, to give the parents all the information about the subjects concerning early intervention, which are required and to offer them the whole spectrum of available programs, concepts and materials, not only part of them.

To be able to do this, they need to be on the top of their field at all times and this seems to be impossible if you don't work in an transdisciplinary team. This might be appropriate to all cultures, regardless of the position of the specialists. It is all about supporting the parents with their worries and efforts for their children.

The form that support for parents or those close to the child should take is again of course dependent on the respective social setting and the kind of support the parents need. Therefore it might look quite different from different cultural perspectives. Nevertheless, our common starting point might be "Early intervention: To strengthen parents and those close to the child, not to change them." It is not the impairment itself or its functional effects that must be considered, but rather the social responses to the visual impairment.

If we use the definition that handicap is an 'unsuccessful dealing with diversity' (Walthes et. al. 1994) all efforts should be put into positive results. This means to support and strengthen those who have to and are able to deal with diversity: the parents and the child. The move to an inclusive community will fail if we ignore differences or accept a general model. It can and only will work, if we emphasise and accept diversity. So let us talk about the differences rather than about the common features. Let us describe, discuss and work on those differences which determine our work, thoughts and actions. There is one prerequisite, however: We must accept these differences as legitimate ones. How parents think and act differs necessarily from how experts think and act, as pedagogues from therapists, doctors from shamans. It is our concern about these differences which will bring us forward. In this sense my message for early intervention is: think differently and work together.

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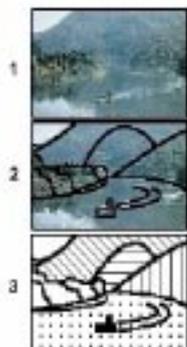
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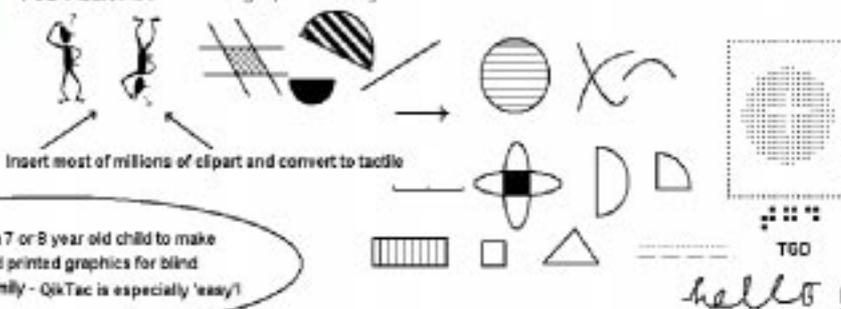
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ABOUT PAVIC (Parent advocates for the visually impaired children) Activities

On behalf of our parent group, hello from the Philippines!

Our parent support group, PAVIC (Parent Advocates for the Visually Impaired Children) was formed 3 years ago. Over the past years, through the hardwork of the members, the organization now boasts of a membership of more than 120, from an original number of less than 20. PAVIC has been very active during the past year. Late last year, some of our children were featured in a top rating TV program – Magandang Gabi Bayan. It featured awareness of Retinopathy of Prematurity (ROP), which causes childhood blindness. It was the first time in the Philippines that this disease was brought into the limelight. This made a great impact on the general public. Many children with visual impairment were referred to us and to the Resources for the Blind for early intervention.

As a follow up, in August 2002, PAVIC organized a forum at Manila Doctors' Hospital on the prevention and treatment of Retinopathy of Prematurity. We invited speakers who are renowned specialists from the Philippine Academy of Ophthalmology and the Philippine Pediatric society. Our children presented a song number before the forum started. Many doctors, seeing these children up close, were teary eyed. It was the first time they had seen these children outside of their clinic and their patient file. After the forum the doctors have undertaken to be particularly vigilant in screening/monitoring ROP. PAVIC is working with the Department of Health to set up a screening protocol for infants.

PAVIC also held a joint birthday celebration for 7 visually impaired children during October 2002. The

celebration was held at McDonald's. A total of 47 children and 57 adults attended. It was the first time McDonald's had held a party for visually impaired children. Through the efforts of the McDonald's staff and the teachers, parents and children thoroughly enjoyed the event. They played games especially designed for the children, games that put emphasis on tactile and auditory cues. They had so much fun! McDonald's expressed great appreciation and interest in what we did. In fact, they have invited our children to perform in their Christmas party on December 14, 2002. This party will be attended by many business partners and patrons of McDonald's.

PAVIC is a member of ICEVI Philippines. In line with the ICEVI strategies, we are now resolved to work towards educational access for children with visual impairment and to increase school enrolment. It is a sad fact that, to date, a great number of children with visual impairment are confined to the four walls of their homes, receiving no education, living in obscurity. It is the vision of PAVIC that through our steady efforts and with the help of government agencies and NGOs, we can encourage more parents to bring out their children into the mainstream of society. We hope that with the activities like those what we had at McDonald's and Manila Doctors' Hospital, we can enlist the help of civic-minded professionals and business organizations, to be our partners in our advocacy to identify and refer more children for educational services. We, members of the parents support group, are much committed to make our dreams into reality.

- Linda Wong



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FROM A PARENT'S PERSPECTIVE

Welcome to the third issue of the "new look" Educator. The last issue was a special pre-conference edition and I am delighted to tell you that the ICEVI 50th Anniversary World Conference was, especially for us parents, a great success - with many presentations and workshops by parents. We also put some resolutions up and they have been voted through unanimously. The resolutions are included in this edition and I would like to draw your particular attention to Resolution 15 - Early Childhood Intervention and Parent Partnership and to Resolution 18 - ICEVI Organisation.

The theme for this issue is "Early Childhood Intervention" (ECI). The importance of ECI is that the earlier a child's needs are addressed the better. Improved communications and understanding between parents and professionals mean that the needs of the child will be identified more readily. Here are some contributions on the subject from a number of different ICEVI regions. A big thank you to Marilda (Brazil), Guila (Israel) and Wendy (UK) who took the time to write for us. Your contributions are greatly appreciated.



- Tula A Baxter, Editor, Parents' Column

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LOOKING BEYOND THE LIMITATIONS

Marilda Moares Garcia Bruno (Sao Paulo - Brazil) - Mother and Special Education Specialist

When families eagerly await the arrival of the baby they so much want, they make plans, dream and idealize a particular child. When the child is born different from how it was imagined, when it has a visual impairment or even multiple disabilities, we parents feel frustrated and lost. We become disorganized and need support and help. We embark on pilgrimages to doctors and specialists in the hope of a cure, a miracle. When we are referred to an early intervention program we experience many doubts, anxiety and fears which are often not expressed explicitly.

In general, only the limitations and difficulties of our children are evaluated, which further increases our anguish since the focus is put on the disability and not on what the child can do. The potentials are rarely shown: how we can communicate, interact, play, build ties, cope with our difficulties and succeed in being happy together.

Early intervention programs are organized from the perspective of professionals and organizations, emphasizing stimulation techniques and developing skills, often to the detriment of relationships and interactions, of the creation of the self, of an identity, of the different forms of communication and of the inclusion of the child in its own family and community.

As we march on this path, we need to feel that we are welcome and that our anxiety, desires and expectations are being heard. We need support and help so that we can feel competent and capable of participating in the development and learning process of our children and of deciding their future with them. We need to meet other parents with whom we can identify and work together for the rights of all children, thereby participating in the construction of an inclusive society.

EARLY INTERVENTION, THE ISRAELI WAY

Guila Seidel, President - "Ofek Liyladenu" (Israel National Association of Parents of Visually Impaired Children)

We see Early Intervention as a wide range of activities in many fields: we provide the parents with information about medical and legal matters, rights and services. We also offer support by linking parents with other parents whose visually impaired child has the same problem and /or is the same age, or lives close by.

We also initiate support groups and meetings at which the parents are introduced to other parents, either at our annual conference - or at special events, such as summer recreation for families. Such an event occurred two weeks ago and illustrates the energy a family can gain from the healing power of the parents' group.

The parents of 4 year old Karen, who recently lost her remaining vision after medical intervention, were exhausted after spending almost 4 months with her abroad. Needless to say, their family life was disrupted (the two elder children remained in Israel). When they returned, we just happened to be holding the families' summer recreation week and invited them to join us. Some of the activities allowed parents to be away from their child - and relax as a group of volunteers took over. It was the first time in months that Karen's brothers could benefit from their parents' complete attention. Karen's parents also told us that meeting parents of older children and watching older children enjoying themselves and acting normally had a tremendous impact on them and provided great comfort. For Karen's parents it was a turning point in accepting their child's blindness.

After 5 days Karen's parents headed home with better ideas, encouraged and optimistic. We, the "senior" parents in the association, realised with pride that we had achieved an important goal.

EARLY INTERVENTION – A PARENT'S PERSPECTIVE

Wendy Sainsbury - parent of a VI child and National Family Support Officer of LOOK UK

Ideally all parents with visually impaired children should be able to access equal levels and timely support in regard to early intervention. Sadly this is not always the case and the experience of parents differs widely.

There are many reasons for this:-

- 1) Poor co-ordination of intervention (at the point of diagnosis) between hospitals, statutory and voluntary services, leading to parents eventually venting anger, bitterness and frustration, particularly when accessing the education system.*
- 2) Lack of parental information as regards Special Education Needs.*
- 3) Parents' inability (due to emotions/not coping with the situation) to ascertain their rights.*
- 4) Local Education Authority ("LEA") lack of resources.*
- 5) Differing criteria for engagement with families and children as applied in some LEA's.*
- 6) Inclination of teachers to support the LEA rather than the parent and child during the early stages or when issues of conflict arise.*
- 7) Lack of expertise and experience in dealing with a child with multiple disabilities and a visual impairment.*

In some cases, after intervention successfully takes place and the young person enters the system, there can be an easy seamless transition. Often, however, where there is no support from an independent organisation (such as LOOK, the National Federation for Families with Visually Impaired Children) or other empathetic professionals, intervention can be fraught with problems.

NEWS - HERE AND THERE

Hadley – ICEVI Collaboration

Good news for professionals. ICEVI, in its Strategic Plan developed in February 2002 considered proposals to launch on-line courses for the benefit of persons with visual impairment, parents, and other professionals and personnel to update their knowledge in serving persons with visual impairment throughout the world. It is going to be a reality soon. ICEVI and the Hadley School for the Blind, USA, are working out a strategy to offer these on-line courses free of charge from July 2003 onwards. A formal Memorandum of Understanding will be agreed upon during the meeting of the Executive Committee of ICEVI to be held in March 2003. Further information on this collaboration will be available to readers in the January-June 2003 issue of The Educator.

ICEVI AND SPEVI Collaboration

The South Pacific Educators in Visual Impairment (SPEVI), a regional organization working for the welfare of persons with visual impairment in the Pacific region will be organizing its biennial conference in Brisbane in January 2003. A presentation on ICEVI will be made at the conference by the Secretary General to improve the visibility of ICEVI in the region. The ICEVI and SPEVI will be jointly organizing a pre-conference workshop for delegates from the Pacific Islands including Fiji, Solomon Islands, Samoa, Papua New Guinea, and Kiribati to strengthen their knowledge in education of low vision children, early childhood education, orientation and mobility, inclusive education, and teaching of mathematics. This joint effort of ICEVI and SPEVI is likely to promote better services for persons with visual impairment in the region. Readers will find a report of the workshop in the next issue of the Educator.

ICEVI: representation at the High-Level Inter Governmental Meeting held in Otsu City, Japan

The high-level inter-governmental meeting organized by the UN-ESCAP at Otsu City, Japan was attended by nearly 300 Governmental officials and representatives from NGO organizations. It was a structured meeting attended by Ministers, Education and Welfare Secretaries and selected NGO representatives. During the session on "Information and Access", ICEVI was invited to speak about the role of Information and Communication Technology (ICT) and the presentation highlighted what needs to be done to make ICT more accessible. It is noteworthy that ICEVI and CBM were among a handful of INGOs invited to contribute to specific topics. This recognition calls for further strengthening of ICEVI's involvement with UN bodies.

A joint educational policy document of ICEVI and WBU in the offing

The World Blind Union and ICEVI are working closer than ever before for the cause of welfare for persons with visual impairment. The two organizations are currently working on a joint policy document on education which will be discussed and endorsed soon by both the organizations. This joint policy document would be used as a tool to interact with the UN bodies, local governments, and international non-governmental and development organizations to augment educational services for persons with visual impairment with a view to achieving education for all by the year 2015. The joint policy document will be published in the next issue of The Educator.

IAPB – ICEVI Collaboration

The International Agency for the Prevention of Blindness (IAPB) and ICEVI will be working closer in the years to come. ICEVI will be making a presentation on educational intervention in the forthcoming general assembly of IAPB in Manama,

Bahrain in September 2003. ICEVI has also been invited to speak to the medical professionals about education of children with visual impairment in the forthcoming South East Asia Regional conference of IAPB to be held in Chittagong, Bangladesh in February 2003. The coming together of medical professionals working for the prevention of blindness with professionals working in education and rehabilitation is an important step in providing comprehensive services to persons with visual impairment throughout the world.

ICEVI - IMC Collaboration

ICEVI and the International Mobility Conference will be collaborating in the future on how these organizations can work together. The President and the Secretary General of ICEVI will make a

presentation on ICEVI on 31 March at the International Mobility Conference to be held in Stellenbosch, South Africa from 30 March to 4 April 2003.

Newsletter on Deafblindness in Asia

The Helen Keller Institute of Deafblind children, a premier organization in India has launched a newsletter devoted to educational issues related to Deafblind children. The newsletter includes several success stories relating to deafblind children and has the potential to serve as a tool for the exchange of ideas between professionals interested in the welfare of Deafblind children. Those interested in having the newsletter may contact the Director of the institute through e-mail hkidbind@bom5.vsnl.net.in

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Easy-to-use

- Light touch keys suitable for all ages
- Ergonomic keyboard design
- Write braille more easily and for longer periods



and watch them ACHIEVE!



The Mountbatten Brailer

by Quantum Technology Pty Ltd
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19-22 February

Vision Loss in the 21st Century - Everybody's Business, Beverley Hills, California
www.visionloss2003.org

19-22 March

18th Annual CSUN Conference: Technology and Persons with Disabilities, Los Angeles, California.
www.csun.edu/cod/

Pre EXCO

25-26 March

Sub-regional Meeting of ICEVI Africa Region, South Africa.

26 March

ICEVI Principal Officers Meeting, Stellenbosch, South Africa

27 March

The Drs. Richard Charles and Esther Yewpick Lee Charitable Foundation Grant: discussion with regional chairs - Africa, West Asia, East Asia & Latin America and Research Task Force Meeting

EXCO

28-29 March

ICEVI Executive Committee Meeting

Post EXCO

30 March

ICEVI Principal Officers Meeting

30 March – 4 April

11th International Mobility Conference (IMC11), Stellenbosch, South Africa. The conference is intended for orientation and mobility practitioners, educators, researchers, and individuals interested in the programs for the blind.
www.guidedog.org.za

14-16 April

Rehabilitation Research and Training Center on Blindness and Low Vision's National Conference.
 e-mail: sle2@ra.msstate.edu

15-16 April

Multiple Perspectives on Access, Inclusion and Disability 2003 Conference, Columbus, Ohio.
<http://ada.osu.edu/Conference/Conference%20Homepage.htm>

28-29 April

BrailleNet Workshop 2003 - New Technologies for a more Accessible Society, Paris, France.
www.brailenet.jussieu.fr/colloque

1-3 May

National Braille Association's 27th National Conference and Workshop.
 e-mail: nbaoffice@compuserve.com

19-23 June

Rehabilitation Engineering and Assistive Technology Society of North America's (RESNA) 26th International Conference on Technology and Disability: Research, Design, Practice, and Policy. Atlanta, GA
www.resna.org

22-27 June

10th International Conference on Human-Computer Interaction, Crete, Greece.
www.hcii2003.gr

28 June – 4 July

National Federation of the Blind's 2003 National Convention.
 web site: www.nfb.org

12-18 July

2003 American Association of the Deaf-Blind Convention, San Diego, CA
<http://www.tr.wou.edu/dblink/aadb2.htm>

17-21 July

European Blind Union Employment Conference, Paris, France.
www.euroblind.org

5-10 August

13th DBI World Conference on Deafblindness, Mississauga, Canada
www.dbiconferencecanada.com

31 August - 3 September

7th European Conference for the Advancement of Assistive Technology in Europe., Dublin, Ireland.
<http://www.atireland.ie/aaate>

28 September - 3 October

7th General Assembly, International Agency for Prevention of Blindness (IAPB), Bahrain.
iapbsect@yahoo.com