

The Educator



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LOW VISION



A Publication of



ICEVI

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

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From July 2007, every issue of The Educator will focus on a specific theme. The current one is on Low Vision. The Educator will also contain updates of the EFA-VI Global Campaign and the current activities of ICEVI.

Guest Editor : Dr. Jill Keefe

Assistant Guest Editor : Collin McDonnell



Larry Campbell
President

*Jakarta, Indonesia
June 23, 2007*

Dear Colleagues:

My letter for this issue of *The Educator* is being written on a Sunday morning here in Indonesia where our Secretary General, Dr. Mani and I have been working for the past several days. This past week we have been evaluating one of the first active programs of the EFA-VI Global Campaign, a pilot program that explores two models of support for blind and low vision students enrolled in higher education.

While the EFA-VI Global Campaign will largely focus on reaching primary school children who are without access to education, it is important that the Global Campaign not ignore other areas on the educational spectrum for children and youth with visual impairment.

After meeting twenty of the one hundred visually impaired university students served by this pilot program I am convinced that this investment by ICEVI, the Indonesia Union of the Blind and The Nippon Foundation is not only an investment in the future of these young people but a sound investment in the future of the Global Campaign. Let me tell you why I feel this way.

With training and access to the right assistive technology these university students have had their lives transformed. The self-confidence they have gained and the respect they have earned from their teachers, parents and fellow students is

remarkable. Having met many of these students before this pilot program got underway, this week I felt as though I was watching twenty flowers blooming before my eyes.

We all recognize that creating demand for education by making parents aware that education for their visually impaired child is not only possible but highly desirable must be a high priority of the Global Campaign. This week here in Indonesia we have met twenty young people whose life stories and self-confidence will surely inspire and provide hope to any parent with a visually impaired child.

Our job now is to continue producing these role models at all points on the educational spectrum and to create strategies, with our colleagues at the World Blind Union, to spread the word to families of visually impaired children in every country where the Global Campaign will promote educational equity for all children with a visual impairment.

I hope you enjoy this issue of *The Educator*. Let me end this message with a word of thanks to our 1st Vice President, Dr. Jill Keeffe who served as the Guest Editor for this issue on Low Vision and to all whose contributions you will find on the pages that follow.

As always,

Larry Campbell
President



Harry Svensson
Editor

Dear Reader:

Half a year ago I told you about our plan to give The Educator a thematic appearance. The idea was to have an experienced professional to serve as a guest editor responsible for the thematic section. Dr Jill Keffe, a well-known low vision expert and 1st Vice President of ICEVI, accepted the challenge to become our first guest editor. Jill and the assistant guest editor Collin McDonnell have gathered authors from all over the world to present their work and challenges.

With the limited space available in a journal like The Educator it is not possible to cover all aspects of a specific theme. This means you cannot expect a “handbook”. What The Educator can offer you is examples of how others have dealt with a specific task. Look at The Educator as a source of inspiration.

When the Publications Committee met earlier this year four new topics were identified as important for coming issues of The Educator – Self-Esteem, Independence, Braille and Literacy. The Publications Committee will welcome your views on how to deal with subjects like these.

In the Publications Committee we have also discussed the possibility to carry out a reader survey. Before deciding to launch such a study it is worth trying an easier and more informal way – please send an e-mail or letter telling me about your expectations.

Do not restrict your comments only to The Educator. I’m also interested in having your opinion on our website www.icevi.org. Earlier this year ICEVI introduced a new site having two main sections – ICEVI general information and information about the Global Campaign on Education For All Children with Visual Impairment (EFA-VI).

Our ambition is to have a website containing valuable information for people involved in the education or people with visual impairment all over the world. If you translate an article published in The Educator, or any other ICEVI material, into any language, please let us have the possibility to publish this material on our website.

Sincerely,

Harry Svensson

Editor and 2nd Vice President of ICEVI



Jill Keefe
Guest Editor

Meeting the needs of children who are blind and have low vision as part of Education for All 2015 – Vision Impairment presents challenges wherever in the world we live. This monograph on education of children with low vision provides some insights from across ICEVI's regions.

In many countries enrolment in a school or service for vision impaired students has not included an eye examination to determine if vision can be corrected, restored or improved. A number of articles point out the need for multi-disciplinary teams in the education of students with low vision. The article by Nguyen from Vietnam discusses the importance of examinations by eye specialists to determine the vision of potential and current students. China has recognised the specific needs for students with low vision which is evidenced by the enactment of legislation. While there has been much progress, Peng and Li list among the challenges the shortage of eye care and rehabilitation centres, the involvement of families and society at large and the need for the systematic training of visual function to be integral to education, not just periods of 'vision training'. This is echoed by Bachofer in her article giving real life examples of the critical role of prescription and training in the use of low vision devices in enhancing the life experience of children of all ages. In her article she emphasises the need for the involvement of a multi-disciplinary team in the assessment, training and education of children and youth with low vision. Other articles also illustrate this point. Gasparetto describes the National Project for Low Vision Students which aims to identify, assess and provide optical and non-optical devices for students with low vision to enhance their visual function.

The challenge of the unmet needs for education of children with low vision is universal. The provision of services by community-based rehabilitation (CBR) workers and educators needs to be accepted as an

important solution if there is to be progress in meeting the large proportion children currently without access to education in underserved countries and in rural areas especially in Africa and Asia. Yasmin and Minto quote case studies to illustrate the needs of students and they outline the training and resourcing of CBR workers in Bangladesh in a successful community-based initiative. Lynch and McCall have designed a study to examine critical aspects of the work of teachers in integrated education programs in East Africa.

Research into the needs of children with low vision is scarce, as it is into effective programs and their impact. Two short reports of research into reading (Victoria) and the development of a questionnaire to understand the scope of the needs of children with low vision (Cochrane) have been included in this monograph.

The need for trained educators is a theme which runs through many of the articles in this monograph. Examples of innovation are given from Latin America and Eastern Europe. As Adamowicz-Hummel points out 'personnel preparation constitutes an indispensable part' of the systematic approach to the special educational and rehabilitation needs of children and adults with low vision. She outlines the recently developed curriculum for Poland. Gross outlines how the University of Costa Rica has transformed the curriculum to respond to the new educational paradigms of inclusion, Education for All, and equality of opportunities. Like many others she points out the importance of partnerships – government, families, 'special' and 'regular' educator in our progress towards Education for All.

Guest Editor:

Associate Professor Jill Keefe

Assistant Guest Editor:

Collin McDonnell

EDUCATION FOR ALL CHILDREN WITH VISUAL IMPAIRMENT (EFA-VI) GLOBAL CAMPAIGN NEWS

EFA-VI Workshop for the Pacific Region

The Global Campaign on Education For All Children with Visual Impairment (EFA-VI) is gaining momentum in various regions of ICEVI. The year 2007 began with the workshop on this subject organized by the ICEVI Pacific Region on 4-5 January 2007 at Perth, Australia for participants from the Pacific region. More than 30 participants from Fiji, Papua New Guinea, Kiribati, Solomon Islands, Australia, and New Zealand attended the workshop. The workshop was coordinated by Jill Keefe, first Vice-President of ICEVI, Frances Gentle, the ICEVI Regional Chair of the Pacific Region, and Mani, the Secretary General. Mrs. Maryanne Diamond, Vice-President, World Blind Union (WBU) and Mr. Cheng Hock, Regional President, Asia-Pacific region of WBU were also actively involved in the workshop. The participants discussed in detail the strategies to be adopted by the region in implementing the EFA-VI campaign. They unanimously resolved that the PRIDE (Pacific Region Initiative for the Delivery of Basic Education) project should be used effectively for implementing the EFA-VI campaign in the region.

Global Task Force Meet

The Global Task Force (GTF) meeting of the EFA-VI Global Campaign was held in Oslo, Norway on 23-24 April 2007. This meeting had a special significance as the regional chairpersons of ICEVI also attended and the plans for “focus countries” in each region were discussed. The GTF has already suggested ways to classify countries within each region for implementation of EFA-VI activities and these strategies were discussed further for operationalisation. The GTF is of the view that while some countries within each region might be taken up as focus countries to monitor the performance indicators of the

Global Campaign, it feels that varied activities such as awareness creation, capacity building, development of literature, etc., may also take place in other countries within each region so that more countries take part in this campaign in one way or the other. The meeting crafted such a plan to implement various types of EFA-VI activities for the quadrennium.

Launch of EFA-VI Global Campaign at the Africa Forum

The Education For All Children with Visual Impairment (EFA-VI) Global Campaign for the Africa region was launched at the 4th Africa Forum held in Nairobi, Kenya from 6 to 11 May 2007. During the launch ceremony held on 8 May 2007 in the presence of Mr. Larry Campbell, President, ICEVI, Dr. William Rowland, President, WBU, and more than 300 delegates from the Africa region and international organisations, Mr. Karega Mutahi, Education Permanent Secretary of Kenya called for special initiatives to reach out to children with visual impairment who are currently un-reached. Here is the Newspaper report on the launch.

Allafrica.com

Thursday, May 10, 2007

Kenya: The Blind to Benefit From Education Plan

By The Nation (Nairobi)

Nation Correspondent, Nairobi

An initiative that will force African governments to provide education to visually impaired children has been launched.

The Education for All Children with Visual Impairment in Africa programme is in line with the wider goal of ensuring education for all by 2015.

Education Permanent Secretary Karega Mutahi launched the African initiative on Tuesday night at a forum attended by representatives of blind and visually impaired people from 40 African countries.

In a speech read by the PS, Education Minister George Saitoti asserted that children with disabilities deserved education to help them lead meaningful lives.

The Minister said the Government would ensure that the right to education for persons with disabilities was included in all national education plans. The move would also ensure equal distribution of resources to all learners.

Excerpts of his speech

“Education and training opportunities help to fill in the gaps in economic and social development that marginalise them.”

The Government, he added, was developing a policy on special needs education. He said the policy would guide the inclusion of educational services for children with disabilities in national development plans.

“Many people with special needs have already been socially excluded through denial of education. This needs to be addressed urgently by all concerned,” the Minister said.

He cited lack of clear guidelines and support for an education policy and lack of data on children with special needs, inadequate tools and skills for their identification and assessment as some of the challenges facing them.

“This means that special education has not been absorbed in all education sub-sectors and programmes as effectively as it should be.”

Many teachers have not been trained to handle children with special needs and the children are rarely placed in appropriate learning institutions.

Their teaching and learning materials are also expensive and inadequate.

ICEVI availed the opportunity to conduct workshops on teacher preparation, teaching mathematics, and implementation of the campaign activities at the Forum. Regional meetings for the delegates of the Forum were also organized to network with each other for facilitating synergy in serving persons with visual impairment.

ICEVI is currently contacting major international organisations working in the Africa Region to come together for conducting a needs-assessment of the region and to work together to achieve the goals of education for all children with visual impairment.

EFA-VI Technical Task Force Meeting in Vietnam

Vietnam is one of the Fast Track Countries for the implementation of education for all movement as identified by the World Bank and this initiative is being used by ICEVI and the WBU to implement the Global Campaign on education for all children with visual impairment. The East Asia Region has included Vietnam as one of the focus countries for the EFA-VI campaign. The country has already formed a National Technical Task Force (NTTF) with Madam Mai, the Vice-Minister of Education as its chairperson and Dr. Minh, Deputy Director, Department of Curriculum Development, Ministry of Education and Training as its Secretary. The first meeting of the Technical Task Force was held in Hanoi, Vietnam on 25-26 May 2007 wherein the members prepared a draft plan for the implementation of EFA-VI campaign in the country from 2007 to 2010. The campaign will be officially launched in the country in the near future.

***The next meeting of the
Global Task Force will be held
in London on 1-2 October 2007***

Guidelines for preparing **National Plans for the implementation of EFA-VI**

With the feedback obtained from regional chairs and members of the Global Task Force of the EFA-VI campaign, guidelines were drafted for preparing national plans for the implementation of Education For All Children with Visual Impairment campaign. The participants who attended the EFA-VI workshop at the Africa Forum reviewed the guidelines and endorsed them with minor changes. Following are the guidelines which may be useful for the countries in preparing national plans.

1. PRESENT SCENARIO IN THE COUNTRY: *(Provide as much information as possible in this section to ensure a birds-eye-view of the current educational services available for children with visual impairment in the country.)*

This section may cover the following key aspects:

- 1.1 *The magnitude of the problem:* What is the percentage of persons with visual impairment in the country? What percentage constitutes children of school age group? How many currently have access to education? How many over aged children need education, etc?
- 1.2 *Policy of the Government:* Is the policy of the government conducive for the development of educational services for children with visual impairment? Are there active organisations of and for persons with visual impairment?
- 1.3 What are the impediments at present for expanding educational services for children with visual impairment – such as lack of teacher preparation facilities, lack of materials, lack of awareness, etc.?

2. GOALS FOR THE QUADRENNIUM

(This section may include targets the country is aiming to achieve in terms of increasing services for children with visual impairment. Avoid listing activities that emerge out of wishful thinking. Please mention what is achievable during the years 2007-2010 so that necessary activities may be planned to achieve the listed goals.)

This section may include the following:

- 2.1 How many children with visual impairment are likely to be provided access to education?
- 2.2 If projecting an absolute number is difficult, the country may mention the probable percentage of these children to whom education can be offered by the end of the quadrennium?

3. WHAT APPROACHES ARE APPROPRIATE FOR ACHIEVING THE DESIRED GOALS? *(The country plan needs to include the current service delivery approaches, and the approaches to be adopted by the EFA-VI campaign to achieve the desired goal.)*

This section may include the following:

- 3.1 What service delivery approaches (special schools, integrated education, inclusive settings, etc.) are being applied in the country at present?
- 3.2 What approaches are considered appropriate in the implementation of the EFA-VI campaign in the country?

3.3 If the suggested approaches are different from the existing approaches, is the country prepared to adapt them?

3.4 What measures are necessary to execute the suggested service delivery models in the country?

4. WHAT NEEDS TO BE ADDRESSED TO ACHIEVE THE DESIRED GOALS?

(In order to achieve the targets fixed above, many issues such as the human resource development, curriculum, materials, monitoring, etc., need to be addressed. Providing these details may help in preparing the financial requirement for the implementation of the campaign.)

This section may include the following:

4.1 What type of personnel and professionals are required to achieve the desired coverage of children with visual impairment every year of the implementation?

4.2 What preparations such as conducting orientation programmes, teacher training enrichment courses, etc., are necessary in each year?

4.3 What facilities at present are available for human resource development?

4.4 What type of learning materials are necessary for human resource development?

4.5 What additional arrangements need to be made for addressing the human resources issues?

4.6 Does the country have necessary trainers for addressing human resource development? If not, what type of assistance is required from the EFA-VI campaign?

4.7 Who are the major stakeholders who should constitute the national task force for the EFA-VI campaign?

4.8 What should be the terms of reference for the EFA-VI global campaign?

5. WHAT MECHANISMS WILL BE ADOPTED TO ENSURE SUPPORT SERVICES?

(One of the guiding principles of the EFA-VI campaign is that appropriate services should be ensured for children with visual impairment. The country plan needs to include information on how Braille books and assistive devices may be made available for children with visual impairment enrolled in schools.)

The plan may include how the existing centres will play a role in the above.

The following aspects may be included in the plan:

5.1 What mechanisms are available / will be useful in the early identification and assessment of children with visual impairment for making appropriate placement in educational services?

5.2 What is the existing mechanism for provision of learning materials and assistive devices to children with visual impairment enrolled in schools?

5.3 Assuming that the campaign will enroll more children, what mechanism is available to ensure provision of such services to all children with visual impairment enrolled?

5.4 Is there a support system to provide early intervention services in order to facilitate effective inclusion of the child in the mainstream schools?

- 5.5 Is there an institute in the country that can serve as a centre of excellence for preparing human resources, providing support services, etc.?
- 5.6 If such a single institute is not available, is there a possibility of developing a network of institutions to provide the required services?
- 5.7 What will be the requirement in terms of additional human resources, equipment, materials, etc., to make the centres of excellence highly efficient in the country selected?

6. HOW WILL THE COUNTRY ENSURE DOCUMENTATION OF DATA?

(The impact of the EFA-VI campaign will be measured against the parameters of success such as increased enrolment of children with visual impairment, reduction of dropout rate, ensuring provision of support services, and creation of alternative service delivery systems wherever appropriate. The plan needs to spell out a detailed plan of how data would be collected to address the above parameters.)

The following key components may be included in this section.

- 6.1 What mechanisms will the country make use to document data regarding enrolment of children with visual impairment, dropout prevention, etc?
- 6.2 What types of tools will be used to document this information?
- 6.3 What is the periodicity to document the information?
- 6.4 What types of human resources are required to document such data?

- 6.5 How will the project record qualitative information regarding the impact of the campaign?

7. WHAT TYPE OF CAPACITY BUILDING PROGRAMMES WILL BE ORGANISED?

(In order to implement the campaign the country may organise a number of capacity building programmes for many stakeholders such as teachers, parents, students, public, etc. The year-wise plan for the conduct of such programmes may also be provided along with budget information.)

The following issues may be addressed in this section:

- 7.1 What type of advocacy programmes will be organized in each year of the quadrennium?
- 7.2 What type of impact these programmes will have on the overall conduct of the campaign?

8. BUDGET REQUIREMENT FOR THE CAMPAIGN

While preparing the budget, the country needs to provide information on how the expenses towards the implementation of the EFA-VI campaign activities will be met from various sources. The budget expected from the campaign may be prepared under the following categories. The amount for each item may be prepared in local currency and then converted into US dollars using the current exchange rates.

Though there are differences between countries, the National Plans for EFA-VI will try to address all the major headings listed in these guidelines

Sl. No.	Budget Item	Year 1	Year 2	Year 3	Year 4
1	Formation of National Task Force and one meeting during the year				
2	General orientation programmes on the EFA-VI campaign				
3	Capacity building activities for general classroom teachers				
4	Advocacy and capacity building programmes for parents				
5	Creation of Centres of Excellence - equipment, literature, etc.				
6	Teacher preparation activities for special teachers				
7	Preparation of teaching-learning materials				
8	Human resources cost for monitoring the EFA-VI project activities (National Coordinators, if necessary)				
9	Travel within the country				
10	Telephone, fax, etc.				
11	Programme monitoring at local (provincial) levels				
12	Printing/translation of campaign literature into regional languages				
13	Honorarium to secretarial staff of the regional chairs / national level coordinators				
14	Budget for media awareness activities and also for documentation of best practices				
	TOTAL				

9. EXPECTED OUTCOMES OF THE CAMPAIGN

The single goal of the EFA-VI campaign is to increase access to education for all children with visual impairment. The Governments and funding agencies will naturally like to know to what extent the EFA-VI campaign is able to facilitate such access to this un-reached population. Therefore, the country plans need to include expected outcomes at the end of each year of the implementation of the campaign. This information will also be useful for conducting research activities to assess the efficacy of the campaign.

This section may include the following:

- 9.1 Number of children with visual impairment expected to be benefited by the campaign.
- 9.2 How many teachers, parents and other personnel would have been trained by

the end of each year to expand services to these children?

- 9.3 What types of qualitative impact the campaign is expected to bring in on the quality of education of children with visual impairment?
- 9.4 What impact the campaign activities will have on the overall education system of the country?

The above list is not exhaustive and therefore, country specific expectations may be listed. The research team connected with the EFA-VI campaign may conduct an objective oriented evaluation to find out to what extent the above expectations are met in the campaign.

The framework provided in this plan is just suggestive based on minimum requirements and the country may add additional points if required.

ICEVI UPDATES

Meeting of the Executive Committee (EXCO) of ICEVI

The Executive Committee meeting of ICEVI was held on 25-26 April 2007 in Oslo, Norway. Here is the strategic update of the meeting.

1. The EXCO appointed a Task Force to prepare regulations for membership. Core committees have been appointed to review the current strategic plan of ICEVI and also to develop a strategy paper for resource mobilization, particularly in the context of the implementation of the Global Campaign.
2. With regard to the implementation of the EFA-VI campaign, there was general agreement that the campaign should address issues at three levels, viz.,
 - *Advocacy at the international level to get support for the campaign in terms of recognition and resources.*
 - *Implementing the campaign activities gradually in various regions of ICEVI, which are considered ready by the Global Task Force.*
 - *Creating awareness in countries that have not yet evolved strategies to promote services for children with visual impairment.*
3. The EXCO suggested that ICEVI publications available in languages other than English be posted on the website.
4. It was decided to establish a section related to the area of research on the website and motivate those interested to undertake appropriate researches.

5. Members unanimously approved the proposal to celebrate the Louis Braille Bicentennial in 2009 in collaboration with the World Blind Union. Detailed plans will be worked out in the course of time.

Evaluation of the Higher Education Project

The ICEVI-Pertuni (Indonesian Union of the Blind) pilot project on higher education which is currently providing support services to approximately 100 blind and low vision students enrolled in 16 higher education facilities in Bandung and Jakarta with the assistance of the NIPPON Foundation, Japan was evaluated in June 2007. The evaluation team included Mr. Yaz and Ms. Maki Honda from the Nippon Foundation, Mr. Larry Campbell and Mani from ICEVI and Ms. Aria Indrawati from the Pertuni. The team interviewed visually impaired learners, teachers, fellow students, administrators, etc., and observed their skills in applying technology for their learning. The results are very encouraging and the impact of the project is evident from the fact that more visually impaired students are enrolling for higher education studies and their academic performance is improving. Recognizing the success of the project, the NIPPON Foundation has expressed its willingness to expand the project in other regions of Indonesia and also launch in Vietnam and Philippines. The visually impaired adults of the higher education programme are becoming role models and they are certainly the ambassadors for creating a demand globally for the education of children with visual impairment. The report of the project will soon be posted on the website of ICEVI. ICEVI and Pertuni profoundly thank the NIPPON Foundation for its assistance in this endeavour.

Meeting of the Publication Committee of ICEVI

The Publication Committee meeting of ICEVI was held in Copenhagen, Denmark on 18-20 March 2007 with Harry Svensson, 2nd Vice President, ICEVI as its chairperson. The committee has prepared a distinct plan of action for publication during the current quadrennium. The committee discussed ways to better disseminate publications in order to spread the vision and mission of ICEVI. One of the key decisions of the Publication Committee is that the future issues of The Educator, the official magazine of ICEVI will deal with specific topics pertaining to the EFA-VI Global Campaign. The committee will also constantly update the content of ICEVI's website.

President, ICEVI in WBU's Officers Meeting in Toronto

Larry Campbell, President ICEVI attended the officers meeting of the World Blind Union held in Toronto, Canada on 3-4 April 2007 and provided the WBU Officers with a progress report on the EFA-VI campaign. He highlighted the importance of the effective involvement of the World Blind Union in creating a demand for education of children with visual impairment throughout the world, particularly in the developing regions.

Fasten seat belt to Sydney

The 13th World Conference is likely to be held in Sydney, Australia. Fasten your seat belt to visit this exotic place. More information on the conference will be posted on the website soon.



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**Parents of
Vision Impaired (NZ) Incorporated**

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For Parents, by Parents

“The Knowing”

May 2007

Greetings to you all,

I have been given this wonderful opportunity to regularly write a column for “The Educator”. As a parent of a child with complex needs, this is a wonderful opportunity. First, I would like to introduce my family to you. I have been happily married to Marie for 33 years, and together we have 6 children, 5 daughters and a son, and 3 wonderful grandchildren. I am a lucky man! Our 4th child Jessica has special needs.

The first two years of Jessica’s life were a living hell for us all. Jessica was born 3 months premature and weighed 800 gms... Marie and I were only just coping, no, we were not coping. It was horrible. No-one understood how we were feeling. Another parent advised us to attend a weekend meeting of parents called Parents of Vision Impaired. We were encouraged this would help. You will be amongst friends, amongst parents who understand. I thought, “What have we to lose, anything will be better than what we are going through at the moment”. I went, and they were right. I returned home changed, inspired, and with hope - hope for Marie and I, hope for Jessica. I learned that education for Jessica was not a dream but a reality that she will go to school and learn just like her sisters. I also learned how to cry and not feel ashamed etc. I felt passionate for the first time about Jessica’s future.

Some 23 years ago, a small group of parents approached the Royal New Zealand Foundation of the Blind (RNZFB) seeking seed funding for an annual meeting of Parents raising Blind and Vision Impaired (VI) children in New Zealand (NZ). 3 years later Parents of Vision Impaired N Z (PVI NZ) was formerly constituted.

One needs to be very clear why parents value coming together. The commonality of shared experiences of their Blind or VI children is a very strong bond. Parents learn, inspire and empower each other when given opportunities to be together. Here in New Zealand I call it “the knowing”. The ability to connect and understand where another is coming from cuts across many

cultures. It gives natural authority to speak without fear of judgement, without fear of having to explain, of being listened to. It is an acceptance that for many of us we find very healthy. Some explain it is as a “fix” like no other.

For many years, PVI NZ existed successfully as a voluntary parent model. As the PVI membership grew, it was necessary to become more professional. We decided to employ someone, a paid position that would move the organisation forward. Looking back this has been our single most important undertaking. We urge other developing parent groups to follow this path more quickly than we did.

Today PVI NZ is seen as a credible parent organisation in our country. We work collaboratively with our educators and health officials at local, regional and national levels. We now work in the International arena through the ICEVI/WBU EFA - VI Global Campaign.

Here in New Zealand, we have an education network called BLENNZ (The Blind and Low Vision Education Network of New Zealand). BLENNZ has been a joint venture with our Ministry of Education, Resource Teachers Vision, the Royal New Zealand Foundation of the Blind and PVI NZ. It has one employer, one set of national standards and guidelines ensuring consistent work practice. Although BLENNZ is still in its infancy, we are expecting in the Government Budget announcement further allocation of funding and resources. I shall explain more in the next issue; hopefully it will be good news!

Please support parents in your communities to come together and learn from each other. Let them learn at their pace. Let them be “for parents by parents”. Self determination is a wonderful thing provided it takes people with it.

Until the next time, take care.

Best Wishes

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Low Vision Devices and Children with Visual Impairments

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Karina was a kindergartener who kept me awake at night. Sometimes I found myself trying to fall asleep and thinking about what activity I could come up with to keep her attention and entice her to use her vision. Karina was an intelligent, curious five year old who had retinitis pigmentosa, an estimated acuity of 20/400 and a prescribed 4x telescope. Occasionally she was able to identify letters on a large sign in front of her school. Seeing these letters was not important to her. I was struggling to convince her that she could gain helpful information by using her eyes. Karina taught me valuable lessons about children and use of optical devices. The following paragraphs focus on three primary points in habilitation of children with low vision and the use of devices from my perspective as a teacher of students with visual impairments (TVI). The three principles include: 1. *Work with a team of people to provide care*; 2. *Listen to the student's messages and goals*; and 3. *Integrate device use throughout daily routines*. Giving attention to psychosocial issues is at the center of each principle.

Introduction

Children who are born with a visual impairment have a very different response to their condition than to adults who acquire a visual impairment later in life. Unlike adult rehabilitation, learning to function with a visual impairment and development of the child are taking place at the same time. Secondly, these adults have led a life of visual independence, while children with visual impairment have no memory of typical vision use. Rehabilitation is taking a person to a primary level of functioning. Habilitation is the process of helping children to build a belief in the value of using the vision they have to complete tasks and to acquire skills for maximizing their potential to use vision. These needs are unique to the learning process.

Device use at a young age, even for children as young as three, is primarily about curiosity and exploration. Learning materials are larger and lessons typically happen within arm's length where the item can be brought close to the child's eyes and examined through both vision and touch. Building early awareness of the tool that "helps me to see more by making things bigger" is a critical lesson. By using a magnifier, the student can share in the vivid descriptions of common items such as an insect held in a shallow dish, the color and texture variations of the surface of many fruits and vegetables or the dials and gauges with moving parts that indicate equipment is functioning. Using a telescope, the student can mimic, along with classmates, the flowing movements of a brightly colored fish seen through the side of a large glass container. From a safe distance, the student can study and copy the facial expressions of animals. Taking turns with classmates, the student can practice tracking skills by watching their movement in the distance and describing changes in body position. Using devices in activities that take place within the classroom and beyond, the student is able to fully participate with peers and sometimes even add additional details missed by impatient eyes.

Two influences have shaped my current understanding of this specialization. Having grown up with low vision and having managed responsibilities in the competitive workplace, I am aware of the necessity of visual efficiency and visual independence. As a teacher with the project Providing Access to the Visual Environment (PAVE) at the Vanderbilt Eye Institute, Vanderbilt University Medical Center, I have benefitted from exposure to a multidisciplinary model of comprehensive low vision care. This model supports follow-up instruction in the use of optical devices for students in their education and community setting. To be successful, professionals in low vision care must listen to the student as

well as the multiple voices that impact the student's world.

What is success for my students? Success takes different shapes based on a student's needs and abilities. Cassidy, a 16 year old who uses eccentric fixation for near viewing, had chosen to rarely read menus in a restaurant. Success is her willingness to explain to a restaurant employee who questions how she performs her task, "I am visually impaired and this is the best way for me to read." Success for Carlos, a three year old, is willingness to use wide head turns to scan the floor for a wanted toy rather than crying for help. Success for Vincent, a 12 year old, is willingness to grab a telescope before heading to the school assembly and sitting with friends in the gymnasium bleachers. These are examples of personal confidence and visual independence from students who are finding their own style of living with low vision.

Principles of Low Vision Care

Multidisciplinary Team

Low vision is personal, emotional and unpredictable. This disability is poorly understood by the general public, including school systems, and frequently a family feels left on its own to figure out how to raise a child whose vision is somewhere between blindness and typical sight.

Low vision services entail problem solving. Problem solving is best accomplished with a team approach. The members of a low vision team must understand the subtle and direct influences of various professionals' perspectives on the student. A parent or guardian knows the child best while a doctor understands the effects of a condition and educators can describe the impact of visual factors on learning. The meeting to review Karina's report from the low vision specialist established communication among her

parents, classroom teacher, school principal, TVI, orientation and mobility specialist and PAVE teacher. This allowed us to determine common messages of visual efficiency for Karina. In response to Karina's questions such as "What is my teacher holding?" during classroom demonstration time or "What is that noise?" with construction equipment operating in the neighborhood, adults around her said, "Let's grab your telescope and find out."

A collaborative approach is demanding of time initially but when members are able to coordinate their roles, habilitation for the child with low vision is most effective. Prompting from a parent in an unhurried moment for the child to read nutrition information on a food package using a magnifier or find a pedestrian's bright colored outfit through the telescope is a valuable lesson. Teachers can be supportive by helping parents to identify such occasions in children's daily routine.

Student Messages and Goals

Low vision defies explanation from a student's developing vocabulary. Learning first to understand and how one sees differently than peers and then finding the words to explain the condition are two unclear tasks. Learning to voice one's own goals for using vision is a further step in this continuum. Malcolm, a nine year old learning to use a 4x telescope, fiercely stated, "I want to write my own spelling words from the white board." Previously, other students or the teacher had provided written lists to him. Hence had given his declaration of independence.

Low vision devices are not a magic solution resulting in typical vision. Comments from students give honest feedback of their frustrations. "But what if I can't find the words on the map during class tomorrow?" or "Don't make me use that thing. I don't want a telescope!" Willingness by the teacher to explore these versions of "I don't want to be a kid with

low vision" can be very instructive. For Kadeesha, this meant "It's too hard to use my vision when people are staring." For Tobias this meant, "I can use the thing but I won't take the chance of being made fun of in front of my friends." For Karina it meant "Your tool is not giving me enough information that is valuable to make the struggle of using my telescope worth it." All of these messages are valid and are examples of growth toward independence. Unfortunately, I may hear these messages in the closing moments of a lesson. "Sometimes," I tell a student, "my job is not to help you see, but to help you see choices."

Case Study: Bridgett

Bridgett wanted to see the batter at a baseball game and her sister on horseback at the horse show. She was a 20 year old student with optic atrophy secondary to severe cerebral palsy. She used a wheelchair and had involuntary, spastic reflexes and a cognitive delay. A team of 12 people including family members, teachers and support services staff came together to review her low vision report. Bridgett's persistence in wanting to see more pushed me to listen and to attempt an unconventional device mounting system. After several months of experimenting with spectacle mounted and head bourn systems, we settled on a telescoping rod from the back of her wheelchair that placed a clip in front of her eye for telescope positioning. Her field through the telescope is very restricted and requires adult assistance but Bridgett was able to spot her batter and her sister on horseback.

Integration of Device Use

Using vision efficiently and use of low vision devices are not automatic skills to a student who has low vision. Students who have gained proficiency in device use may not recognize the instances in which the device can be helpful. They may even be disinterested in the

information that others acquire visually because access is out of their reach. Too often as teachers, we focus so tightly on one environment that we neglect to extend visual reach into active settings beyond a classroom. Successful low vision habilitation is truly found when strategies and tools are integrated across environments and activities.

Case Study: Tadej

Tadej's doctor described him as exhibiting "tremendous visual curiosity" in the report following his low vision evaluation. He first came to clinic at age five with a diagnosis of optic atrophy and an estimated visual acuity of 20/700. His family had recently moved to the United States and Tadej's first task was to learn English without a reading medium. In his first years of school, the closed circuit television was his tool for learning print letters; this was an inefficient medium for him. Tadej fiercely resisted Braille. Early team meetings occurred, but communication among new team members was difficult with his changing program. We started with a 2.8x telescope, with a final goal of his using an 8x. By age 8, Tadej's interest in finding distance information had increased. Holding the 6x telescope, he motioned with his hand and said, "It's not going far enough. I want to push it out." With youthful clarity, he illustrated his appreciation for range of telescope power. Today, at age ten, Tadej wants to see classmates' facial expressions across the room and identify what a speaker on Career Day is holding. He wants to find his buddies in the parking lot after school and take the telescope to his brother's soccer game. Tadej's success is an unfolding story.

Conclusion

Teachers must sometimes work as predictors of the future. They can help their students anticipate

life beyond the school setting and home. Can the student find travel information such as bus numbers or building signs? Can the student check a grocery receipt or bank statement for accuracy using high plus lenses or a magnifier? What visual tasks is a peer three years older managing? We must remember, we're not just helping a student use a magnifier or a telescope, we're helping this young person to gain independence with visual tasks for life.

Pediatric low vision services are an evolving discipline in low vision care. The characteristics of this population vary widely, yet some principles hold true for all students. Communication among members of the team providing care is crucial. Listening to the student's messages and goals can inspire lesson plans that lead to motivating use of devices-even in school. Finally, prompting integration of device use across environments throughout instruction will support the development of self-reliance and independence. Wondering if I've really listened to my student during today's lesson comes to mind before I sleep. Like rewinding a movie scene, I replay conversations in my head looking for clues to understanding a student's feelings about being visually impaired. Our most important goal as members of a multidisciplinary team is preparing students for lifelong learning. Support of device use is central to creating this reality.

*Keep your eyes to the
sunshine and you cannot
see the shadows*

- Helen Keller

Education and Rehabilitation to Children with Low Vision in Special Schools in China

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1. Background

The official definition of visually impaired in traditional Chinese law is similar with that defined by WHO in 1973, but it is simplified so that people working in this field can grasp it more easily. According to the definition of visually impaired in China, visual impairment means that persons who have visual acuity impaired or restriction in the visual field who for any reason will not be able to work, study or do other activities as normal people. The official definition for visual impairment includes low vision as well as blindness. Blindness can be divided into two categories, the first category is defined as visual acuity of less than 0.02 (20/1000 or 3/150) in the better eye with correction, or restriction in the visual field of less than 5 degrees, the second category is defined as visual acuity between 0.05 (20/400 or 3/60) and 0.02 in the better eye with correction, or restriction in the visual field of less than 10 degrees. Low vision is classified into two categories. The first category is defined as visual acuity between 0.1 (20/200 or 6/60) and 0.05 (20/400) in the better eye with correction and the other category defined as visual acuity of between 0.3 (20/60 or 6/18) and 0.1 (20/200) in the better eye with correction.

At present, some Chinese experts are urging the government to adopt the definition of low vision passed in the meeting on “Management of Low Vision in Children” held in Bangkok, Thailand, 1992, which was attended by experts of low vision from different parts of the world. This meeting defined low vision as those who have visual acuity of less than 6/18 (0.3), but with light perception, or restriction in the visual field of less than 10 degrees, but he/she can still use, or potentially able to use, vision for the planning and/or execution of a task.

According to the statistics released by the China Disabled People Federation in 2006, there are 12.33 million people with visual disabilities in

China, covering nearly one percent of the whole population. Although the number of people with low vision has not been projected, it is presumed to be large in size.

Traditionally, education in special schools for the blind aims at those people who lose their sight. All special schools for the blind put emphasis on how to teach blind students to read and write Braille, how to transform scientific knowledge to them, and how to improve those students' self-independence and living skills. They use Braille materials and other tactile teaching-aids. All teaching activities are designed and applied mostly for totally blind children. Therefore, students regardless of total blindness or low vision, learn Braille at the beginning. Braille, the special learning tool, is used to help students acquire knowledge, communicate feelings and understand the world. According to the statistics reported by a Chinese Special School for the Blind in 1996, low vision students are 62 percent of the whole population at school, and they are even more than totally blind students in some classes. The situation of other special schools for the blind is similar to this one. However, the students who still have some sight too had to learn Braille like those who are blind. In the late 1970s, as the number of low vision students in schools for the blind increased, some people realized the importance of educational reforms in these schools aiming at addressing the specific educational needs of blind and low vision students. In 1985, Shanghai School for the Blind and Beijing School for the Blind began experiments of teaching low vision students and blind students in separate classes. That is, low vision students no longer had to learn Braille but learn general Chinese characters by wearing appropriate visual aids. From then on, blind schools in China began experimental programs of classified teaching in the case of low vision students. The Ministry of Education in China paid much attention to the program and extended the

experiences of classified teaching to dozens of blind schools in China. In October 1989, the Department of Basic Education, Ministry of Education held a seminar in Shanghai about teaching low vision children, advocating the principles of classified teaching. In March 1990, "Classified teaching of blind children and low vision children" became a very important aspect of educational reform in blind schools and is a significant measure to improve educational quality in blind schools as well. Schools that have not carried out classified teaching should be active, design experimental plans and carry out them gradually" - indicates the *Working Report of Classified Teaching of Low Vision Students*. In order to hasten the implementation of classified teaching, Department of Special Education, Ministry of Education held Training Workshop for Teachers of Low Vision Education in Blind Schools in China in July, 1990 and allocated a special fund to schools implementing classified teaching to provide adequate teaching facilities.

2. Policy and Practice

From 1982 to 1995, the number of laws and regulations published by the government was more than the total number published over the first thirty years following the Founding of the People's Republic of China. The Constitution, published in 1982, states in Article 45, that the nation and society should arrange employment, living and education for the blind, the deaf, and the others with handicapping conditions. The Compulsory Education Law of the People's Republic of China, passed in 1986, states that all children including those with disabilities have the right to receive free education and that the government at various levels should establish special schools or special classes for the blind, the deaf or mute, and mentally retarded children or youth. The Law of the People's Republic of China on the Protection of Disabled Persons, passed in 1990, stipulated that all persons with

disabilities should have equal rights including the right to receive education.

In accordance with these laws and regulations, the government has developed a specific five-year Work Plan for Disabled Persons and policies such as Suggestions on the Development of Special Education in China to guide and promote the development of education for all children with disabilities. Guideline of Disabled in Eighth Five Year and Ninth Five Year Plan states corresponding implementation plans for rehabilitation of low vision persons. A National Expert Team was also established in 1998 and since then, rehabilitation of low vision has already been in the right track due to the leadership of China Disabled Persons Federation. During the past decade, leading organizations of low vision and rehabilitation have been established, training of rehabilitation workers accomplished, and training materials and booklets have been published under the leadership provided by the China Disabled Persons Federation and organizations of disabled persons at provincial and city levels. At the same time, all kinds of optical aids have been produced in specific places in order to assist a large number of people with low vision and laudable achievements have been made in this direction.

Experimental Plan of Compulsory Educational Curriculum Assignment in Blind Schools issued by the Ministry of Education in 2007 stipulates that classified teaching should be implemented in blind schools and special classes should be created for low vision students. If the number of students with low vision is so small that a special class cannot be created, those students can be combined in the same class with blind students, under classified teaching in the class itself. Blind schools should create barrier free environment for low vision students, allocate facilities of visual aids, large print textbooks and appropriate lamps, learn and use printing words,

encourage low vision students to use their remaining sight and establish skills of effective use of remaining sight to improve their abilities.

Teaching in low vision classes follow the curriculum for general schools with suitable modifications. General schools can refer to the implementation of special education to students with visual disabilities in mainstream classes. Though China has made great strides in low vision education and rehabilitation, some problems still exist and that require attention.

In addition, China Disabled Persons Federation, in China Guideline of Disabled Eleventh Five Year Plan, aims to provide free visual aids for 0.1 million poor students with low vision, train 30 thousand parents whose children have visual disabilities, and establish 300 rehabilitation clubs for people with low vision in comprehensive centers for disabled people beyond the city level.

At present, some children with low vision in China can go directly to general schools. For example, 20 students with low vision in 20 schools from four districts of Dongcheng, Xicheng, Chongwen and Xuanwu in Beijing were selected for an investigation of “inclusive study”. Till now, some of them have not only been to high schools, some have been to universities and several have been to higher education institutes in other countries too.

3. Major Strategies and Experiences

The Ministry of Education has attached great importance to the needs of persons with disabilities, including their right to education and has adopted a number of measures to cater to the educational needs of low vision children.

Classified teaching of low vision students in blind schools in China is different in different schools as described below:

3.1 Stratified and classified teaching: There are many low vision students in blind schools and in these schools, blind and low vision students study in different classes. Blind students learn Braille while low vision students learn print characters and use the same teaching materials that are used in general schools.

3.2 Classified teaching in mixed classes: For those blind schools with insufficient students, blind students and low vision students are mixed in the same class and students use Braille or print textbooks suited to their needs. Most of special classes for blind and small-scale special schools in some counties in China adopt this type of teaching. Since learning Chinese is more difficult than learning Braille, the initial speed of reading general textbooks may be slower than blind students' speed of reading Braille. Low vision students whose vision is poor usually use Braille textbooks supplemented by general textbooks as additional curricular reading materials.

3.3 Classified and grouped stratified teaching: Some blind schools with insufficient students classify blind students and low vision students into grade 1 and grade 2, or grade 1, 2 and 3, and implement teaching suited to different groups.

3.4 Helping low vision students with their Chinese learning outside class: Students who have poor vision and have difficulty in reading general textbooks and can still read some Chinese characters mainly use Braille textbooks. But for the convenience of their future work and life, schools arrange time for their Chinese learning in additional curricular teaching so that they can read and write some Chinese words to improve their abilities to live in the society.

In addition, there are integration centers/rooms for vision stimulation to train low vision students to maximize the use of their vision.

4. Current Problems and Challenges

Although China has seen significant developments in low vision education and rehabilitation, the following still remain as challenges:

4.1 Many Blind schools still do not have sufficient understanding of low vision education.

Some administrators and teachers think that low vision students can learn and live at school, and work and live in the society after leaving school without learning Chinese, and so learning of Chinese by low vision students is not given importance. According to an investigation made in one blind school in China in 2003, one third of students who use Braille can walk in familiar surroundings, identify big objects in the environment, such as the human faces and trees with the help of their residual vision. While in teaching, teachers seldom provide opportunities for them to use their remaining eyesight properly. Many school leaders and some teachers, even parents think that it is more difficult for low vision students to learn Chinese characters than to learn Braille. Therefore, teachers feel that they cannot complete teaching the required content of Chinese characters prescribed by the government within the stipulated time. Some other teachers worry about the effect of using vision in learning of Chinese characters on students' remaining vision. In general, they think that there is no use for low vision students to learn some Chinese characters. Because of these misunderstandings, many low vision students "read" Braille visually and not through tactile mode.

4.2 Restrictions and Limitations of National Unified Teaching Outline and teaching contents are regulated by the Ministry of Education. All students who are enrolled are required to learn the same task, reach the same level, and pass the same examination. When low vision students learn Chinese characters, teachers' teaching load assigned for each term cannot be completed, and

in such circumstances the teachers are subject to criticism. In order to avoid such an embarrassment, many teachers encourage low vision students to learn Braille. Therefore, developing effective teacher assessment system in blind schools may have an influence on the quality of education of low vision students too.

4.3 There is a lack of professional teachers engaged in the field of low vision education in blind schools. Most teachers of blind schools come from general schools. Although some of them work in blind schools for many years, they do not receive systematic training and education and therefore they lack knowledge of low vision education and rehabilitation. Through investigation, we find that teachers themselves have many misconceptions about education of low vision children.

4.3.1 Teachers think that low vision students can have visual training for a period of time and there is no need for them to spend a lot of time in long-term systematic training of their visual functions.

4.3.2 Teachers think that education and training of low vision students are only the job of those teachers who are in charge of training, and other teachers do not have to understand or care about visual training and rehabilitation of low vision students. Therefore, many teachers who teach low vision students are just like those teachers who teach blind students, not using blackboard, and even if they do so, they do not pay attention to the factors that influence low vision students' learning, such as contrast between word and background, the size of characters, and the ambient of light.

4.3.3 Teachers think that they only need to adjust and improve surroundings in the classroom, and do not have to adjust and improve all surroundings in which low vision students study and live, such as the first step of stairs, turning

point, door, wash room, poles that can be easily encountered, electrical outlet, furniture, steps outside the room and equipment for sports.

4.3.4 Teachers think that it is enough for low vision students to have training at school, and do not realize that low vision students also need support and cooperation of both families and the society.

Teachers' knowledge and skills need to be strengthened and improved to guarantee the quality of low vision students' education.

4.4 Many schools for the blind and schools for blind and deaf do not have sufficient students. At present, there are not many students in each class in some blind schools, so specific classes of low vision students cannot be organized. Mixed classes of blind and low vision students bring great challenges to teachers.

4.5 Facilities needed for classified teaching are scarce. Classified teaching of low vision students needs certain facilities such as good lighting in classrooms, lamps for some students, effective visual aids, magnifiers, typewriters, adjustable desks, etc. Since there is inadequate attention to low vision students' Chinese learning, these necessary facilities are not ensured. Therefore, difficulties are also evident in classified teaching of low vision students in schools.

4.6 The limited number of eye clinics and rehabilitation centers are not able to meet the regional needs of the country. There are some designated factories producing all kinds of optical aids in China, but the number needs to be increased, the quality needs to be improved and the variety needs to be enriched.

In summary, education of children with low vision is gaining momentum in China but there is a long way to go...

Education of Children with Visual Impairment in Brazil

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According to Haddad (2006), in the Brazilian population of 170 million people, 30% are in the 0 to 14 age bracket (51 million children). For this group, the prevalence of blindness in children is 51,000 and of low vision, 153,000 (214,000 children with visual impairment).

Data presented by the Special Education Secretariat (SEESP) of the Brazil's Federal Ministry of Education (MEC) show that there were 55,046 new registrations of students with low vision in the Brazilian public school system in 2005, with 60,632 in 2006, which means an increase of 10%. For blindness, the increase was 9%, as there were 8585 blind children registered in 2005 against 9206 in 2006.

The history of education for people with disabilities in Brazil is marked by three periods (MAZZOTTA, 1996). The first period began in 1854, going up to 1956 and was characterized by clinical services for the disabled in special institutions, many of which were residential schools. The second period, from 1957 to 1993, was marked by official policies that regulated special education classrooms within the regular schools. The onset of the third period began in the nineties, spanning through the twenty first-century, with the proposal of schools that aim for the inclusion of children within the regular system.

The founding principle of inclusive education is that all children should learn together, no matter the difficulties or differences they may have. The Federal Regulations for National Education (LDB) is the official document that has stipulated the National Education Policy for the last four decades. The LDB nº 9394/96, the most recent Official Education Law defines Special Education in the 58th article:

“it is a modality of school education offered preferentially in the regular school system for students who have special needs.”

In order to guarantee access and continuity to children with visual impairments in regular schools, SEESP – MEC developed important guidelines for national school systems, in the form of the publication *Saberes e Práticas da Inclusão*, which includes strategies and educational orientation for teaching children with visual impairments. Besides publications, other actions meriting mention are:

- 1) The creation of 34 Support Centers (Centro de Apoio Pedagógico aos Deficientes Visuais-CAPs) as resource centers for students with visual impairments and 13 Support and Braille Production Nuclei (NAPPBs), aiming to offer specific and technological resources for students with visual impairments. The main purpose of these services is to prepare pedagogical material, such as books and texts in Braille, as well as large print and talking books for distribution to students who are in the regular school system.
- 2) The National Program for Didactic Workbooks (PNLD) made available to all blind children registered in elementary school, 40 thousand workbooks in Braille.
- 3) Material: Totally 15,000 kits were made available for students with visual impairments, 7,500 being kits for the blind students including a satchel, slate and stylus, abacus, white cane, adaptive signature guide, and special paper for Braille. The other 7,500 kits for low vision students included a satchel, double-lined paper, notebooks without lines, soft pencils, porous felt-tip pens (black and colored), erasers, and hand magnifier. The Ministry of Education distributed these materials to the registered students in public schools.
- 4) The Brazilian Braille Commission was constituted through the Ministerial Statute nº319/99, presided and maintained by SEESP; the duties of this commission are

determining the rules for use and teaching of the Braille System in Brazil. Another commission was founded in order to establish guidelines for use and teaching of soroban (abacus) in Brazil through the Ministerial Statute 657/02.

- 5) Teacher Development: SEESP offers support for ongoing education courses on specific subjects pertaining to the education of students with visual impairments. The following courses are being offered in the Country:
 - a) *Braille system and unified mathematics code system courses*
 - b) *Orientation and mobility courses*
 - c) *Braille adaptation and transcription*
- 6) The aim of the National Project for Low Vision Students was to identify, assess and provide optical and non-optical devices for students with low vision, in order to enhance their visual functioning in the classroom (2001).
- 7) An important support for teachers of inclusive schools was the preparation of a DVD, an audiocassette and a book called *The inclusion of students with low vision in regular schooling* published recently in 2007.

Other governmental initiatives include the proposal for accessing books through the publishing houses that should make available the books to people with special needs.

Since the eighties, several low vision services have been rendered in universities, such as the State University of Campinas (UNICAMP), the University of São Paulo (USP), the Federal University of São Paulo (UNIFESP) and the Federal University of Minas Gerais (UFMG). The Brazilian Society for Subnormal Vision was founded in 1995, as part of the Brazilian Ophthalmology Council.

Brazil participates in international ventures promoted by the International Council for Education of People with Visual Impairment - ICEVI and the Christoffel-Blindenmission - CBM, offering continuing education courses for the development of professionals who are working or will be working with students having visual impairments.

Another important achievement in the field of low vision is the decision that made residential requirement definite for those studying ophthalmology. This certainly means that a more favorable educational environment is being made for early assessment and educational opportunities for children with low vision.

Service restriction for low vision results in a detection difficulty of visually impaired children and consequent lack of ophthalmologic assessment to investigate the need for optical aids and orientation for efficient use of vision either in or off school.

Sampaio et al. (apud Haddad 2006), investigated to know how many ophthalmologists work with people with low vision in Brazil, using a survey form sent to Brazil's 10,000 ophthalmologists. Only 205 (2.05%) replied, with 58 (28.3% out of the 205) declaring to work with low vision

persons and the 147 (81.7%) of the respondents declared intentions to work with low vision.

Because Brazil is a large country with wide diversity and contrasts, all the actions described cannot cover educational needs of visually impaired students especially those with low vision.

Strong efforts are being undertaken to attain Education for All. But it is also recognized that a lot more has to be done because this process of change demands big challenges and actions which take a long time.

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OBITUARY

Dr Keith Watkins, former President of the ICEVI Pacific Region, and Foundation Chairman of the International Association for the Education of the Deaf-Blind died at Woolli, New South Wales on 25 June 2007. He was born in Newcastle, NSW and trained at Armadale Teachers' College. Most of his career was spent with the NSW Department of Education. He was Principal of the North Rocks School for Blind Children, Inspector of Schools for Special Education; and Assistant Director, Special Education. He was also a Fellow of the Australian College of Educators, and retired in 1988. In 2005 he authored '*Education for people with impaired vision: From Antiquity to the Antipodes in 2000*', which was based on his Macquarie University PhD thesis "Towards systematic education of the Blind in Australia".

Development of CBR Services for Children with Low Vision

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According to surveys carried out over the last ten years in various parts of the world, there are a number of children who are either attending special schools or special integrated education programmes in mainstream schools. Also there are children who could benefit from surgical or refractive interventions and are needlessly blind. The main reasons for this are lack of coordination between eye care and education services and also the unavailability of personnel trained to work with children who have visual impairment.

The children with visual impairment can be divided into three sub-categories. Those with moderate visual impairment i.e. between 6/60 to > 6/18 can manage well in the mainstream education with some support from teachers; parents and provision of optical and non-optical low vision (LV) devices. Almost all the children in Pakistan in this category can manage without additional support.

The second group i.e. children with severe visual impairment 3/60 to > 6/60 need higher level of intervention and here the prescription and other support required is more complex. The degree of success with mainstream education depends more upon the parents and teachers and varies from case to case. Almost 50% children still can cope in mainstream schools.

Those with vision less than 3/60 often have difficulty in mainstream education without support from itinerant teachers, however a certain number about 10%-20% can still manage well, especially in higher grades. The remaining children in this category require more intensive support from the itinerant teacher, tactile materials including Braille, assistive technology, and teaching aids.

The total number of people with low vision do not need low vision care. International experiences suggest that 30% of the people with

LV can be effectively served at the primary level, 50% at the secondary level, while 20% would need tertiary level care. However, there are very few good models which demonstrate the effectiveness of primary level interventions and how these are integrated with the health care and education sectors. Low vision services can be offered at primary/community, secondary, and tertiary levels. At primary level services are offered by community based workers, primary health workers, teachers, volunteers etc. The main responsibility at the community level is detection and referral of the persons with visual impairment, simple low vision devices, and advice on environmental modifications.

In most community based rehabilitation programmes, the role of CBR workers has been limited to provision of rehabilitation to the blind including orientation and mobility (O&M), daily living skills and vocational training. Normally the techniques used by CBR workers are geared towards non-sighted methods and their training in low vision is inadequate to offer effective services to low vision clients. On the other hand, children with visual impairment usually do not fall under the responsibility of CBR workers and their education is primarily seen as the responsibility of specialist or itinerant teachers. The education services for the children with visual impairment centre around Braille and other non-sighted techniques often ignoring the presence of residual vision. Although there are not enough educational services for the visually impaired, even these are not fully utilised. And also there is a weak link between education, rehabilitation and clinical services (less than 5% of the children with visual impairment have access to education).

Adding low vision services to the terms of reference of the CBR workers can help overcome most of the issues discussed above. This hypothesis was tested in a pilot project on primary low vision services in Bangladesh.

Background

According to a population based survey conducted by the National Institute of Ophthalmology and International Centre for Eye Health and supported by Sightsavers in 1999-2000, the prevalence of blindness is estimated to be 1.2% -1.4% in the population 30 and above. This means that there are nearly 650,000 blind people in Bangladesh. The Bangladesh national survey also identified that there are 250,000 persons over 30 years who could potentially benefit from LV services. In another study undertaken on the prevalence of childhood blindness in Bangladesh, the prevalence of childhood blindness was estimated as 0.75/1000 children, i.e. there are about 40,000 blind children in Bangladesh. The estimated number of children who could benefit from LV care in Bangladesh is 144,760.

In Bangladesh, CBR pilot-projects have been set-up and have made marked progress in the promotion, implementation and evaluation of CBR, and have achieved good results. To promote better education and work for the integration of the persons with low vision in the community, CBR deals with different programmes in the community and institutions.

This article presents a synthesis of the activities and outcomes of a project on **“The Development of Low Vision Services at Primary/Community Level”** which was initiated by Sightsavers International to test the feasibility of Community Based Rehabilitation (CBR) and Community Approach to Handicap and Development (CAHD) workers in prescribing simple optical and non-optical low vision devices and by providing training and low vision kits. This was a pilot project (September 2003-December 2005) which was implemented to gauge how effectively LV services could be provided by local NGOs’ rehabilitation workers working at the grass root level for disability development.

This project was implemented by the Centre for Disability in Development (CDD), a national NGO, which had long-term experience in providing training on disability. The goal for this pilot project was the “rehabilitation and inclusion of persons with low vision in the communities of Bangladesh for mainstream development”. The specific objectives set to achieve this goal were (i) *capacity building of the NGOs involved in providing training on low vision management at primary level*, (ii) *material development for low vision services*, (iii) *establish low vision resource centre for demonstration and learning as well as managing small LV devices inventory for dispensing*, and (iv) *capacity building of development organisations through training of field workers and equipment/devices support for creating service provision on low vision*.

A core team of 6 trainers on LV was formed which received the training of trainers (TOT) in low vision. The team then developed training curriculum and translated the low vision manual for rehabilitation worker (originally available in English), into Bengali, for the field staff of the partner organizations.

In total, 50 CBR workers (32 male and 18 female) from 29 partner organizations participated in the six-day basic training on LV services at the primary level, which took place in two batches. Later a refresher training was organized which was attended by 37 (25 male and 12 female) previously-trained field staff. This trained staff became the main force for implementing the LV programme. All trained staff were provided with an LV toolkit bag that contained 14 different tools (E chart, steel tape, pinhole, 3x, 4x, 5x, 7x stand magnifier, 2x and 3x handheld magnifier, binoculars, monoculars, spectacles, sunglass, torch light, bold line note book, felt tip pen, reading stand, typo-scopes and a cap).

Two Low Vision Resource Centres (LVRC) were established to provide clear knowledge on optical and non-optical devices, the use of such devices, and to encourage staff to be creative in developing non-optical devices using local resources. These centres also display the domestic items with colour contrast, which is essential in the daily lives of LV persons.

Each CBR worker was assigned a target to identify 50 persons with low vision and support 20 including children with low vision. This was in addition to their regular work load. After identification, the CBR worker referred the client to the secondary eye care facility where a detailed eye examination and refraction was undertaken. Those clients whose vision could improve with optical or surgical means were provided these services and referred back to the community while those with incurable eye conditions were referred back to the CBR workers who then undertook a functional assessment, prescribed appropriate optical and non-optical devices, and provided the necessary follow-up. In case of children, the CBR workers prepared guidelines for the family and the school on how best to support the child. They also visited the schools to carry out necessary environmental modifications and worked with the teachers to facilitate the classroom management of the child.

During the three years of this pilot project, a total of 702 persons (35% of the total target) were initially identified for assessment, of whom 397 (39.7% of the total target; 126 adult men, 74 adult women, 133 boys and 64 girls) were confirmed as LV during the tenure of the project. The persons with LV were provided mobility training (33%), vision training (35%) as well as optical devices (41%) and non-optical (39%) devices for adaptation of lifestyles. In some cases, objects like doors and windows, which come into daily use by persons with LV, were coloured for better identification by the concerned individual.

Case study 1:

Md. Faruque Mia, 14 year old boy, was diagnosed with nystagmus since birth. His father is an underprivileged rickshaw-van driver. Despite their poor financial condition and his poor eyesight Faruque struggled and continued his study, now in grade 10 in mainstream school. Faruque's younger brother also has low vision. He was identified during a survey conducted by ABC under the CBR project supported by Sight Savers International. In school, he was not able to see the black board, he had to take the book as close as possible to his eyes, and he had difficulties in writing. After assessment, CBR worker provided him with some non-optical and optical devices, like reading stand, writing frame, big liner pen/signature pen, exercise books/khata, big printing papers, envelop card, signature card, 7x stand magnifier, and 3x telescope. He also advised him to use a cap and sunglasses as Faruque has problems with bright daylight. Some interventions were made to modify his environment such as to always let him sit in the first row, write large letters on the blackboard and simultaneously articulate what was written on the board. In home, a table lamp was arranged for his reading. They also arranged bright colored comb and brush, and other colored objects to provide good contrast. After these interventions, Faruque's current condition is quite good. With the devices provided he has been able to see much better and he is sure that he'll be able to complete his studies and establish himself as an important member of the society. After completion of study, he wants to work for the betterment of the disadvantaged people.

Case Study 2:

Rashida Akter is 11 years old and has micro cornea and nystagmus. Her father is a small-scale businessman from lower-middle class background. Due to her poor eyesight Rashida was struggling with her studies. Currently, she is in class five. She was identified having low vision during the survey under the CBR project. Mr. Shakhwat Hossain, the CBR worker started to work with her 4 months ago. In school, Rashida was facing the similar problems as Faruque. She could not even recognize a person from a little distance. After assessment, Shakhwat arranged some non-optical and optical devices including a 4x telescope and a 5x Stand Magnifier

and a reading stand. He convinced the teachers to make some environmental modifications in her classroom. After these interventions, Rashida is managing well in school and is very excited with the facilities. With the devices provided, her quality of life improved tremendously. Now, she can see much better and has become more confident with her studies. She wants to be a doctor.

Conclusion:

Nearly 200 children, who due to their visual impairment had either left education or were struggling to continue, could re-enter mainstream education with interventions to create an enabling environment and motivate the teachers and the families for the education of these children. The results of this pilot project clearly indicate that with limited inputs in the form of training and provision of basic materials CBR workers can play an effective role in rehabilitation of persons with low vision in general and children in particular.

Low vision is a part of the spectrum of vision impairment and thus low vision services should not be separate from services to people who are blind. Essentially the same people and existing organizations can provide care. Similarly in the provision of eye care, low vision is part of that care utilizing the same personnel (with training in low vision) and often using the same facilities. What is needed to ensure low vision care for all who need it, is trained personnel to assess needs and provide specialized skill training for people with low vision and simple low vision devices and materials.

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Early Intervention in Hai Duong, Vietnam

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1. The target of Early Intervention for Visually Impaired Children

Early intervention for visually impaired children means identifying eye diseases and their impact on the development of children and providing suitable intervention services. Early intervention services aim to treat or compensate for impaired visual function and develop the specific skills to help visually impaired children attend school at the expected age. Early intervention also aims to improve the circumstances of the families with visually impaired children and set up a friendly environment that is comfortable for the care and education of visually impaired children in close cooperation with families, schools and the community.

Early intervention for visually impaired children aims to implement the Vietnamese National Education Strategy 2010 and related regulations of Government, Ministry of Education and Training on ensuring equal schooling opportunities for children with difficult circumstances in general and visually impaired children in particular.

2. Early intervention for visually impaired children in Hai Duong

The importance of early intervention for visually impaired children has been asserted by local and international experts. However, until now we have only had small programs and projects on the early intervention specifically for visually impaired children and disabled children in general.

In 2001, studies were conducted on provincial models of early intervention for visually impaired children in Danang by the National Institute of Educational Strategy and Curriculum (NIESAC) with the sponsor of Committee Two- Holland. Due to low funding

and a long distance from the project site, only a survey for teachers who work directly with visually impaired children and parents was conducted. It is regrettable that the Committee Two- Holland dissolved and NIESAC could not find another sponsor for the project. However, at Nguyen Dinh Chieu special school for the blind, NIESAC has retained early intervention activities.

NIESAC has assigned the task of researching early intervention for visually impaired children to the Research Centre for Special Education Strategy and Curriculum. Despite the limited budget for research, support from both local and international individuals and organizations has been a welcome feature. Ms. Myrna Eijssenring (VISIO - Holland and NIESAC) an expert on special education with many years of experience and a deep understanding of Vietnamese education, set up a VISIO sponsored research project from 2005 to 2007.

2.1. Choosing project site

We chose Hai Duong to implement the provincial model of early intervention for visually impaired children for the following reasons:

- Hai Duong has a large population. For this reason, there are children with a range of different visual impairments
- Hai Duong includes city, delta and mountain areas
- Hai Duong has a high level of education with experience providing education for disabled children
- Hai Duong has been helpful aiding NIESAC in many activities
- Hai Duong is close to Hanoi, providing savings on travel and accommodation costs. It is also possible to organize additional activities from this distance

2.2. Early intervention activities in Hai Duong

On the 26th of March 2005, NIESAC, Department of Education and Training (DOET) Hai Duong signed the contract with a detailed activities schedule "Some early intervention methods for visually impaired children". This is Ministerial project coded B2005-80-26 with the participation of the Department of Preschool Education- Hai Duong DOET.

- NIESAC cooperated with the Department of Health in Hai Duong in training kindergarten teachers and local medical staff to identify early eye diseases in children from 0 to 6 years old. Trainers went to hamlets and small villages to find visually impaired children. After two weeks of investigations 385 children with eye problems were spotted.
- All 385 children were screened using the following steps:
 - **The first step:** Doctors of Hai Duong performed a preliminary hospital check and screening. All children with eye diseases received a prescription, if necessary, and were guided for treatment. Of these, 164 children with eye diseases had a comprehensive eye examination.
 - **The second step:** Doctors at the National Institute for Ophthalmology and experts from NIESAC screened and spelt out necessary interventions.

After the second step, of the 120 children presented with different visual impairments, 43 children needed special care and education. Of these children, 6 were totally blind, 34 had squint and eyelid problems, 2 children had trachoma and one child had albinism. The other children were prescribed glasses and suitable care to improve vision at home and at school.

- A workshop on the current situation and to make a perspective plan for the first and second years was organized by NIESAC and DOET Hai Duong.
- Training and guiding skills courses were presented to teachers and parents on caring visually impaired children: Teachers who work with visually impaired children and the parents of the 120 visually impaired children attended these training courses.
- **Advising skills directly for teachers and parents:** advise is provided at home for all visually impaired children who need special care and education. Teachers who work with visually impaired children have been given responsibility for children and hence they provided advice directly at home or school quarterly or whenever necessary. This action has been organized permanently.
- Improving knowledge after applying training and skills for the first time. During the advanced training course, parents and teachers had a chance to share and exchange their experiences.
- Providing glasses and teaching materials for visually impaired children needing special care and education as well as kindergartens with visually impaired children.
- Operating on children with squint or eyelid problems and cataract surgery (sponsored by ORBIS and National Institute for Ophthalmology).
- Organizing dialogues to share and exchange experiences between teachers and educational managers of Hai Duong and Danang.

2.3. Results

- All visually impaired children from 0 to 6 years old in Hai Duong were identified, screened and supported with early intervention.
- Most visually impaired children are 6 years old moving to grade 1.
- All visually impaired children needed medical intervention:
 - *Doctors of the National Institute for Ophthalmology examined in 4 stages and operated in 2 stages*
 - *All the children with eye diseases needing optical devices received them*
 - *31 children with eye diseases were operated on. The majority did not require special care or education. These children also did not need glasses when participating in activities with peers. Only one child had no change in vision after the operation. Further observations will be conducted to find out the best solution for this child.*
 - *120 teachers and parents of visually impaired children participated in training courses on care of visually impaired children. 30 key teachers have been trained in 3 stages (6 + 3 + 3 days) on early intervention for visually impaired children.*
 - *35 parents have gained skills on early intervention at home.*
 - *16 kindergartens have been equipped with teaching materials for activities with sighted and visually impaired children. Sixteen visually impaired children have been provided sets of toys for rehabilitation, to develop specific skills, and play with peers. Visually impaired children have been guided to use*

natural materials, utensils at home, and toys of sighted children to aid in rehabilitation and play with others.

- *Kindergarten teachers and parents of visually impaired children who attended training courses received information packages on caring visually impaired children.*
- *The community has been educated on protecting children's eyes and to improve awareness on the capacities and needs of visually impaired and disabled children. They comprehended their own responsibility for caring and educating these children.*
- *22 kindergarten teachers and educational managers in Hai Duong have shared and exchanged experiences with special schools in other provinces (Quang Tri, Danang and Nghe An) on visually impaired and disabled children.*
- *In cooperation with the Blind Association in Hai Duong, Manuals on Braille and specific skills teaching for blind children are being prepared for some primary schools that will begin accepting blind children.*



3. Lessons Learned

Early intervention plays an important role in the care and education of visually impaired children. Early intervention needs to be implemented directly for visually impaired children and their families, setting up friendly environments that are suitable for rehabilitation and development.

- Families, especially the parents, of visually impaired children need to be informed of the results of early intervention.
- Kindergartens – Preschool teachers, educational managers, families and the community need to know that the early intervention for visually impaired children will be advantageous and supportive.
- Early intervention for visually impaired children has to be implemented as early as possible to provide the best results at the least expense.
- Early intervention for visually impaired children will show better results when there is cooperation between stakeholders of education, health, society, and if they are flexible in finding additional sponsors.
- Sharing and exchanging information between parents and teachers who work with visually impaired children is also very important.

Using pinhole to test for refractive error

Teacher Training in Low Vision - Polish and Central European Perspective

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Although no systematic statistical and epidemiological information on the low vision population in Poland has been collected, it is estimated that there are approximately 350,000 individuals with low vision, out of a total population of almost 40 million. The 2005 statistics of the Polish Association of the Blind (PAB) report that among its members aged 16 and over, only 7.02% are totally blind.

In 2005, the number of visually impaired students in Polish regular schools was three times higher than in the ten residential schools for the visually impaired. Research findings show, however, that the students in regular schools get insufficient - professional support.

Recognizing the special educational and rehabilitation needs of the low vision population, the Polish Association of the Blind, in cooperation with the Academy of Special Education, has been promoting a systematic approach to the service development since the early 1980s [Adamowicz-Hummel, Walczak, 1989]. Personnel preparation constitutes an indispensable part of the project.

Teacher training in Low Vision has been carried out at the Academy of Special Education in Warsaw since 1987 – initially it was done at the post-masters level only. Currently it is also included in the curriculum of the full-time program for teachers of the visually impaired. In addition, short courses (10-40 hours) on Low Vision are run as part-time programs and at postgraduate programs at the Academy, as well as at summer schools and workshops for teachers from regular schools, psychologists and other related professionals.

The curriculum of Poland's first (1987) program in vision rehabilitation was drawn primarily from the competency-based Master of Science Program

in Vision Rehabilitation at the Pennsylvania College of Optometry, USA. It was established as a 3-semester, 350-hour, postgraduate training for persons who were employed in the field of visual impairment and blindness. Two other programs followed to meet the growing demand for Low Vision specialists.

In 1991-1993, I conducted a research study to evaluate the effectiveness of training of our Programs' for graduates. The results showed that the graduates of the Program were competent in vision rehabilitation and their intervention activities were effective, the impact being observed both in functional and in psychological areas. The competencies developed for the Program, as evaluated by the graduates from the point of view of their work experience, got rated as basically sufficient and useful.

As of low vision intervention effectiveness, the results of the study showed that there was not enough transfer of acquired visual skills into real life situations of the low vision clients.

It was recommended that instructors should work outside specific individual vision rehabilitation activities, together with parents, other family members, peers, teachers, house parents, and other specialists in the settings that are most important for the students' functioning. The instructors should be more sensitive to and effective in teaching the students to control their physical environment.

The data obtained in the study were used to verify the competency based teacher training model adopted for the Program in Vision Rehabilitation. The curriculum has been modified according to the findings of the study. Low Vision Rehabilitation has been introduced at the Academy for Special Education in Warsaw as a full time program at graduate level. The Academy is the only higher education faculty in

Poland that offers training for low vision specialists.

In 2005 the 4th Postgraduate Program in Low Vision Rehabilitation was launched. The Program lasted three semesters and ended in February 2007. The curriculum included 350 hours. Two semesters were devoted to academic studies (310 hours), the third semester had individual practicum supervised by the experienced Low Vision therapists (40 hours of providing direct service per student) and to independent internship (30 hours per student).

Taking into consideration that the students were adults with a job and a family, the Program was implemented on a part-time basis, i.e., the students would come to 3-4-day training sessions held around weekends, once in 3-4 weeks. We introduced elements of distance training, i.e., part of the curriculum was implemented via electronic media, mainly e-mail and internet. It was a pioneer step in personnel training in the field of blindness in Poland.

The goal of the Program was to prepare teachers and instructors to work with low vision persons of all age ranges, and with their family members and significant others. However, focussed emphasis was put on disruptions of normal visual development and their lifelong consequences, and on assessment and intervention methods related to children, especially those of age 0-6 years.

There were 15 participants in the Program. They included teachers and house parents from residential schools for the visually impaired, an instructor from the Polish Association of the Blind, and employees of the educational-vocational counseling centers, special and integrated kindergartens and early intervention centers. This number of participants made it possible to work in small groups (observation classes) and individually (practicum).

The Program was implemented in cooperation with the Center for Early Intervention of the ‘Têcza’ Parents’ Association in Warsaw, the Laski School for the Blind near Warsaw, the School for the Partially Sighted in Warsaw and the Polish Association of the Blind.

The teaching was conducted by the faculty members of the Academy, of other academies and universities (including ophthalmologists from the Medical Academy in Warsaw and Psychologists from the Warsaw University and the Jagiellonian

University in Cracow) and practitioners from agencies providing services for the visually impaired.

The costs of the Program were met to the tune of 70% by the participants and the rest 30% by the New York Committee for the Blind of Poland. Committee’s assistance has made it possible to keep the fees at a level comparable to fees in other postgraduate programs in the field, while maintaining a small study group and high quality of instruction.

Postgraduate Program in Low Vision Rehabilitation, Academy of Special Education, Warsaw, Poland. September 2005 – February 2007: Curriculum Outline

Goal: Preparing the participants to provide rehabilitation services to the persons with low vision and their significant others that will enable them to use their impaired vision most efficiently and increase their independence in the home and community.

#	Course	No of hours
1	Human development over lifespan	26
2	Early support of development of child with visual impairment	30
3	Anatomy, physiology and pathology of the visual system	40
4	Psychological and social implications of low vision rehabilitation	20
5	Professional issues in rehabilitation	14
6	Methods of vision assessment and training in young children and children with multiple impairments	90
7	Methods of vision assessment and training in older children, youths and adults	90
8	Practicum (working with LV persons under individual supervision)	40
	TOTAL	350
	Internship	30

Central and Eastern Europe (CEE), and ... the rest of the world

I had the privilege of teaching and co-teaching Low Vision courses and workshops at the invitation of colleagues from Lithuania, Czech Republic, Slovakia and Hungary. We hosted such specialists in Low Vision as Dr Audrey Smith, Dr Lea Hyvarinen, Dr Silvia Veitzman, Dr Duane Geruschat, Maureen Duffy and Dr Orjan Backman.

To my knowledge, the Charles University, Department of Special Education, in Prague, Czech Republic, is the only **other** institution of higher education in CEE that offers programs in Low Vision. They are preparing to launch their second postgraduate program in Low Vision in 2007-2008. The first Program was run as Postgraduate 3-semester training in 2004-2005. The curriculum was adapted from the 2nd semester International Low Vision Program run by Orjan Backman at the Stockholm Institute of

Education in 1995-1996. The coordinator of the program was Dr Lea Kvetonova and the Low Vision methods courses were taught by Marketa Skalicka, graduate of the Swedish Program.

The other European graduates of the Swedish International Program in Low Vision were: Marta Gado from Hungary (a faculty member of the Elte University in Budapest), Ene Kelk from Estonia (currently working in Norway as Low Vision therapist), Teresa Audukiene from Lithuania (currently not working in the field of Low Vision) and Thorun Gunardotir from Island (no information on her current professional status).

In August 2004, Sweden launched a renewed Master's Degree Programme in Visual Impairment at the Stockholm Institute of Education (at present, the only University in Sweden providing courses in this field). The programme is run as part-time study and takes five semesters (two and a half year) to complete. One semester is equal to 20 study weeks. The studies are a combination of course meetings (three days), taking place 4-5 times per semester in Stockholm, and distance education via Internet. The programme addresses different professionals. The main focus is to provide specialised knowledge of visual impairment supplementing professional qualifications already acquired. The programme considers educators (teachers at different levels), occupational therapists, physiotherapists, ophthalmic nurses, orthoptists, optometrists, social welfare officers and psychologists. The entrance qualification is training at B.A. degree-level. The students should have worked for at least three years in their basic professions before joining the programme in visual impairment.

The recent/current programs in Poland, Czech Republic and Sweden are taught in national languages. However, both Poland and Sweden have the experience of conducting international programs in English – Sweden in Low Vision (1995-1996), and Poland in Orientation and

Mobility (four Programs over the period 1995-2005). A highlight of the Academy of Special Education in Poland (2003-2004) was execution of a custom-designed postgraduate program in Orientation and Mobility, with a strong Low Vision component, for a group of Hungarian teachers. The Program was sponsored by the Hungarian Ministry of Health and Social and Family Affairs and implemented partly in Poland and partly in Budapest.

We are open and willing to learn from the others, as well as to share our expertise, both in Poland, the region, and beyond.

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Professional Training, The University of Costa Rica's Experience

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The support and education services for visually impaired children require that the teachers have professional training according to the students' educational needs.

In this context, professional training represents a need in developing countries, where universities do not offer sufficient training in the field of visual impairment. On the other hand, government policies do not consider this as a priority or a principal aspect in their agenda, and the economic situation does not give opportunities to develop and continue appropriate training for specialists and professionals. Therefore, schools, parents and teachers of the visually impaired children have to find out different ways to accomplish their need for training and improving the way they teach.

The demand in professional training has increased with the adoption of inclusion which has changed the responsibilities and priorities of the programs, but support given to the teachers is still not gratifying. The support through professional training has been identified to be an important factor in the way teachers and parents teach their children.

It has been demonstrated that there is a need for specialists with special education training to provide for the development of pedagogic processes in the blind and low vision population.

Currently, professional training in the special education field has experienced a change in the way it is approached in Costa Rica. The University's curriculum in special education has incorporated classes that prepare the students in several areas such as low vision, mobility, and use of braille and abacus. In this way, it is expected that this generation of special education teachers will be ready to work with visually impaired children regardless of the location because the educational system holds to the

principle of Education for All and educational inclusion. This approach allows the itinerant programs to support a variety of students with special education needs, especially in remote schools where this kind of help has proved significant educational support for the children, parents, and regular teachers.

Local schools have identified several problems in the field of education that are very similar, which have provided a frame of reference that guide and focus more on daily education concerns. Suitable recommendations to improve the work of teachers are offered through training in specific areas. Wherein local teachers gain significant knowledge as they assist in training.

The support of government staff has been important in this kind of training program, because it ensures new ways to approach educational matters for the visually impaired children and it is useful for teachers to gain certification that reinforces their work. Another component that is crucial to this kind of approach is that it must be continuous and regular to accomplish the best results. When schools and government institutions support the continuous training provided to staff working with visually impaired children, it reinforces their capacity to achieve their goals with positive attention and meaningful efforts.

Yet the question remains, how can support staff be professionally trained? Since continuous professional training has resulted in enhancing skills of visually impaired children in communication, interchange of information and experience, no doubt, these results have reinforced the work and future goals of support staff too.

The University of Costa Rica has been adjusting the curriculum in special education over the past years to respond to the new paradigms, which include attention to the diversity and the

equality of opportunities for all. The professional development includes subjects to give new and different insights to their approach with visually impaired students.

One of the priorities is that the new professionals have mastery over the techniques that can be easily approached in a regular school with the itinerant services. Wherever there is a school that has these services, it is assured that our new special education teachers can approach the visually impaired children, and respond to their specific needs.

Integration has been applied in our educational system for twenty five years and even though there is much to do, recent advances have given more opportunities to the visually impaired population to continue their education in special schools.

Currently, support services estimate that 87% of the visually impaired students are literate (Censo 2000) compared with the 95.2% literacy rate of the general population in Costa Rica.

In the last decade, visually impaired students have been breaking attitudinal barriers, and creating and developing different ways to teach and learn. The University of Costa Rica has been transforming the curriculum to suit to the new educational paradigms: Inclusion, Education for All, and Equality of Opportunities. With these paradigms new concerns have emerged. New generation of teachers (regular and special) would develop new ways to teach, and would also discover wholesome models of educating the visually impaired.

The goal of inclusion is a reality for Costa Rica's students, it has come to stay, to enrich the sense of living in a fair society, respecting the diversity and the differences that allows us to identify with ourselves, and join others in the quest for the equality of opportunities.

These efforts have been used as a commitment to the visually impaired population in need of educational support. The University of Costa Rica accepts these challenges, modifying the professional curriculum to meet the changing needs in the field. It is crucial to support inclusion and the idea that academic achievement is a real and challenging goal. Even in a developing

country, the possibilities of having professional career programs is an effort that requires working together by supporting the individual needs of each component. This goal will be for each and everyone of the visually impaired students who believe in their capacity to change and facilitate an effective inclusion in regular schools.



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The Itinerant Teacher's Role in the Educational Inclusion of Children with Low Vision in Local Schools in Africa

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Introduction

This article describes initial findings from a one-year research study investigating the role of the itinerant teacher in Uganda and Kenya which is being undertaken by the Visual Impairment Centre for Teaching and Research (VICTAR), University of Birmingham and sponsored by Sightsavers International. The aim of this study is to produce evidence that will increase understanding of the practices, needs and goals of itinerant teachers (ITs) in Kenya and Uganda. The sample groups were drawn from three districts in Uganda (54 ITs) and five districts in Kenya (52 ITs). Data were collected in two phases; the first consisted of a questionnaire sent to all ITs requesting details of their training, methods of assessment of children's vision, and difficulties faced in teaching children with visual impairment. The second phase included a series of workshops in Uganda (2) and Kenya (1) that introduced a 'tool', in the form of a journal for ITs to complete, to help monitor the impact of interventions carried out with children having visual impairment. The following discussion draws on an analysis of a mixture of quantitative data obtained from the questionnaires and qualitative data collected during semi-structured interviews with various professionals working in mainstream schools, including class teachers, head teachers and parents of children with visual impairment.

Traditional solutions based around special schools and resource centres can cater for only a small number of children who are blind or have low vision. Many countries are seeking a solution to the challenge of educating children with visual impairment by promoting inclusive education. Some East and Central African countries e.g. Uganda, Tanzania and Kenya, have recently introduced free Universal Primary Education (UPE) as part of their commitment to Education for All (EFA). Class teachers in these countries are expected to provide the minimum

necessary facilities and resources to enable every child to enter and remain in school until the primary cycle of education is complete. As part of the drive to encourage all children to attend school, the Kenyan and Ugandan governments are paying attention to the needs of children with the greatest barriers to learning including children with visual impairment.

The introduction of Universal Primary Education for all children of primary-school age has dramatically increased the number of children attending school. Most recent enrolment figures in Uganda show this increase to be from 2.5 million in 1996 to 6.5 million in 1999 (UNESCO, 2001), with teacher: pupil ratio standing at 1:110 for lower primary (classes 1-3), and 1:55 for middle and upper primary (P 4-7). These increases in class sizes pose a huge burden on class teachers in local schools and on their ability to provide support for children with visual impairment. To address the challenges of supporting children with visual impairment in local mainstream schools, some African countries operate a support system provided by itinerant teachers with some specialist training in the area of visual impairment.

Defining the role of the itinerant teacher

The itinerant teacher is generally a qualified class teacher who has undertaken some formal training in the education of children with visual impairment either through a residential course or distance education programme (e.g. a Diploma in Special Needs Education). Their work involves providing educational support for children with visual impairment who have been placed in their local primary school, as well as identifying children and referring them to eye clinics for further assessment. They also play a role in providing early intervention at home through teaching daily living activities (e.g. toileting, washing) and preparing children for school. Another aspect of

their work is sensitising communities about the importance of sending children with visual impairment to school as a requirement of Universal Primary Education (UPE) in Kenya and Uganda.

The IT normally works under the direction of the full-time District Co-ordinator and is usually given responsibility for a cluster of mainstream schools and homes covering between 8-12 schools, but sometimes up to 30 schools, depending on their geographical or administrative spread within the area. ITs are usually released from their normal class teaching duties for up to two days a week to carry out their itinerant duties.

There is currently a lack of formal job descriptions for ITs in both Uganda and Kenya. There is mounting pressure from ITs and their Co-ordinators for a clearer definition of their roles. The common duties that ITs perform in both countries are:

- *Sensitisation*
- *Assessment, referral and intervention for children with low vision*
- *Teacher training*
- *Caseload management*
- *Record keeping*
- *Collaborating with eye care services*

These duties will be briefly described here:

Sensitisation

The sensitisation involves visiting local communities, seeking to change attitudes towards disability and informing them of the possibilities for children with visual impairment to attend local schools. They will try to encourage the community to identify and bring forward children with visual impairment for assessment and support.

Part of this process also includes collaborating with local primary schools and raising awareness

of the signs of visual impairment so teachers can identify children with visual impairment already in their schools. When children who are not at school are identified the IT will help prepare the school staff to accept them.

Assessment, referral and intervention for children with low vision

Itinerant teachers are often the first specialists to come into contact with low vision children. During their visits to schools they will follow up children that teachers have identified as having problems with their vision, which will often include obvious conditions such as eye infections, that result in itchy or red eyes. After conducting a preliminary assessment, the IT will then refer the child to an ophthalmic clinical officer (OCO) for a clinical assessment.

In the case of preschool children, ITs may carry out a preliminary functional visual assessment in the home, e.g. finger counting, and distinguishing and matching everyday objects at various distances. ITs are often an important link between families and clinicians (ophthalmic clinical officers or ophthalmologists) and can provide health professionals with useful background information about the child's circumstances and functional vision that will supplement information gained in the clinical assessment. ITs also help follow up of children who have been prescribed glasses or other low vision aids (LVAs) e.g. hand held magnifiers, and provide parents with information on where to buy the glasses and aids that have been prescribed by the health services. In cases where parents are unable to afford glasses or LVAs the IT may seek funding to assist with the purchase. ITs can also train children on how to use and care LVAs both at home and in the classroom. However earlier research carried out by the ICEVI in Uganda (2005) suggests that LVAs are in short supply and only few children have access to them in school.

Due to the scarcity of ophthalmologists and eye care specialists, many children with low vision have to wait for a long time for treatment even after their condition has been identified. In the case of children with cataracts for example, some may wait for months before surgery can be organised at one of the few suitably equipped eye clinics in the country. Even after the operation, they can wait up to 3-4 months for prescribed spectacles and LVAs to arrive. When the LVAs do arrive, lack of training on how to use them in the classroom and at home can lead to their incorrect use and abandonment. All ITs therefore require training on how to use low vision devices and have a key responsibility in ensuring children know how to use them effectively.

Teacher training

There is a wide variation between ITs in their ability to carry out preliminary assessment of vision in both Kenya and Uganda, and not all ITs feel sufficiently confident to carry out these assessments. Although all ITs receive some training on measuring visual acuity using E charts, the training is often theoretical and not all teachers have access to these instruments in the field. Findings from a recent workshop in Uganda (May 2007) indicated that many ITs lack the required knowledge and practical experience to conduct screening and functional assessment themselves, or to interpret acuity measurements taken by other professionals.

The level of training available to ITs varies greatly and there is a lack of agreement among education and health services about the ITs role in visual assessment. Current training seems to provide teachers with an understanding of theoretical information such as the structure and functions of the eye, but does not provide teachers with sufficient practical skills and understanding to assess the vision of children in the field. For example none of the teachers in one district of

Uganda appear to have received training in the principles of administering a ‘pinhole’ test – a simple method to identify children with refractive errors.

A total sample of 106 ITs (54 in Uganda representing three districts and 52 in Kenya representing five districts) were asked to state what materials/equipment they used to test a child’s vision. The following methods were mentioned:

	Uganda	Kenya
E-Chart	48	47
Counting Fingers	14	28
Writing letters on chalkboard	12	31
Pinhole	0	20

Caseload management

Managing workload is a key skill that needs further investigation. ITs often have both children who have low vision and children who are blind on their caseload or ‘programme’. Lack of understanding in relation to assessment means that some teachers are found to be regularly visiting children who have only refractive errors and whose vision would be corrected to normal if they had glasses. This deprives blind children and those with severe visual impairment of much needed support.

Record keeping

An important part of the role of the ITs is monitoring the progress of children on their caseload. There appears to be huge variation in the quality and quantity of the records kept by ITs. The evidence to date suggests that ITs do not have a systematic approach to monitoring their own interventions or a reliable method of recording children’s needs or monitoring their progress over a period of time. The collection of data needs to be incorporated into the role of the IT both to help them improve their own

performance and to allow their managers to deploy them effectively.

Collaborating with eye care services

Emerging evidence from this research suggests that ITs face many challenges in their work but they offer a range of skills that can complement the skills of other professionals in eye care to ensure that children with low vision enjoy the benefits of participation in education and training. Greater emphasis should be placed on encouraging health professionals (both eye care and paediatricians) to work closer with ITs in the districts and sub-counties. ITs can play an essential part in ensuring children with low vision receive the essential care and skill training they need provided they are given adequate support from their school and other professionals. Health workers should be able to draw on the ITs’ skills and knowledge of the community, family and children when making key decisions about intervention programmes or prescribing LVAs or other equipment.

Conclusion

The education of children with low vision in local schools can only be successful when the medical, education and rehabilitation sectors work together. ITs can play a vital role in identifying children and carrying out initial assessments before referring them to the eye care services. This would ensure that children with low vision would receive timely and quick medical treatment, proper check-ups and appropriate glasses and/ or LVAs, thus enabling them to fully participate in an inclusive class setting and access all curriculum materials, and to maximise their progress.

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Efficacy of Optical Devices in Increasing the Reading Speed of Students with Low Vision

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INTRODUCTION

Students with low vision represent the largest sub-group of students with visual impairment and their intensive instructional needs have not been clearly understood. The ability of the low vision children to read print is crucial to integrate them into the mainstream education.

A problem that faces many teachers of visually impaired students is determining and facilitating the appropriate use of low vision devices. This study conducted in an Integrated Education Service set up in Tamil Nadu, India was an effort to determine the efficacy of optical devices in increasing the reading speed of low vision students. Sophisticated equipment and devices for reading are not available in India and hence the indigenous low cost optical devices were used and their efficacy was determined.

OBJECTIVES

The objectives of the study were:

1. To compare mean reading speed and mean critical print size before and after introduction of optical device(s).
2. To study the effect of visual acuity on reading speed and critical print size
3. To study the effect of varying magnification on reading speed and critical print size for students with low vision

METHODS

The subjects comprised of 190 boys and girls in Grades 6 to 9. The subjects were classified on the basis of their vision loss namely blurred vision (BV) (n = 76), central vision loss (CV) (n = 63) and peripheral vision loss (PV) (n = 51). The ability to read either normal print or large print was the only criterion for the selection of the sample.

A preliminary evaluation was done to classify the subjects on the basis of their vision loss. This evaluation included: i) *visual acuity to assess distance vision and to identify the viewing position using the Tumbling E chart.* ii) *The field of vision was assessed using the Confrontation method. This test involves the student look straight ahead and signal by raising his hand when he first sees the assessor's finger or hand.* iii) *Amsler Grid test to map the central scotoma to know the subject's central vision loss.*

Being an experimental study, it was designed on the lines of pre-test and post-test single group design. The treatment for all subjects was training in the use of optical devices for reading.

Reading speed and critical print size of the subjects were assessed with the help of the tool developed by the investigators.

A passage from age appropriate text in the regional Tamil Language was borrowed and edited with the help of a linguistic expert. The text had three hundred words. Each sentence had three lines with an average of ten words per sentence. The passage was in twelve point print size which is in the text books prescribed by the State of Tamil Nadu.

Experiment I: Assessment of Reading Speed

The subjects were asked to read each sentence aloud, as quickly and accurately as possible to measure reading speed. The pre-test was administered to subjects who could read at least 12 point print size, hence the pre-test was administered only to 145 subjects. Then the treatment (training) in the use of optical devices was assigned to all (190) subjects. Optical devices included hand held, stand and spectacle magnifiers. The duration required for training each subject ranged from 20 minutes to 60 minutes. The subjects were instructed to practise for at least 20 minutes every day for two months.

The post-test was administered to all 190 subjects using the same tool.

Experiment II: Assessment of Critical Print Size

Critical print size of each subject was assessed in print sizes ranging from 8 point to 20 point. No reading distance or time was prescribed.

Experiment III

The subjects were prescribed optical devices with their required magnification which included 2x, 2.5x, 3x, 3.5x, 4x, 5x, 6x and 7x and the hand held, stand and spectacle magnifiers. The different powers of magnifiers were grouped into four as (i) 2x & 2.5x, (ii) 3x & 3.5x, (iii) 4x & 5x and (iv) 6x & 7x. The effect of magnification was identified by calculating the mean reading speed and mean critical print size with the use of different powers of magnifiers.

RESULTS

Experiment I

Optical devices enhanced the reading speed of students with blurred vision, central vision loss and peripheral vision loss (Figure 1).

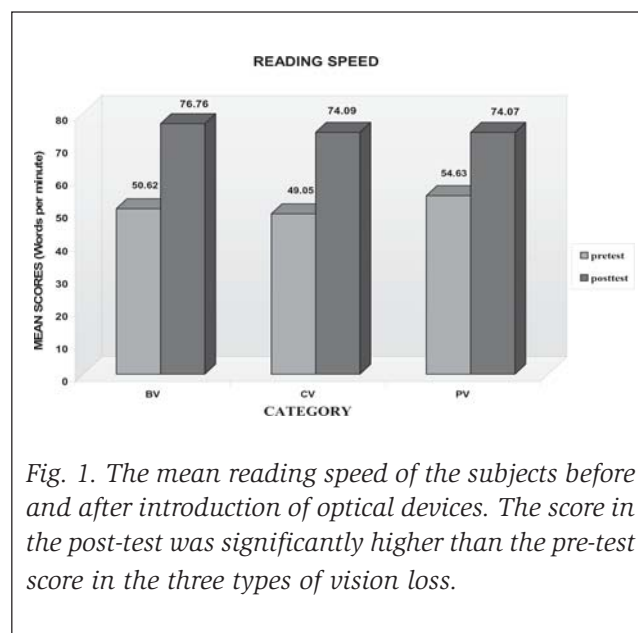


Fig. 1. The mean reading speed of the subjects before and after introduction of optical devices. The score in the post-test was significantly higher than the pre-test score in the three types of vision loss.

Experiment II

Introduction of optical devices was found to be significantly beneficial to subjects with the three types of vision loss to read smaller print size in comparison with the print size before training. There was a significant impact of optical devices on critical print size of low vision students (Figure 2).

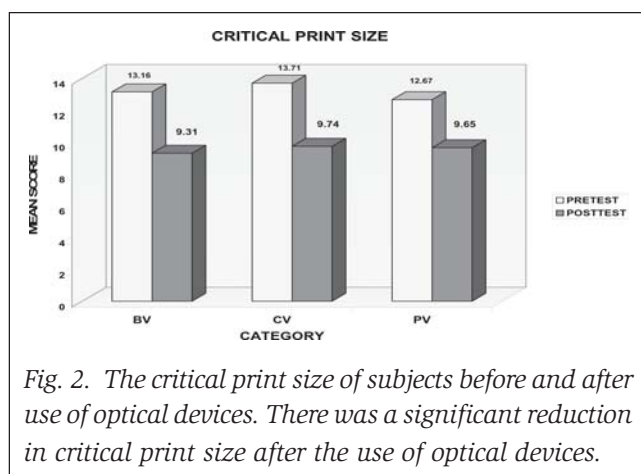


Fig. 2. The critical print size of subjects before and after use of optical devices. There was a significant reduction in critical print size after the use of optical devices.

Experiment III

The reading speed of students using lower power magnification was greater than the reading speed of students using higher power magnification. The effect of varying magnification was analysed with one way ANOVA (Analysis of Variance) followed by t-test.

The mean reading speed of subjects using 2x & 2.5x was higher than that of subjects using higher power magnifiers (Figure 3).

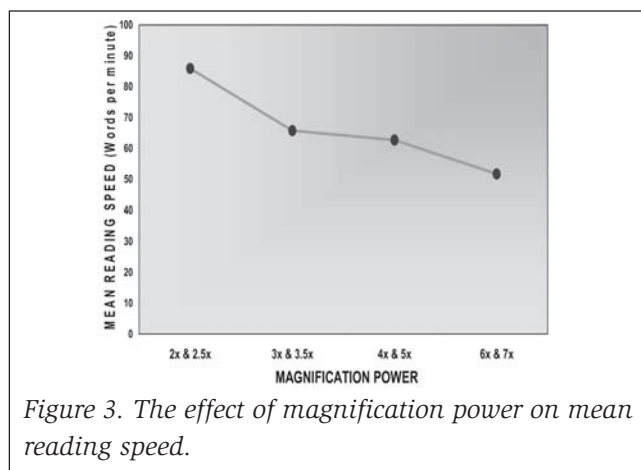


Figure 3. The effect of magnification power on mean reading speed.

CONCLUSION

The results of the study indicate that low vision students on the whole benefited with the use of optical devices in increasing their reading speed. The findings indicated that the type of vision loss and visual acuity are poor predictors of the reading speed. A range of pathologies, eye movements, the shrinking of visual span, type of vision loss and use of monocular or binocular vision interact on the reading of persons with low vision. This study has demonstrated that low vision persons can benefit from use of optical devices for reading.

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Content of a Vision-related Quality of Life Questionnaire: the IVI_C

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At the Centre for Eye Research we have developed the Impact of Vision Impairment for Children (IVI_C), a quality of life questionnaire to assist in determining individual support needs of vision impaired children. It does not require highly trained personnel to undertake them or interpret the results.

The IVI_C was developed from 15 focus groups (n = 102 participants). The 4 focus groups included children with low vision aged 11-18 years: and one in-depth interview with a university student. The other focus groups were for parents of children with vision impairment (4 groups), class teachers who had worked with a student with vision impairment in their classrooms but had no formal training to assist students with vision impairment (3 groups), and specialist instructors including visiting teachers for the vision impaired, orientation and mobility instructors and occupational therapists (4 groups plus 3 in-depth individual interviews with specialist educators for children with vision impairment).

The overall theme for the discussions was, “What has been the greatest impact of low vision on every day life in the home, in school, within the community and socially”. Questions were asked within the topic areas that were brought up for discussion in each of the focus groups; these being “home”, “travel & transport”, “sports and work”, “social”, and “emotional”. Sixteen themes emerged, which were Teacher knowledge, Access (teacher-facilitated), Specialist support, Orientation & Mobility, Fitting-in, Social skills, Peer acceptance, Self-confidence, Personality, Communication skills, Community understanding, Family well-being, Parental input, Mainstream/Special, Varied experiences, VI peer support/integration, and VI role model. The themes reflected five domains: School/Specialist

Instruction, Social Interaction, Community, Family, and Vision impairment peer interaction. Interestingly, the focus of concern for each focus group type differed: the students' perspective concentrated more toward social/communication and orientation & mobility skills, the parents' concentrated instead on the importance of family and support for the family, the class teachers' were equally concerned with the students' academic and social development whereas the experts targeted academic skills and specialist input. However, for each focus group it was the development of good social skills that were considered absolutely crucial for the children's future success in life. Having information from more than one perspective provided a broad range of issues from which content could be derived. The relevance of each perspective was considered to be equally important when items were being identified as content for the questionnaire.

From the information gathered, 30 questions (items) were initially tested for wording and layout. To validate the 28-item questionnaire, it was administered to students aged 8 to 18 years and following further analyses, the number of questions was reduced to 25. The average time

to administer the IVI_C, whether via telephone or in a face-to-face interview, was 7 minutes. The IVI_C has proven to be reliable between interviewers as well as between mode of administering the questionnaire (telephone and face-to-face).

Further analysis revealed three domains (themes); *school and social inclusion*, *mobility and independence* and lastly, *community acceptance*. The sub-structure represented by the domains presents the possibility for assessment of participation in particular areas of everyday life.

In real terms, these results translate to very practical uses. Mean scores for each domain can give an indication of individual support needs and highlight areas of concern. The IVI_C can be used to evaluate the outcomes of interventions.

Although the tool kit and questionnaire have been developed in a resource rich country, certain aspects will be universal although other aspects will be socially and cultural specific. To address these issues, further research is being done to assess how applicable the IVI_C will be for use in under-resourced countries.

SCHOOL DIRECTOR: OVERBROOK SCHOOL FOR THE BLIND, PHILADELPHIA, PA

Overbrook School for the Blind seeks a dynamic, focused and accomplished educator to assume the position of Director as soon as possible, no later than July 2008. The successful candidate will be an inspiring leader and communicator, have significant hands-on school administrative experience in special education focused on blind and visually impaired students, an accomplished background in school management, budgeting, school leadership and be enthusiastically aligned with Overbrook's philosophy, mission and values. The ideal candidate must be passionately committed to children, possess strong organizational, operational and interpersonal skills, have a strong commitment to diversity, possess excellent public relations skills, be a flexible and creative problem-solver, be able to communicate effectively in writing and orally, and demonstrate an ability to focus on attainable goals for all students.

This is an extraordinary opportunity for an exemplary educator and school leader. A highly competitive compensation and benefits package (commensurate with qualifications and experience), and relocation assistance will be provided to the successful candidate. Potential candidates are invited to the school website www.obs.org. A full position description is available from the consultant listed below.

Qualified candidates interested in this opportunity are invited to submit a cover letter and resume to:

BARRY ROWLAND

Senior Search Consultant, Carney Sandoe and Associates, Boston, MA



DbI Distinguished Service Award Nominee Eligibility Requirements

This award recognizes a DbI member who has significantly contributed to the deafblind field or DbI, internationally.

Examples of work in the deafblind field or within DbI

- Examples of contributions when thinking about a possible nominee for the Distinguished Services Award: 1) overall professional experiences; 2) innovative practices; 3) unique or extraordinary contributions to DbI; 4) professional publications, research and/or staff training activities; 5) leadership on the international level which has promoted or improved services to deafblind individuals and their families.

DbI Lifetime Achievement Award Eligibility Requirements

The Lifetime Achievement Award will be made to an individual/individuals who has/have made a distinguished contribution to services for deafblind people on a national and international level.

- This award is recommended to be given towards the end of one's working life.
- Distinguished contributions could be in the area of: publications, research, development of new techniques or procedures, practical application of teaching techniques, training staff and parents, advocacy; and dynamic leadership.

Instructions for Nomination for the DbI Distinguished Service Award and the Lifetime Achievement Award

1. Complete the nominations form.
2. Attach a 500 to 1000-word essay, which describes the nominee's contribution to deafblind individuals.
3. Attach at least three (3) letters, which support the nomination. These letters can be from colleagues, parents, deafblind individuals, employers or others who can comment on the nominee. The letters should present information that conveys an accurate picture of the nominee's achievements and contribution to the field of deafblindness.

DbI Distinguished Service and Lifetime Achievement Awards

NOMINATION FORM

Please type the following information so that it can be easily read or scanned. Forms or letters not presented in this manner will be returned.

I would like to nominate: (Please complete a separate nomination form for each award/nominee)

Name of nominee :

Address :

Telephone Number :

E-mail :

Is this individual a current or past member of DbI?

Yes ☐ No ☐

For the following award: (Please check one)

☐ Distinguished Service Award

☐ Lifetime Achievement Award

Name of nominator:

Address:

Telephone Number:

E-mail :

INTERNATIONAL INSTITUTE FOR SOCIAL ENTREPRENEURS (IISE) IN KERALA, INDIA

The participants of the 12th World Conference of ICEVI held in Kuala Lumpur, Malaysia in July 2006 still remember the thunderous and thought provoking presentation made by Sabriye Tenberken and Paul Kronenberg on empowering persons with visual impairment. In continuation of the establishment of a successful Rehabilitation and Training Centre for the Blind in the Tibet Autonomous Region (TAR) from 1999 to 2005, Braille without Borders is developing an International Institute for Social Entrepreneurs (IISE) in Trivandrum, Kerala, India. It offers a one year training course to persons with visual impairment from all over the world to make them leaders in the developmental field. The curriculum of the training includes personality development, communication skills, institution-building and management, application of technology, entrepreneur skills, fostering disability movements, etc. The training is fully residential in nature and the training activities will commence from June 2008. Visually impaired adults falling in the age group 20 to 50 who are wishing to become leaders may apply for this intensive course. The Centre is also proposing to organize management training for administrators of institutions for visually impaired persons and capacity building training activities to improve the competencies of teachers. More details of this training may be obtained from www.braillewithoutborders.org



IISE - Construction underway



"Listening to the Children" **INTERNATIONAL CONGRESS FOR BLIND AND PARTIALLY SIGHTED CHILDREN**

The World Blind Union (WBU) Children's Committee and the Spanish National Organisation of the Blind (ONCE), in partnership with UNICEF, ICEVI and Save the Children, will host the 1st International Congress for Blind and Partially Sighted Children from March 25th-29th 2008 at the ONCE Educational Resource Centre "Santiago Apóstol" in Pontevedra, Spain.

The aim of the congress is to provide a forum and meeting place for blind and partially sighted teenagers from all over the world to reflect, in a group setting, on their current status and put forward their demands and needs to decision and policy makers in the field of care and attention for visually impaired children and those responsible for representing their interests.

Twenty-four boys and girls, between the ages of 14 and 16 and representing all six regions of the world, will take part in the congress.

The thematic programme will be developed in morning **plenary sessions**, focussing on one of the three key themes each day and drawing up conclusions and recommendations to be adopted in an assembly, **workshops** in which the children will take part in recreational activities in theatre, music and sport, and **leisure and free time activities**, including trips to

recreational areas and cultural excursions around Pontevedra.

The congress is open to teenagers who are actively involved in regional, national or international children's initiatives and have an interest, personal experience or knowledge in the key issues to be addressed in the congress (the family, education and relating with peers). They should also be in a position to speak on behalf of a wide cross-section of children from their home country. The selection process will take into account geographic and gender balance as well as the degree of visual impairment.

Teenagers who wish to take part must also:

1. Obtain written authorization from their parents or guardians.
2. Be able to travel alone (no need for accompanying person).
3. Have sufficient autonomy for personal care and basic orientation.
4. Have a working knowledge of either English or Spanish.
5. Be in good health and not require medical care (a medical report will be requested).

Participants will be chosen through a competition open to blind and partially sighted children from all over

the world. Participants will be asked to submit an essay on one of the following themes:

- Your life as a visually impaired teenager (in a creative form, perhaps a poem, a letter or a newspaper article);
- Your experience with children's rights in your community, country or region;
- One of the three areas to be addressed during the congress (the family, education and relating to peers).

Entries (up to 1500 words) may be submitted in English or Spanish and in print, braille (grade 1), electronic format, mp3 or any other suitable format by post, fax or E-mail until December 31st 2007. Entries should be sent to:

Enrique Pérez
 WBU Secretary General
 C/o ONCE
 C/ Almansa 66, 28039 Madrid
SPAIN
 Tel: + 34 91 589 45 33
 Fax: + 34 91 589 47 49
 E-mail: umc@once.es

Two teenagers will sit on the Congress Technical Committee and participate in organizing the congress and selecting participants.

The World Blind Union Children's Committee asks everyone to circulate and disseminate this information as widely as possible and encourages all visually impaired boys and girls interested in attending to enter the competition.

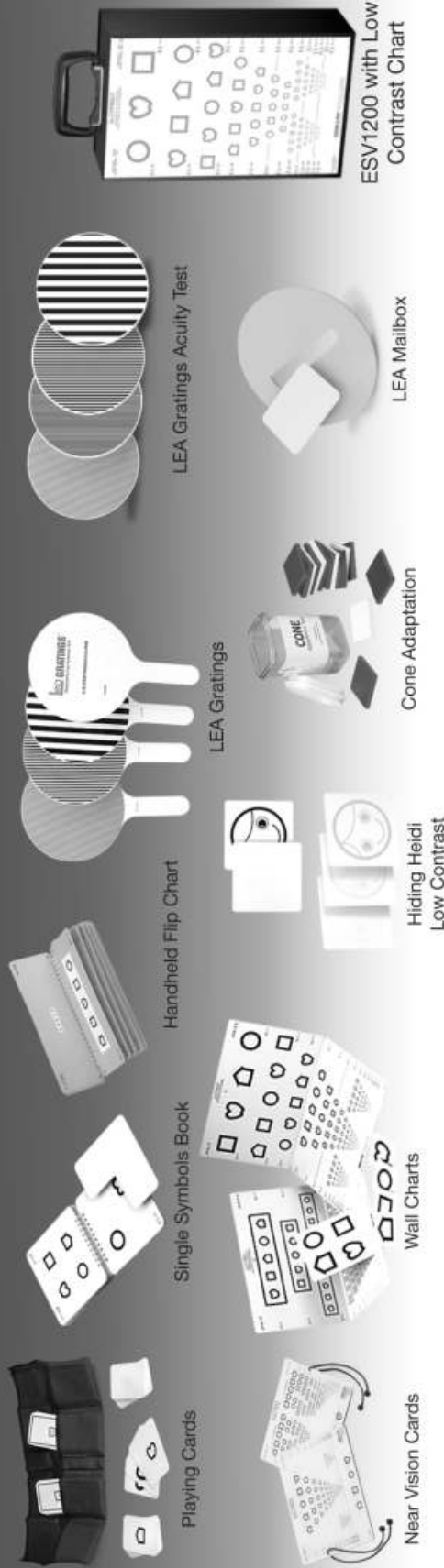
For more information contact the WBU Secretary General.

Ana Peláez Narváez
Congress Organizer



Lea Vision Testing System

the **ONLY COMPLETE** testing system



For over 30 years, Lea Vision testing has helped screen and assess the vision of thousands of children. The Lea Vision Testing System components allow health professionals, teachers, and other specialists to assess vision in children of various ages.

- Trust Lea Gratings and Hiding Heidi low contrast tests to assess the vision of infants.
- Use Lea Symbols® tests to measure single symbols acuity, visual line acuity, and the crowding phenomenon.
- Rely on Lea Numbers® visual acuity tests for international comparative studies in school-age children.

Both the Lea Symbols® and Lea Numbers® tests are also available as low contrast tests. What's more, visual acuity and contrast sensitivity results from different centers are comparable when Lea Symbols® and Lea Numbers® tests are administered using a standard light box.

Other Lea Components in the Testing System

- Lea Panel 16 Color vision test
- NEW! Lea Grating Acuity test
- Cone Adaptation Test
- Lea Rectangles and
- Lea Mailbox completes the system

For more information, contact your local Good-Lite distributor.

GOOD-LITE®
The Quality Always Shines Through

1155 Jansen Farm Drive • Elgin, IL 60123 • USA
info@good-lite.com • www.good-lite.com



www.indexbraille.com

Complete Product Range

Index Basic-D, Everest, 4X4 PRO and 4Waves PRO is a complete range of modern embossers, from a personal aid to heavy braille production.

Easy to Use

Index embossers are controlled by an ink and braille labelled front panel. Combined with speech feedback, they are easily operated by both blind and sighted users.

WinBraille Editor included

Index embossers are delivered ready to emboss. WinBraille is included free of charge and support contracted braille, tactile graphic, maths etc. It is easy to install.

Math Support

Translate maths directly into Braille from a mathematic expression in Word without knowledge in Braille maths.

Tactile Graphic

Convert images to tactile graphics and paste Braille text where you want it. WinBraille include Windows image control and support standard image formats.

Two Years Warranty

Index embossers are the most reliable on the market and will easily cope with continuous use. The product comes with two years warranty.

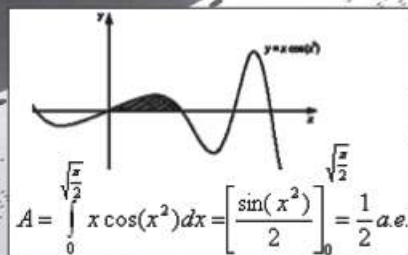
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BRAILLE

Make Braille Maths directly in Word

Simply create the maths by using the Equation Editor included in Word and WinBraille translates it automatically. No prior knowledge of braille maths is required.

Supports:

- Equation Editor 3.0 included in MS Word
- Translation to braille maths in: Latex, Swedish, Nemeth, BAUK
- Mathematic +, -, /, *, (), integral, derivative, matrices, vectors etc
- Index Braille embossers
- Free download



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