



THE UNIVERSITY
OF BIRMINGHAM

Steps to independence: the mobility and independence needs of children with a visual impairment

Full research report

September 2002

by

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Acknowledgements

The project team would like to thank all of the many individuals, agencies and organisations who took part in the research, and everyone who offered help and guidance. We were very encouraged by the enthusiasm of all those we spoke to who are involved in mobility and independence education.

We would like to thank the members of the Mobility and Independence Specialists in Education (MISE) group for their many contributions to the research as a group, and as individuals. In particular, we would like to thank the Secretary of the group, Geoff Aplin, and the Chairperson, Angie Bisson, for their warm welcome and invitation to attend the MISE conferences in March and October 2001.

We would also like to thank Rory Cobb and Angela Dinning of the RNIB for providing the opportunity to meet and interview children during the RNIB vacation scheme, and to thank the children who agreed to take part in the interview.

Acknowledgement is due to the members of the management and advisory groups for their continued advice and guidance throughout the project. Members included: Louise Clunies-Ross, Sue Keil, Colin Gallagher, Lynda Bowen, Peter Talbot, Stephen Dance, David Pilling, Mike England, Roger Willis, Linda Walford, Margaret Sutton, Sheila Owen, Jill Reynolds, Geoff Aplin, Richard Ellis, Jane Abdulla, Ann Rolfe and Annette Autcherlonie. We would also like to thank Aysen Yousouf of the RNIB for her preparation for the advisory group meetings.

Recognition is also due to our former colleagues Michael Tobin and Rachel Long, who made invaluable contributions during the early stages of the project, and Eileen Hill who was responsible for compiling the bibliography. Thanks also to Jenny Whittaker for her excellent administrative support.

The DfES, The Guide Dogs for the Blind Association, OPSIS and RNIB jointly funded this research. The University of Birmingham was contracted to carry out this research during the 2001 calendar year and to present a report to the four sponsors. The views expressed and recorded here are those of the research team. They do not necessarily reflect the views of the sponsoring agencies.

Sue Pavey and Graeme Douglas, with Steve McCall, Mike McLinden and Christine Arter

Glossary

Agencies	These include Education Services (LEA), Social Services Departments (SSD), Voluntary Organisations (VO), Health Service.
DfES	Department for Education and Skills
FE	Further Education
Guide Dogs	The Guide Dogs for the Blind Association
IEP	Individual Education Plan
ILS	Independent living skills. Also known as daily living skills.
LSC	Learning and Skills Council.
M&I	Mobility and independence.
M&I service	A mobility and independence service, which may provide mobility & independence education/support to a child who is visually impaired, provided by one or a number of different professionals/agencies.
MDVI	Children with multiple disabilities with a visual impairment.
MIE	Mobility and Independence Educator – generic term for any professional taking the lead role in the delivery of mobility and independence education.
MISE	Mobility and Independence Specialists in Education.
MO	Mobility Officer. Other titles may include 'Teacher of Orientation & Mobility', 'Mobility Specialist in Education', 'Mobility Nursery Nurse' and 'Mobility Instructor'.
Opsis	National Association for the Education, Training and Support of Blind and Partially Sighted People
OT	Occupational therapist

Parents	As defined by the DfES, 'parents' should be taken to include all those with parental responsibility including corporate parents and carers.
QTVI	Qualified teacher of visually impaired children
RO/RW	Rehabilitation officer or worker
RNIB	Royal National Institute of the Blind
SEN	Special Educational Needs
SENCO	Special Educational Needs Co-ordinator
SENDA	Special Educational Needs and Disability Act 2001
SSD	Social Services Department
Statement	Statement of Special Educational Needs
TA	Teaching assistant as defined by the DfES.
VI	Visual impairment/visually impaired
VO	Voluntary organisation

Report overview

This report describes a research project that investigated the mobility and independence needs of children with a visual impairment. The key recommendations of the research are presented at the front of the report, although there are also a number of 'good practice recommendations' throughout the report that are also gathered together in an appendix.

To aid the process of dissemination and discussion, the key recommendations in this report also feature in a short summary document being published simultaneously in hard copy and electronic format. The numbering of the recommendations in this main report reflects the order adopted for the summary. A glossary is also presented at the front of the report to help the reader.

Introduction – outlines the aims of the research project in detail and presents the background to why the Guide Dogs for the Blind Association, Opsis, RNIB and the Department for Education and Skills commissioned it. The introduction also describes the 'Reporting protocol and key people'. *The reader is advised to read this short section which defines what is meant by key terms throughout the report.* This section also describes the methods used throughout the five phases of the research project. Although a variety of methods were adopted, the largest data source was gathered through semi-structured interviews with a variety of professionals involved in mobility and independence education.

Chapter 1 – Defining the mobility and independence needs of children with a visual impairment – proposes a broad framework for a 'mobility and independence curriculum'. It also presents a national picture of the mobility and independence curriculum currently being delivered.

Chapter 2 – The mobility and independence delivery cycle – details aspects of the delivery of the mobility and independence curriculum within a simple cyclical model including the following stages: referral, assessment, programme design, intervention, review and completion. A detailed analysis of these procedures is presented and recommendations made. It also outlines the national picture of mobility and independence provision.

Chapter 3 – Other factors affecting delivery – considers additional aspects of the delivery process. It presents details of key issues that were identified which must be considered by those responsible for providing mobility and

independence education. Those identified are child characteristics (pre-school child, post-school provision, children with MDVI, and issues of cultural background), multiple agency involvement and collaboration across agencies (including the role of special schools for visually impaired pupils), and the potential impact of the revised Special Educational Needs Code of Practice (DfES, 2001).

Chapter 4 – Training and defining key people – an overview of some of the training routes for those who are involved in mobility and independence education, in particular qualified teachers of the visually impaired (QTVI), rehabilitation officers (RO), and teaching assistants. In the light of this, the report examines who should be responsible for the different aspects of the mobility and independence curriculum. Challenges facing these training routes are explored and potential training routes suggested.

Chapter 5 – Funding implications – considers some of the financial implications of the recommendations that are made. Major considerations are the funding of training of key staff, and the funding of posts.

Chapter 6 – Further research – is a very short chapter that lists the areas identified by the research team which warrant further research.

References and appendices are presented at the end of the report.

Key recommendations

- 1 There is a need for consistency in provision of mobility and independence education to children with visual impairment. We recommend that services consider adopting the key concepts and skills in the curriculum framework set out in Figure 1 as the basis underpinning their provision. Training arrangements for staff should be designed to reinforce this approach.
- 2 A child's mobility and independence development is integral to that child's *educational* progress. It is therefore recommended that this principle should be reflected within the statement of SEN and that mobility and independence provision should normally be recorded as 'educational provision'.
- 3 In the interests of effective, co-ordinated provision, a single agency should have responsibility for overseeing the delivery of mobility and independence education. It is recommended that the LEA should take this lead role.
- 4 LEAs, working in collaboration with other agencies, should develop and maintain policies for mobility and independence education, within and beyond school.
- 5 All children with a visual impairment should have a basic assessment to determine whether they require mobility and independence support immediately or potentially in the future.
- 6 LEA mobility and independence policy documents should include explicit reference to the needs of, and educational provision for, pre-school children, children undergoing transition from school to post-school, children with multiple disabilities and a visual impairment, and children from a range of cultural and religious backgrounds.
- 7 LEAs should ensure through transition arrangements that appropriate provision is made for young people with mobility and independence needs via contact with the Connexions service Personal Advisers and other key players.

- 8 Parents have a key role in the day-to-day support of their child's mobility and independence development. Their need for support and training should be recognised and appropriate provision made.
- 9 Training courses in the area of mobility and independence education have tended to develop in different ways and the standards they adopt may not always be comparable. It is recommended that interested parties should meet to agree on common standards for training. It would be particularly helpful if the DfES could offer a grant in support of this initiative. The agenda should include issues such as programme time and content dedicated to children's mobility and independence.
- 10 DfES should give consideration to making specific mention of training for mobility and independence education in guidance relating to the training and development component of the SEN category of the Standards Fund. It would also be helpful if any future DfES grant schemes could make provision for encouraging the creation of fresh training opportunities in this area.

Introduction

Background

An 'invitation to tender' from The Guide Dogs for the Blind Association, Opsi, RNIB and the Department for Education and Skills was received by the project team in the summer of 2000. It described a research proposal to investigate the mobility and independence needs of children with a visual impairment and the provision of appropriately trained specialists. The proposal provided a broad research framework for those applying to carry out the research, and also provided a background as to why the research was being undertaken:

"For children and young people who are visually impaired mobility and independence education is essential to give them the knowledge, skills, and confidence to organise themselves and to get about safely. Orientation, mobility and independence training supports children's development from early childhood, enabling blind and partially sighted children to play an active part in school, home and social environments with their sighted peers. "

Although survey work by RNIB had indicated that the provision of mobility and independence education to children was patchy and inconsistent within the UK, little research has been carried out investigating how best to provide mobility and independence education. The proposal considered factors which played a part in mobility and independence education. These included the definition of mobility and independence, the delivery of such a curriculum, the identification and training of the key people involved in this process, and the funding of this training and the posts. The research aims based upon this are presented below.

The Visual Impairment Centre for Teaching and Research (VICTAR) at the University of Birmingham, responded to the 'invitation to tender' and was successful in gaining the contract. The one-year project started in January 2001.

Aims

The invitation to tender set out the following aim for the project:

“To explore the orientation, mobility and independence needs of visually impaired children and young people, to identify the specialist standards, skills and attributes required of those who teach them and recommend pathways of professional education and training with dedicated sources of funding. ”

This was accompanied by the following seven objectives:

1. To establish the key orientation, mobility and independence skills visually impaired children and young people between the ages of two and 16+ need in order to organise themselves and to move about safely and with confidence.
2. To recommend ways in which key skills can be delivered within and beyond the school curriculum.
3. To identify the core and specialist standards, skills, understanding and knowledge required of those who teach mobility and independence to visually impaired children and young people.
4. To recommend a series of nationally accredited pathways and levels of training whereby individuals may become qualified to teach mobility skills to visually impaired children and young people.
5. To recommend options for funding this training for mobility specialists who teach visually impaired children and young people.
6. To recommend approaches to funding posts in order to provide mobility and independence education to visually impaired children as an entitlement.
7. To set out an agenda for further action and research that will include the needs of school leavers.

To enable more effective management of these objectives, the project team restructured these objectives into the following four broad objectives:

1. To establish the key mobility and independence skills required by children and young people with a visual impairment.
2. To identify the ways these key skills can be delivered within and beyond the school curriculum.
3. To investigate the specialist standards, skills, knowledge, and understanding required of mobility and independence specialists and others, and the training options presently available for achieving these.
4. To explore funding options and implications for the provision of training and the establishment of posts designed to provide mobility education to children with a visual impairment.

Each aim is respectively dealt with in the four main sections of the report:

- Objective 1 is covered in Chapter 1.
- Objective 2 is covered in Chapters 2 and 3.
- Objective 3 is covered in Chapter 4.
- Objective 4 is covered in Chapter 5.

Reporting protocol and key people

Reporting protocol

Reporting of qualitative-style research can be difficult. Analyses, as described in detail in later sections of the report, often involve seeking evidence from transcribed interviews and arranging these into themes. Inevitably, there is a degree of subjectivity and researcher judgement in this process. Therefore, an important aspect of this type of research is the presentation of quotes/examples as evidence of the validity of the interpretation. This in turn can lead to difficulties of ethics in revealing the source of data on one hand, and the frustration expressed by some participants of not being credited for good practice on the other.

Our solution was to use a numbered coding system in an initial chapter to demonstrate the rigorous nature of the analysis (used in Chapter 1 – Defining the Mobility and Independence Needs of Children with a Visual Impairment). This was not used in subsequent chapters for ease of reading (and writing). However, in sections involving interview data, examples of good practice are credited to the service source unless they specifically requested otherwise or the notes contained sensitive information in the

opinion of the authors. Relevant sections of interview notes are presented in boxes.

Another important reporting protocol is the use of quantifiers, such as, 'a service', 'some interviewees', and 'many respondents'. When we are reporting more qualitative aspects of the research (particularly in relation to the interviews) quantifiers are used simply to give the reader an appreciation of whether one ('a'), two or more ('some'), or several or more ('many') made a similar point. Importantly the reason for identifying a theme raised in the interviews is because the authors thought it important and useful in understanding the issue, irrespective of whether one or many of those interviewed raised the point.

When we are reporting more quantitative aspects of the research we back up points with figures (usually frequency and/or percentage).

Key people

There are many people who are critical to the effective delivery of a mobility and independence service. Their contributions and involvement are referred to throughout the report in the appropriate sections. Key people include the following:

- A mobility officer or rehabilitation officer (possibly with another title, see Glossary) who has training in teaching mobility and/or independence. They might be employed by education, social services, a voluntary organisation, a special school for visually impaired pupils, or be self-employed as a consultant.

In Education:

- Qualified teacher of visually impaired children (QTVI)
- Class teachers
- Teaching assistants
- Special Educational Needs Coordinator (SENCO)

In Health:

- Community paediatricians
- General practitioners
- Health visitors
- Occupational therapists

- Ophthalmologists
- Physiotherapists

Social Services Departments:

- Social worker

Others:

- Parents
- Other family members (e.g. siblings)
- Peers in/out of school

Professionals with training in the area of mobility and independence may have one of many different job titles, the most common perhaps being mobility officer and rehabilitation officer, which often (though not always) reflects the nature of their training. The difficulty is that routes leading to this title are complex. There appear to be many different qualifications that allow a person to operate as a mobility officer or rehabilitation officer when working with children. This differs from other professions where there is one training path that must be followed in order to become such a professional. This complication obviously makes the research process more complex, but it also makes reporting difficult.

For this reason, the term mobility and independence educator is used generically throughout the report as a term to describe **any professional** who takes the **lead role** in teaching or advising upon mobility and independence issues. Which professional can take on this role will depend upon a number of factors – e.g. their qualifications and experience, the aspect of the mobility and independence curriculum being covered, and local staffing arrangements. In actual fact the report recommends that the mobility and independence educator should be (dependant upon context) a rehabilitation officer, mobility officer, or QTVI. This is discussed in Chapter 4.

When professional specific terms (e.g. QTVI, rehabilitation officer, mobility officer, and teaching assistant) are used in the report, we are referring specifically to these professionals.

Throughout the report we are exploring the possibility that a mobility officer or rehabilitation officer does not necessarily have to take a lead role or be involved in delivering all aspects of the mobility and independence curriculum (though we will also argue that they are essential for certain

aspects). Chapter 4 – Training and defining key people – towards the end of the report explains this crucial aspect of mobility and independence education.

Methodology

Research approach

The research approach employed was determined by the research themes the sponsors set out in the original invitation to tender and by the short time-span allotted to the project. As is made explicit in the invitation to tender, the methods needed to capture the needs of the heterogeneous client group on one hand, and identify pragmatic policies and strategies on another.

The project adopted an eclectic approach to research methods, operating from the premise that there is an enormous amount of expertise in the field (although previous studies indicate that the level and quality of provision is mixed at a service level). We sought to tap into this body of knowledge and expertise through a cycle of literature reviews, consultation and information collection through semi-structured interviews and documentation analysis, consolidation of the information, and final validation through a second phase of semi-structured interviews and focus groups with key people in the field.

Although there is a substantial body of literature relating to mobility and independence skills, there is little available on the delivery of mobility and independence education, therefore importance was placed upon primary data collection for objective 2.

Management group and advisory group

The management group consisted of representatives of the four funding bodies of the project, including The Guide Dogs for the Blind Association (Lynda Bowen), Opsis (Peter Talbot), RNIB (Louise Clunies-Ross) and DfES (Stephen Dance).

An Advisory Group was established to advise on and monitor the progress of the project. This consisted of 13 professionals with expertise and others with an interest in the field of mobility and independence education for children. The members included:

- Representatives of the four funding bodies/sponsors of the project.

- Four professionals involved in the delivery of mobility education; two QTVIs with an additional qualification in mobility and two mobility officers, one employed by education services, the other by a voluntary organisation.
- A representative of the MISE group.
- A parent of a secondary age child who is receiving mobility education.
- A training representative from a voluntary organisation.
- A representative of non-maintained schools.
- An ethnic minority development officer employed by one of the sponsoring organisations.

Project timetable

The project was divided into five overlapping phases (project funding spanned Jan 2001 – December 2001):

1. Phase 1 – Preparation. Nov – Dec 2000.
2. Phase 2 – Review and establishing contacts. Jan – March 2001. The lead researcher (Sue Pavey) was employed, and began work on the project. Review of literature was initiated, key contacts established, and planning for main data collection began.
3. Phase 3 – Data collection and analysis. Apr – Aug 2001. This involved the bulk of data collection, from visits to special schools for visually impaired pupils and LEA services for the visually impaired, telephone interviews, and data analysis.
4. Phase 4 – Analysis and feedback. Sept – Nov 2001. Continuing analysis of data, presentation of preliminary findings, recommendations to key groups/people for feedback.
5. Phase 5 – Final report. Dec 2001. Final report completed and presented to Advisory Group and Management Group for approval.

Phase 1 – Preparation

Three key tasks were undertaken in this phase. Firstly, databases of contacts were prepared for Phase 2. Secondly, an initial bibliography was compiled of over 300 articles related to mobility and independence. This is presented on the VICTAR web site. Most of the literature is relevant to objective 1, but there is very little on the 'delivery' process (objective 2). Thirdly, additional project administration tasks were undertaken, in particular recruiting staff.

Phase 2 – Review and establishing contacts

Contact with LEAs and Schools

A key task of this phase was contacting LEAs (156) and special schools for visually impaired pupils (19) in the UK. A letter was sent to each requesting:

- Any policy documents / approaches you are adopting to the teaching of mobility / independence skills in your setting.
- Contact details of someone in your school / service who you would recommend we speak to regarding this mobility project.

LEAs and special schools for visually impaired pupils were chosen as initial contacts because they have primary responsibility for the child's education and it was thought that they would either provide mobility and independence education or co-ordinate those who did. While this was generally the case, results indicate that this is not necessarily so and the national picture of who delivers mobility and independence support is a very complex one (involving many agencies). Since research of this type had not taken place in this country before, it was impossible to predict this sampling issue prior to the project.

Eighty-three schools and services responded giving a response rate of 47%. The documentation gathered can be broadly categorised into policy documents and summaries of mobility and independence curricula. Many respondents in the later interviews also sent additional relevant documentation. This correspondence also generated many contacts for subsequent interviews in Phase 3 and these were stored in a database (these contacts were not just limited to LEA and school staff, but also included voluntary organisations and social services departments).

Advisory group

The first Advisory Group meeting took place in early February 2001 at the University of Birmingham. Key outcomes included:

- The project should look at a broad definition of mobility and independence that includes skills beyond travel.
- The project should seek to observe any effects of culture upon mobility and independence.

Mobility and Independence Specialists in Education (MISE)

The 'Mobility and Independence Specialists in Education' group (hereafter known as MISE), a group which is part of the RNIB/VIEW Curriculum structure, proved to be an important source of information. A MISE conference involving over 40 mobility and independence specialists from across the UK takes place twice a year. The research team conducted six discussion groups at the March conference. The focus of the discussions were the boundaries of mobility and independence education, and the ways in which key skills can be delivered in both mainstream and special school settings. These discussions were recorded and later summarised.

A questionnaire was also distributed to the attendees, which requested more detailed information about the skills they taught and the procedures in place in their settings. Twenty questionnaires were completed and returned.

The information collected from both the discussion groups and questionnaires helped to formulate the semi-structured interview schedules used in Phase 3.

Phase 3 – Data collection and analysis

Interviews

A key source of data was interviews with a variety of people in mobility and independence provision. In total 53 interviews were carried out with a total of 72 people; 6 interviews were group interviews involving several members of a team, 1 was a group interview with children, and 6 were 'informal' whilst accompanying the mobility and independence specialists on mobility lessons. A breakdown of the interviews is given at the end of this chapter.

Selection of interviewees was based upon trying to cover as many circumstances as possible. At the start of the project it was predicted that approximately 30 interviews would generate data which would describe most provision in Great Britain. In fact the diversity of the data generated in Phase 2, which was confirmed in Phase 3, demonstrated that a more complex national picture existed. For this reason additional interviews were carried out. Selection also attempted to include representatives from across Great Britain.

One of the group interviews was with eight children and aimed to ascertain their needs and priorities regarding mobility and independence. These young people, a mix of boys and girls, were aged from 11 to 16 years old and came from different parts of the country, drawn together on a summer holiday scheme for children with a visual impairment.

The majority of the contacts for these interviews were derived from either the initial letters to LEAs/schools or the MISE group in Phase 2. The background information derived from these contacts, combined with general information regarding mobility and independence delivery, allowed the interviewer to design an interview schedule (used as an *aide memoire*). Importantly, the delivery cycle described in Chapter 2 formed an important framework for the interviews.

Initial one-to-one interviews with mobility and independence specialists were conducted face-to-face whilst visiting mainstream and special schools for visually impaired pupils in both England and Scotland. This also gave an opportunity to observe many mobility lessons. However, the majority of interviews (32) were carried out over the telephone. Most of the interviews were recorded using a tape recorder that eliminated the need for note taking.

A difficult aspect of the data collection was contacting people in order to request and set up interviews - due to the very nature of the work carried out by many of the professionals, they were rarely in their office. Additionally, many professionals employed by LEAs were unavailable during the school holidays. This meant that the majority of these interviews had to be carried out before the end of June. However, despite such logistical problems, most people were very willing to be involved with the research, and seemed very concerned about the issues we discussed which led to many interesting discussions.

Data preparation and initial analysis

All interviews were transcribed into Word 97 documents. Initial analysis simply involved the interviewer considering how information collected in early interviews might influence the choice of question for subsequent interviews.

Management group and advisory group

In May, the Management Group also advised the project team to prioritise data collection in the area of children with a visual impairment in mainstream schools (i.e. lessening emphasis upon children with MDVI and children in special schools). While data already collected regarding MDVI and special school provision is presented in this report, emphasis is upon the recommendations for mainstream provision.

The second Advisory Group meeting took place in early July 2001 at the University of Birmingham. One key outcomes was that interviews should be carried out with children to establish their perceived needs and priorities regarding mobility and independence.

Phase 4 – Analysis and feedback

Analysis of data

The main task within the fourth phase involved analysis of the huge amount of data collected. The data collected from services and special schools for visually impaired pupils (policy documents and mobility curricula) were analysed using Microsoft Word, but the large amount of data collected from the interviews required a more advanced tool. To make this task easier, the QSR NUD*IST Vivo (NVivo) software package was selected which is designed to organise and manage qualitative data. More specifically, the transcribed interviews were coded in order to draw out themes and ideas, and further coded into challenges and solutions. The coding allowed sophisticated searches of the data to be made to assist in generating interpretations.

Eight additional telephone interviews were carried out in December 2001 regarding post school provision (2) and training (6).

Feedback

Some of the initial interpretations of the data and recommendations were put to key people in order to obtain feedback. The MISE conference in October gave an opportunity for the team to get feedback on aspects of:

(a) the breadth of the proposed mobility and independence curriculum

and

(b) the different roles adopted by mobility and independence specialists.

Three discussion groups worked on these topics involving a total of approximately 40 mobility and independence specialists.

Additionally, questionnaires were distributed to 3 Heads of Service and 1 former Head of Service, which provided feedback upon various aspects of the findings and proposed recommendations, as well as additional data for objectives 3 and 4.

Management group and advisory group

The third Advisory Group meeting took place in early October 2001 at the University of Birmingham. In this meeting the project team updated the group on the project's progress.

Phase 5 – Final report

The report was completed during the final phase of the project, and distributed for review to all members of the Advisory Group on 21 December 2001.

Summary of the data collection

Table 1. Summary of number of people interviewed: agency by occupation/role and the project objective

	LEA	SSDs	VOs	Consultant	School/ College (VI)	Other	Total	Objective
MO/RO	14	4	2	2	9		31	1,2,3
QTVI (acting as MIE)	8						8	1,2,3
QTVI	2						2	1,2,3
Head (or Deputy) of VI Service	9						9	1,2,3,4
Head of VI Unit	1						1	1,2,3,4
Team Leader (of VI team)	3	2	1		1		7	1,2,3
Trainers (M&I and QTVI)					2	3	5	1,2,3
Child with a VI						8	8	1
Parent						1	1	1,2
TOTAL	37	6	3	2	12	12	72	

In total 53 interviews were carried out with a total of 72 people; 6 interviews were group interviews involving several members of a team, 1 was a group interview with children, and 6 were 'informal' whilst accompanying the mobility and independence educator on mobility lessons. Two respondents who were each interviewed once have more than one role, so they are represented twice in the table (therefore the total number of people in the table is 72). One mobility and independence educator in education was interviewed twice but is only represented once in the table.

However, the above table and total figure of 53 interviews does not include:

- the 6 focus group sessions, which involved approximately 36 mobility and independence educators carried out at the March MISE conference
- the 3 focus groups with approximately 40 mobility and independence educators at the October MISE conference, or
- the 8 telephone interviews carried out in December regarding FE provision and training.

Table 2. Summary of data collected: type of data by amount and the project objective

Data	Amount	Objectives
Literature	Ongoing	1, 2, 3, and 4
Policy document	83	1 and 2
MIE focus groups	9	1 and 2
Teacher trainer focus groups	2	1 and 2
MISE questionnaires	20	1, 2, and 3
Case study of a single service	1	1, 2, 3, and 4
Focus group of children with VI	1	1
Observations of lessons	10	1 and 2
MIE interviews	37	1, 2, and 3
MIE trainer interviews	8	1, 2, and 3
Head of service (or Deputy) interviews	9	1, 2, 3, and 4
QTVI interviews	2	1, 2, and 3
Team leaders interviews	8	1, 2, and 3
Parent interview	1	1 and 2
FE providers	2	1 and 2
Head of service questionnaires /interviews	4	1, 2, 3, and 4

Chapter 1 – Defining the mobility and independence needs of children with a visual impairment

Purpose and overview

This chapter aims to identify the key mobility and independence skills required by children and young people with a visual impairment. A broad framework (or mobility and independence curriculum) is proposed and it is demonstrated that providers in the UK support different areas of the curriculum to a varying degree. The key recommendation in this chapter is:

Key recommendation 1

There is a need for consistency in provision of mobility and independence education to children with visual impairment. We recommend that services consider adopting the key concepts and skills in the curriculum framework set out in Figure 1 as the basis underpinning their provision. Training arrangements for staff should be designed to reinforce this approach.

Broad framework

The invitation to tender for this project stated the definition of the mobility and independence needs of children with a visual impairment as a project objective. The document did not therefore set any boundaries around the term mobility and independence. Consultation at the first Advisory Group (2/2/01) suggested a broad definition of the term was favoured which encapsulated issues broader than orientation and mobility (O&M). At that meeting expressions such as 'independent living skills' (ILS), 'social development', 'communication', as well as O&M were used. Clearly, mobility and independence needed unpacking and defining.

In terms of the literature, O&M is often discussed independently of broader independent living skills. For example Blasch, Weiner and Welsh (2000) provides one of the most comprehensive overviews of the field of O&M, yet independent living skills are not discussed. Similarly, a breakdown of the curriculum presented by the British Columbia Ministry of Education (1999) focuses solely on O&M. Other literature which describes a broader curriculum including independent living skills *and* O&M tends to simply list these two areas of the curriculum as though they can be treated separately

(e.g. Dodson-Burk and Hill, 1989; Stone, 1997). Therefore, it appears that these two areas are brought together out of convenience. This is presumably because both independent living skills and O&M are areas of development with which children with a visual impairment tend to require additional support, and because the same 'rehabilitation' professionals often provide this support.

However, this grouping of convenience is over-simplistic. A close inspection of these areas reveal that many of the foundation skills required for both independent living skills and O&M are shared. Therefore, when constructing a curriculum for child education, a framework can be adopted which encompasses these common elements. In terms of the evidence gathered in this project, an exceptionally complex national picture of mobility and independence teaching has emerged. For children with a visual impairment and their carers, this is made no easier by the variety of language used in describing the key skills and concepts that this teaching seeks to address. For this reason alone a 'curriculum framework' is required for the field.

The framework presented here initially emerged from mobility and independence and child development literature. It was required to enable researchers to be able to more efficiently ask questions regarding the curriculum during interviews. From these interviews the framework was modified to better reflect the needs of children with a visual impairment, and more detailed content was covered. Our aims regarding the development of this curriculum were as follows:

This curriculum *should*:

- offer a broad framework of skills and concepts which children should be supported to develop to the best of their ability (or choosing).
- provide a common and easily understood language.

This curriculum *should not*:

- define a precise breakdown of all the aspects of mobility and independence nor provide an exhaustive list of skills to be taught and at what age.
- give a description of the teaching techniques that should be adopted.

Early and Foundation Mobility and Independence

- Body and spatial awareness – e.g. early sensory-motor development, spatial language, mobility and orientation in different settings
- Social and emotional development – asking for assistance, social conventions, manners, confidence and motivation.

Advanced Mobility and Independence

- Travel skills – e.g. routes and technical aspects of travel, mobility and orientation, road safety, cane techniques
- Independent living skills (ILS) – e.g. kitchen skills, eating, hygiene, money handling, dressing.

Figure 1. Framework for mobility and independence curriculum

Key recommendation 1

There is a need for consistency in provision of mobility and independence education to children with visual impairment. We recommend that services consider adopting the key concepts and skills in the curriculum framework set out in Figure 1 as the basis underpinning their provision. Training arrangements for staff should be designed to reinforce this approach.

A key aspect of the framework is the distinction between *early and foundation* mobility and independence and *advanced* mobility and independence. The relationship between these two levels is important. Early and foundation mobility and independence concepts underpin the higher order activities. However, it would be inappropriate to consider that all the foundation skills must be mastered before progression to the more advanced mobility and independence. Firstly, children develop in different ways. Secondly, the framework is intended to be appropriate for a child with a congenital visual impairment – obviously many children develop a visual impairment in later childhood and will require a different emphasis of support. Thirdly, all the aspects of mobility and independence should be considered as an ‘applied’ discipline of children interacting with and moving through the environment with *independence* and *purpose*.

An important related area of support required by children with visual impairment is related to the **context** in which they operate. This includes the following areas:

- Training of others – including family, carers, professionals, and peers.
- Modification of environment – e.g. signs, risk assessment.
- Implementation of whole school policies.
- The concept of an ‘inclusive school’ and ‘inclusive society’.

These are discussed in subsequent chapters. The concept of inclusion requires additional attention here. Including a child with a visual impairment successfully in a mainstream school requires that they are included in their various lessons. However, inclusion goes beyond a simplistic view that the child with a visual impairment should be able to get from lesson to lesson and engage in learning activities. Being included in the broad culture of the school will also include work to enable the pupil to participate fully in all class activities such as laying out equipment, fetching and handing out materials, and running errands. It would also include managing quite independently in the dining hall, participating as fully as possible without help in physical activities including PE and sports, participating as independently as possible in informal recreational activities during break-times, and the myriad of other aspects of school life.

National picture of the breadth and depth of mobility and independence curriculum provided

Method

The Method section in the Introduction describes how UK LEAs and special schools for visually impaired pupils were initially approached for policy/curriculum documents. 83 (47%) of 175 responded, although some of the documents generated were produced by providers of mobility and independence education who were not directly employed by the LEA or special schools for visually impaired pupils (e.g. social services and voluntary organisations).

Many of these responses gave very broad descriptions of provision or policy statements. However, 14 providers (comprising 6 special schools for visually impaired pupils, 6 LEA support services, 1 joint LEA and voluntary organisation, and 1 joint LEA and social service) gave some details of the content of the service they provide. Nevertheless the volume of detail they provided varied considerably. Using the curriculum framework described earlier in this chapter, the documents were analysed to establish the breadth of mobility and independence curriculum provided. This systematic

process was necessary because providers conceptualise the mobility and independence curriculum in different ways and use a variety of vocabularies. To demonstrate validity and reliability of this analysis, the provider codes have been left in the text. Appendix 2 lists the services/schools which provided excellent curriculum and policy documents.

Overview

- All policy documents and interviews identified 'travel skills' as a key aspect of the curriculum.
- The amount of attention given to 'body and spatial awareness' was much more mixed.
- Similarly, 'independent living skills' and 'social and emotional development' had mixed representation. Often, though not always, when these areas of the curriculum are represented it is only in the context of 'travel'.

Detail and depth

There was a great deal of variation in the detail of breakdown presented – some documents provided extremely detailed checklists while others provided only general headings with description of content. This does not necessarily mean such detail is absent – just that the researchers did not have access to it. Indeed, interviews demonstrated that many mobility and independence educators used their own checklists. Also, some respondents stated that policy and curriculum documents were currently under development.

Overview of content

All documents mentioned travel skills for children. This seemed central to the remit of many departments. Body and spatial awareness was also given some prominence in many documents although the application was often limited to 'travel' and not extended to the broader concepts of ILS. Many did not mention independent living skills (e.g. eating, hygiene, clothes, cooking) at all, although some made cross-references to other curriculum areas including 'home economics' / 'food technology'. Social and emotional development concepts were often mentioned within the curriculum particularly in relationship to communicating with others. However, again this was often associated with travel (e.g. 'requesting help', 'stranger

danger' *when travelling*). Aspects of emotion and positive attitude towards mobility and independence were not directly described, although they are indirectly mentioned as a method of giving children confidence through accreditation (see below).

Travel skills

The more substantial curriculum documents often provided detailed checklists of technical aspects of travel skills and body and spatial awareness (e.g. cane skills, self-protection, trailing). These are broken down in various ways (e.g. pre-cane and cane skills; pre-mobility and travel techniques), but ultimately reflect a broad remit of developing children's understanding of space and movement through it. Many of the checklists reflect a task analysis of travel, breaking it down into sub-skills required to participate in a range of activities. In many cases the inclusion of, for example, social skills and micro-mobility skills is dependent upon their relevance to travel. Therefore, skills beyond travel are often absent in these curricula.

Independent living skills (ILS)

Relatively few respondents made reference to many aspects of ILS. This suggests that many services and schools either do not cover these skills or that they did not pass this information on. A clear example of the latter was found which described the 'living skills' (which included cookery / meal preparation), which did not involve the mobility department, but fell under the remit of the class teacher, home economics teacher, house staff (in the case of residential students at this special school for visually impaired pupils), and parents.

Depth of understanding and nature of the curriculum

A dimension rarely covered within the curricula analysed were issues related to the depth of understanding of students. The task-analysis approach generates a curriculum that equates greater competence with a greater number of skills, or complexity of those acquired skills. It will also result in a curriculum that recognises a sequence of learning (and this is explicitly recognised by some respondents). However, it may also militate against learning related to 'meta-level' or deeper understanding, including such things as transferability and generalisation of concepts, and problem solving. Few documents appeared to identify these types of skills in their

curricula (transferability of skills was identified in only two cases). It seems crucial that a curriculum should make reference to such concepts and relate them to competence and accreditation.

Overlap with other curriculum areas

References made to other areas of the curriculum in mobility and independence policy or curriculum documents were relatively rare. For example, one curriculum document contained a checklist item, 'participate in gym and PE with confidence'. The most comprehensive curriculum document of this type formally referred to other professionals under headings of 'Reinforced by' for different areas of the mobility and independence curriculum. For example, the area of the curriculum concerned with body awareness was 'reinforced by' the physiotherapist, speech therapist, and other subject areas including PE. Two other respondents had statements referring to other areas of the curriculum embedded within policy documents. Indeed one defined 'cross curricular' work as a distinct area (separated from 'everyday mobility and independence' and 'special curriculum').

Accreditation

A number of respondents described formal methods of accrediting students for mobility competence. Some were associated with other external schemes e.g. Compact and Youth Award Scheme and one was specific to wheelchair use. Some were used to communicate abilities (and therefore level of independence) to all staff, and others were used only within the mobility and independence 'team'. Just one example was found of accreditation for teachers/carers in the staff induction.

Related to accreditation, some respondents described a role of implementing whole-school policies and approaches to mobility. Some systems described were very formal. For example, the EXEAT system at the Royal Blind School in Edinburgh, a residential special school for visually impaired pupils, is a system of grading that clarifies to all staff where children can go safely either independently or aided, and therefore is not just accreditation for the pupils, but also a means of communicating to staff.

Special schools for visually impaired pupils and mainstream schools

Evidence from the policy documents indicates that special schools for visually impaired pupils tend to have more substantial mobility and independence policy and curriculum documents in place than mainstream services. A greater proportion of special schools for visually impaired pupils provided documentation, and greater depth and breadth of curriculum was contained within these documents. In part this reflects that many of the special schools for visually impaired pupils had residential provision, and thus required additional attention to independent living skills. Nevertheless, a level of support should be provided to children in mainstream – even if, as will be discussed in subsequent chapters, this is largely in an advisory capacity to parents/carers.

However, beyond the difference in the remit of special school and mainstream provision there still remains an apparent difference in quality of documentation across the two settings, which indicates a difference in quality of service. While setting was not the defining variable (some quality documentation was presented by mainstream providers), it is clear that the special schools for visually impaired pupils have much expertise to offer the field of mobility and independence education.

Key issues emerging

- (1) Analysis of policy and curriculum documents confirms a need for a mobility and independence curriculum framework with agreed structure, boundaries and vocabulary.
- (2) There is a need to capture ‘transferability of skills’ and ‘problem solving’ as key aims of the mobility and independence curriculum. The curriculum should not just reflect children’s progression through the curriculum in terms of greater numbers of skills required. Progress should also be measured in terms of concepts such as problem solving ability, and the speed and ease with which learned skills can be applied to new contexts.
- (3) There is a variation in breadth and depth of curriculum by provider. A clear finding is that different providers support different areas of the curriculum – e.g. many focus upon aspects of travel, but less upon independent living skills. Similarly, there also appears to be variation in the depth with which a given curriculum area is covered – e.g. some, but not all, providing substantial checklists and programmes of work.

Adding content to the curriculum framework

Method

During the interviews many references were made to curriculum content. The interviews were the primary source of data to the research team, part of which explicitly discussed details of the curriculum covered. These points were coded in the analysis of the transcribed interviews, and were then extracted from the database (see Method in the Introduction). This section provides a summary list of all the points raised, categorised within the curriculum framework described at the beginning of the chapter with appropriate sub-headings. Additional links with other curricula are suggested.

Early and foundation mobility and independence

Body and spatial awareness

This area of the curriculum is particularly concerned with key skills and concepts that are developed from a very early age and underpin more high level activities such as advanced travel and some aspects of independent living skills.

- | |
|---|
| <ul style="list-style-type: none"> • Early sensory-motor development and posture, including pre-school <ul style="list-style-type: none"> - Early movement - Exercises for flexibility and muscle tone - General play involving movement - General encouragement in exploration and reaching for objects - Walking, running, skipping, jumping, dancing. - Corrective work on gait, eradicating stamping when walking - Body posture - Senses |
| <ul style="list-style-type: none"> • Spatial language <ul style="list-style-type: none"> - Recognising and responding to voices - Body parts - Spatial language – under, behind, next to, up, down, etc. - Object-to-object and object-to-body relationships - Directions |
| <ul style="list-style-type: none"> • Understanding and interacting with immediate and extended areas of |

<p>space</p> <ul style="list-style-type: none"> - Desk-top finding activities - 'finding dropped articles' - layout of rooms – moving around a room, finding objects in a room - lunch room - moving around home - moving around the (school) campus and playground - moving around a shop, building
<ul style="list-style-type: none"> • Early strategies and techniques, including 'pre-cane skills' <ul style="list-style-type: none"> - Protection - Trailing - Early cane work and use of pre-cane. - Landmarks on sighted guided 'journeys' (classroom to classroom, within room) - Wheelchair use and skills
<ul style="list-style-type: none"> • Overcoming anxiety and fear of movement – encouraging confidence • 'Transferability of skills' and 'problem solving'

Figure 2. Early and foundation mobility and independence - body and spatial awareness

Links with other 'curriculum' areas:

- Foundation curriculum
- Low Vision Team

Social and emotional development

Social and emotional development is also of key importance as a foundation that underpins higher level activities. Importantly, children with visual impairment must operate in a social world, not just a spatial one. Good social and emotional development is vital to enable them to communicate appropriately, and have a well-developed sense of how they fit into their social context, and to develop self-confidence and good self-esteem.

<ul style="list-style-type: none"> • Presentation of oneself <ul style="list-style-type: none"> - Overcoming habits – social acceptability - persuading young people to use techniques / strategies which may be considered 'uncool'
<ul style="list-style-type: none"> • Positive attitude, confidence, and motivation, e.g. towards: <ul style="list-style-type: none"> - the way you look - communication with others - orientation and mobility
<ul style="list-style-type: none"> • Communication with others <ul style="list-style-type: none"> - awareness of others - interactions with different people - assertiveness - social and non-verbal cues - communication with public – asking for help, and explaining how to give help - manners - 'stranger danger' - making people aware of your visual impairment - telephone manners - social conventions and appropriate 'scripts' in different settings
<ul style="list-style-type: none"> • Preparation for work experience
<ul style="list-style-type: none"> • Sex education
<ul style="list-style-type: none"> • Sport – including appropriate group activities with sighted peers and specialist sports (e.g. Goalball)
<ul style="list-style-type: none"> • Counselling
<ul style="list-style-type: none"> • 'Transferability of skills' and 'problem solving'

Figure 3. Early and foundation mobility and independence - social and emotional development

Links with other 'curriculum' areas:

- Physical education curriculum
- Personal, social and health education

Advanced mobility and independence

Travel skills

The development of travel skills, in their broadest sense, is a key part of the mobility and independence curriculum. The ability to travel relies upon many skills, some of which have been identified as 'early and foundation mobility and independence' skills (in terms of understanding of space, moving through it, as well as social aspects of travel). This section of the curriculum focuses upon more advanced skills including mobility techniques (such as cane technique, avoiding hazards and recognising landmarks) and orientation concepts (such as understanding routes and making use of maps).

• Cane skills / technique, cane choice
• Landmarks
• Various common hazards / furniture – stairs, escalators, rotating doors, gates
• Various common cues – hedges, trees, etc.
• Routes: <ul style="list-style-type: none"> - home area, school area. - particular routes relevant to child - getting to and from school (especially at transition) - going to the shops - work experience placements - routes around the school campus / grounds - to and from taxi points
• Road safety, outdoor crossings, sounds of traffic
• Public transport
• The use of maps – tactile, high contrast, and models
• Using Low Vision Aids enroute
• Experience of a variety of different environments
• Give children experience of urban travel even if it is not part of their usual experience (e.g. escalators, public transport)
• 'Transferability of skills' and 'problem solving'

Figure 4. Advanced mobility and independence - travel skills

Links with other 'curriculum' areas:

- Physical education curriculum

- Geography
- Low Vision Team

Independent living skills (ILS)

Relatively few policy documents analysed made reference to curriculum beyond travel, and fewer still to independent living skills. Interviews also suggest that many services do not provide support for the development of these skills. However, some did provide support for this and all thought it important (though differences regarding appropriate provider exist).

<ul style="list-style-type: none"> • kitchen skills, e.g. <ul style="list-style-type: none"> - using equipment including adapted equipment - chopping and weighing food, pouring - recognising different foodstuffs - cooking - preparing meals - preparing snacks, tea, coffee, toast, buttering
<ul style="list-style-type: none"> • household management <ul style="list-style-type: none"> - laundry - making bed, setting table - provisions management
<ul style="list-style-type: none"> • Money management
<ul style="list-style-type: none"> • personal presentation skills <ul style="list-style-type: none"> - eating skills, public eating - knowing colours - make-up lessons - shaving
<ul style="list-style-type: none"> • Dressing <ul style="list-style-type: none"> - laying clothes out - shoe laces
<ul style="list-style-type: none"> • Personal hygiene, teeth
<ul style="list-style-type: none"> • Medication
<ul style="list-style-type: none"> • Shopping
<ul style="list-style-type: none"> • Self-service café and various other contexts
<ul style="list-style-type: none"> • 'Transferability of skills' and 'problem solving'

Figure 5. Advanced mobility and independence - independent living skills

Links with other 'curriculum' areas:

- Design and technology (food)
- Science (regarding practical work)
- Physical Education (dressing)
- Personal, social and health education
- Low Vision Team

Chapter 2 – Mobility and independence delivery cycle

Purpose and overview

This chapter aims to identify the ways that key mobility and independence skills can be delivered within and beyond the school curriculum. Findings demonstrate that a variety of agencies and mechanisms are employed across the UK. This chapter particularly focuses upon the complex process of delivering the mobility and independence curriculum, and uses a delivery cycle model to explore this which considered the following stages: referral, assessment, programme design, intervention, review, and completion. A detailed analysis of these procedures is presented and specific and practical 'good practice recommendations' are made for each stage (and are gathered together in Appendix 3). Key recommendations in this chapter are that:

Key recommendation 4

LEAs, working in collaboration with other agencies, should develop and maintain policies for mobility and independence education, within and beyond school.

Key recommendation 5

All children with a visual impairment should have a basic assessment to determine whether they require mobility and independence support immediately or potentially in the future.

National picture of mobility and independence education provision in the UK

This section provides an overview of types of mobility and independence provision offered to children with visual impairment across the UK. It also serves to provide a description of how services were originally contacted through a national survey, and how a sample was then selected for follow-up interviews in order to collect richer data.

Letters to LEAs and special schools for visually impaired pupils

Early data collection sought to obtain a broad overview of how mobility and independence education is provided within the UK. This was achieved through writing to 175 LEAs and special schools for visually impaired pupils around the UK, asking for details of the mobility and independence provision in their authority or school (see Method in the Introduction). The 83 responses provide a picture of which agencies are involved in providing a mobility and independence service in different areas of the country.

The following tables summarise the data collected. Table 3 shows the number of responses received from different regions (as designated by the DfES¹):

Table 3. Regions from which replies were received

Region	No. of replies from services/schools
North East	1
North West	5
Merseyside	4
Yorkshire & the Humber	8
West Midlands	10
East Midlands	5
Eastern	4
South West	4
South Central	4
London	14
South East	1
Scotland	15
Wales	6
Guernsey	1
Northern Ireland	1
Total	83

¹ The DfES regions only include regions within England. A description of the regions can be found on their web site at www.dfes.gov.uk/SEN; however, we also contacted LEAs and schools within Scotland, Wales, Northern Ireland and the Channel Islands, therefore these areas are also represented in the tables.

Table 4 gives a picture of the main providers of mobility and independence education from replies received from around the country:

Table 4. Breakdown of providers in the 83 services/schools from which replies were received

Provider	No. of services/schools	Percentage %
LEA	31	37%
Social Services	9	11%
Voluntary Organisations	11	13%
Mixed (more than one provider)	6	7%
In-house provision (in special schools for visually impaired pupils)	3	4%
None	1	1%
Unclear	22	27%
Total	83	100%

It appears that the most common provider of mobility and independence education to children with visual impairment is the LEA (37%), although there does not seem to be a single model of provision in mainstream education.

However, this national picture must be further qualified. Firstly, upon further investigation through interviews it became clear that many more services actually operate a mixed service to some degree, and the answers generated from the letter were often over-simplified. Secondly, as discussed in the previous chapter, the breadth of mobility and independence covered by those who have a service is likely to be mixed (e.g. some offering independent living skills, some not).

Interviews

Many of the education services which replied were contacted again to request an interview with the contact person given, which may have been a Head of Service, a team leader or a mobility and independence educator, employed by either the education service or another agency. In an attempt to obtain as representative a picture of provision as possible, we decided to contact a number of services with different models of provision.

The interviews were semi-structured, and thus qualitative in nature in order to obtain detailed, in-depth information. Interviews were also carried out with contacts obtained via other methods, namely from the questionnaires completed by MISE members and by other respondents who proactively contacted us themselves. In this way, our sample was largely *self-selecting*, in that those who were involved in the research were individuals or agencies that replied to our many requests for participants.

A total of 51 interviews were conducted with a variety of professionals involved in mobility and independence delivery. At least one interview (usually more) was carried out with nine of the eleven educational regions in England, plus interviews in Scotland and Wales (six). These 51 interviews do not include the mobility and independence educators who participated in 9 focus group sessions carried out at the MISE conferences in March and October, involving over 40 mobility and independence educators at each conference. It also does not include the interview with a parent and the group interview carried out with 8 children who have a visual impairment (see Method, in the Introduction).

These 51 interviews represented 29 different ‘mobility and independence services’ – i.e. those providing services to 29 LEAs were interviewed. The reason for the disparity in numbers is that in many cases, more than one interview was carried out in a given LEA. Additionally, 10 of these interviews were with staff working in special schools for visually impaired pupils.

Table 5 shows a breakdown of the main provider involved in each of the 29 different mobility and independence services to mainstream education:

Table 5. Summary of main provider involved in 29 mobility and independence services to mainstream education.

Provider	No. of M&I services	Percentage %
LEA ²	17	59%
Social Services	6	21%
Voluntary Organisation	5	17%
Outside consultant	1	3%
Total	29	100%

²The LEA employed MIE may be a QTVI with an additional qualification in mobility and independence, or a qualified professional whose main or sole role is to provide mobility and independence. Refer to Chapter Three ‘Different Agencies’ for further explanation.

Once more however, the picture is more complex than this table suggests, since there is often more than one agency involved. While the 'main provider' can be defined as the agency delivering the majority of mobility and independence education, many work alongside another agency involved in the delivery of particular aspects of the mobility and independence curriculum (see Chapter 3, section on Different agencies for further discussion about this). Examples of criteria for the division of provision include:

- Mobility and independence curriculum area, e.g. independent living skills provided by a single agency
- Location, e.g. the delivery of mobility and independence education in a particular locality such as in/around school mobility and independence provided by education and home area/out of school mobility and independence provided by social services or a voluntary organisation
- Time, e.g. education mobility and independence educator provides support within school time whilst social services mobility and independence educator provides support after school and/or in the holidays

Summary

Clearly the models of provision employed in different parts of the country vary enormously. Most notably, other agencies beyond the LEA support service are often involved, and interviews were used to gain a more detailed picture of how mobility and independence education is provided in these different settings. This illustrated that among those interviewed, inter-agency provision of mobility and independence education is very common. Subsequent sections of this report provide more detailed analysis of these situations.

These findings are drawn from the sample of participants who opted into the research, and may not therefore be a complete picture of national provision.

The delivery cycle: an overview

The complex process of delivering an educational curriculum was approached by means of a cycle of delivery, from first referral through to completion. This framework provided a structure for interviewing and subsequent analysis:

- Referral
- Assessment
- Programme design
- Intervention
- Review
- Completion

The extensive interviews carried out (described in 'Method' in the Introduction) gathered information about this delivery process in action. The subsequent analysis identified issues, challenges, and examples of solutions. From these, recommendations are made.

Ultimately, of course, it is the interactions between the tutor and the pupil and the related practice that drives the pupil's learning and development. While these pedagogical issues are vital, they are not the focus of this research. The research assumes the effective delivery of mobility and independence education is dependent upon these pedagogical factors. While it makes recommendations about people who should be involved and the broad procedures that should be followed, this research does not set out to make recommendations about teaching strategies.

Importantly, the data gathered reflects the experience and provision of those interviewed. As outlined in the previous chapter, there is an apparent imbalance in the areas of the mobility and independence curriculum covered – in particular, aspects of independent living skills are not covered. Although the delivery of independent living skills are discussed in some sections, recommendations cannot be drawn from examples of practice alone. Additional research and development to address this imbalance is required.

Referral

Referral is essentially the route by which children access the 'system', their entry into the provision of mobility and independence education in their school or home area. It should also be considered to be the 'safety net', ensuring that any children with a visual impairment in need of mobility and independence support are identified and provided for.

The first level in the referral process is in identifying children with a visual impairment who have mobility and independence needs to ensure access to assistance. The second level is in re-referring children for any mobility and independence needs throughout their school career/childhood as and when needed.

Key issues identified under referral are:

- criteria for access to mobility and independence support
- when to refer and who should be involved
- methods of referral – procedures.

Criteria – for access to mobility and independence support

Key criteria are:

- registration as blind or partially sighted
- mobility needs are identified on a statement of SEN
- presence of a visual impairment

These could be thought of as 'entry criteria', i.e. they may require at least an initial referral and assessment, leading to intervention if necessary or the identification of children who are then referred again at key times (see below). However, such criteria can lead to difficulties in practice.

Concern is expressed that the use of a statement or local authority registration as a criterion is not sensitive enough, as children without either may require mobility and independence support. For example, there are examples within this study (and elsewhere) of a reluctance to register children as blind or partially sighted for various reasons, e.g. a changing condition, or parents may simply prefer not to.

Perhaps then, the most sensitive and comprehensive criterion is the presence of a visual impairment of any severity, i.e. those who are (or will

be in the case of pre-school) supported by the LEA. However, by following this criterion, the potential caseload for carrying out initial assessments would be much larger than at present. Some mobility and independence educators claim they have to prioritise which children they see due to excessive caseloads – for example, children with partial sight may not get the input they require, since children who are blind are given priority. Another challenge identified is that some children with MDVI have potentially more complex needs (which may not be directly related to their visual impairment). The needs of these children are dealt with specifically in another section of this report. Nevertheless, a ‘catch-all’ referral criterion will not only increase caseload numbers but also change caseload type.

When to refer and who should be involved

The research suggests that the criteria for referring children varies widely between services. There appear to be three different triggers for referral:

- automatically at ‘key points’ in children’s development
- in response to identified problems
- a combination of the above approaches

Automatically at ‘key points’ in development

Ideally, referral should take place at key points in a child’s childhood/school career. Crucial times identified are:

- pre-school
- at each key stage, i.e. age 7, 11, 14
- transition between schools/from the education system into adulthood.

Examples of procedures that aid this process are presented below. It should be noted that some children (e.g. those who are totally blind) may need continuous support throughout their school career and therefore ‘re-referral’ would not need to take place.

A ‘transfer file’ is constructed every year that lists children transferring to new schools who may require assessment. *BIRMINGHAM*.

All QTVIs have additional mobility qualifications and carry out assessments with all children on their caseload at some point in each key stage.

Many of the procedures used by services are geared towards school-age children, rather than ensuring the referral of pre-school children (see section on Pre-School Children, Chapter 3). It is important to note that where referrals for pre-school children are made, they are not always to a mobility officer/rehabilitation officer. This is because some education services have QTVIs with a pre-school caseload who give mobility and independence support to the child and family where necessary, or liaise with other professionals involved (e.g. physiotherapist, occupational therapist).

However, a common occurrence is that the education service is often not aware of pre-school children who are visually impaired, so referral to an appropriate mobility and independence educator does not occur through this route. Sometimes this is due to poor links with other agencies such as the health service or social services, or because there is no pre-school service in existence). When multiple agencies are involved with a child, there is a need to effectively co-ordinate services, so that the appropriate agencies are aware of the child and can have an input.

This is where the school special educational needs coordinator (SENCO) could play an important role, but evidence of their input was rarely given in interviews. It is also important that the school is kept informed of any work being carried out with the child (even if just an assessment, with no further intervention deemed necessary). The SENCO seems the most appropriate person to keep informed, as they can then in turn keep the Head of the school and relevant teachers involved with the child, informed.

Examples of good practice in the referral of pre-school children include:

Referrals from the health visitor are co-ordinated through the SENCO – children are referred at 3 or 4 years old to the MO who keeps in touch with the family, regardless of whether they have present mobility and independence needs, in case of later needs. *RHONDDA-CYNON-TAFF*

If the pre-school child is totally blind, the MO receives referrals from either the QTVI, community paediatrician, or social worker, but picks up children who are partially sighted when they start nursery. *CARDIFF*

Referrals for pre-schoolers are received from ophthalmologists at the children's hospital or from health visitors, with whom she meets regularly. *DERBY CITY*

The education service has a huge pre-school caseload, referred by hospital doctors or the child development unit, or occasionally by the SENCO.
COVENTRY

Another gap in provision seems to be for children who are about to leave school to go on to further education or to look for employment. This problem appears to be particularly acute when education employs its own mobility and independence educator. Most education services interviewed provide mobility and independence support to children aged from birth up to 19 years of age, but only if the child remains in LEA maintained education. Once they leave school to go to an FE college or to look for work, they are no longer supported (through the education service). Some interviewees expressed concern that children do not receive any support once they have left school, since nobody takes responsibility for them. Many children who were independent travellers at school end up having to take taxis to their new college since there is nobody to teach them the route, whilst other children are confined to their homes. Some education services refer children to social services, but unfortunately a lack of liaison or long waiting lists do not ensure a smooth transition.

Where social services is involved in providing mobility and independence education to children, continuity in provision is provided when they enter adulthood as the same service takes responsibility for them. This also applies to some services where voluntary organisations provide mobility and independence support on behalf of education and social services, since they work with people of all ages who are visually impaired. For further discussion of these issues, see the section Post-school and further education provision in Chapter 3.

Reactive to identified problems

Many services accept referrals from various people when they identify mobility and independence difficulties experienced by children who are visually impaired under their care, i.e. a reactive response.

The people involved in making referrals of this kind are:

- QTVIs – the most common referral route/person.
- Class teachers – less common.
- SENCOs – less common.
- Parents/family – less common.

- Health visitor/other health professional – less common.
- Referrals are also made after a child's annual review.

The problem with some of these routes is that other agencies, such as the health service, are often not aware of mobility and independence support. There needs to be much greater awareness raising between agencies so that all agencies understand each other's roles (see section Different agencies in Chapter 3).

The following are examples of attempts to improve awareness:

The MIE should be responsible for raising awareness of the MIE role within the health field. There is a need for consistency in the information given. To enable this, the group is devising a booklet aimed at health workers to define the role of the Mobility and independence educator. *MIDLAND MISE GROUP*

A voluntary organisation that provides mobility and independence education (amongst other services) to people with visual impairment, distributes leaflets to all hospitals in the area to increase awareness about their service. *BUCKINGHAMSHIRE*

A further problem is that there is often a lack of clarity over who has responsibility or the right to make a referral. Even if responsibility/right is acknowledged, those involved often do not have the expertise to identify apparent problems, or the breadth of contact with a child. For example, a class teacher will not see the child beyond the classroom, and a parent may not have enough understanding about mobility and independence or what their child may be able to achieve. Therefore children may not be referred. The role of the QTVI is important here, as is the role of awareness training of others (parents, class teachers, SENCOs, health visitors) to enable those working most closely with children to be able to identify need.

Examples of procedures that encourage referrals from parents include:

In addition to auto referral in year 6, children are referred when parents voice concern. The vast majority of referrals are instigated by the QTVI 'asking the right questions' in discussion with parents regarding the activities they allow their child to do in terms of free movement. This uncovers any anxieties about their child's ability to do such things.
LONDON BOROUGH OF HAVERING

Referrals are made by the QTVI after meeting with parents. Together they identify types of skills to cover with the child with the aid of four leaflets about types of mobility skills, which are produced by the education service to raise parents' awareness. *COVENTRY*

Examples of procedures that aid appropriate referrals from QTVIs include:

QTVIs who make the majority of referrals to the MO, have checklists for pre-school, primary and secondary age children to give them guidance on mobility problems to look out for. *ROCHDALE*

The MO carried out awareness training with QTVIs so that they could identify mobility and independence problems, and make appropriate referrals. *CARDIFF*

Combinations of methods

Combinations of the above referral methods should be applied, so that as well as being referred at key times, children are also referred as and when problems occur between key points.

Methods of referral – procedures

Procedures

The referral process needs to be transparent so that everyone can understand and follow the procedures. Some complained that when making referrals to social services, the process is too slow and cumbersome because the referral must pass through different social service departments before reaching the appropriate (rehabilitation) team.

An example of how services have overcome this logistical problem is as follows:

The formal system was retained since it was necessary for statistical purposes, but a parallel informal system was operated whereby the referral was discussed informally with the SSD to 'get things moving straight away', avoiding the time lag of waiting for the referral to come through the system. *TAMESIDE*

Use of referral form

Many services have a referral form to be completed by the person who is making a referral. As previously discussed, those involved in making referrals may not have enough knowledge about mobility and independence, so may refer inappropriate or unnecessary cases, or fail to give all of the necessary information to the mobility and independence educator. The referral form ensures that this does not happen as it helps the referrer to clearly identify the problem, which in turn primes the mobility and independence educator on how to carry out the assessment – i.e. the context of what, where and when. Therefore it can be regarded as a preliminary assessment of the child.

A useful summary of the information a referral form should gather is:

- details of the child and the visual impairment, and any additional disabilities.
- reasons for referral.
- the referral form can be accompanied by a screening checklist – this is a first initial assessment of the child, the problems encountered, and the context, and helps prime the mobility and independence educator on how to carry out the assessment (e.g. *BIRMINGHAM, DERBYSHIRE, MISE*).
- There may be different checklists for different age groups (key stages), and wheelchair users (*HULL*).

The following are examples of how the referral form aids the referral process:

The referral form checklist is closely related to referral criteria. It is used as a 'spot-check' once per year by the QTVI to highlight any areas that require mobility and independence support. *COVENTRY*

The service has different screening checklists for Key Stages 1, 2, 3, 4 + wheelchair users. The MO then decides from the information given whether the case warrants an assessment. *HULL*

Parental consent

Most services operate a parental consent policy. Parental consent must be sought since mobility and independence education often takes place outside of school grounds and includes activities which are not typical of a school day, and therefore there are safety and insurance implications. A further reason why it is important to obtain parental consent, is that it is an opportunity to raise parents' awareness of their child's needs and why mobility and independence support is important, and to recruit them into the process, so that they will take on responsibility.

A useful summary, then, of the key features of obtaining parental consent is as follows:

- it should be in writing
- it should give consent for children to take part in activities related to mobility and independence on an ongoing basis
- a single agent should obtain this consent (in the event of a multi-agency team)
- meeting with parents to explain the request for consent should be an option
- awareness raising and recruitment into the process can be coincided with consent request
- the referral process should be linked to the request for consent – e.g. attaching an appropriate consent form to the referral documentation.

Good practice recommendations for referral

Key recommendation 5

All children with a visual impairment should have a basic assessment to determine whether they require mobility and independence support immediately or potentially in the future.

- Children should be referred at key times. These should include:
 - after initial diagnosis of the visual impairment (this would include pre-school children)

- on entry to nursery/reception if child attends
 - on entry to compulsory state education (at age 5)
 - at transition periods of moving to a new school e.g. from primary to secondary, relocation
 - on leaving secondary school or the education system, in liaison with other agencies if they will take over responsibility for mobility and independence support.
- Ideally an assessment should be carried out within each key stage of their school career
 - Responsibility for making referrals needs to be clarified with all key people. Awareness raising should play a part in this, not only by the mobility and independence educator but in conjunction with the broader education service:
 - Parents need to understand what mobility and independence is all about, and their role throughout the process (not just in referral). The QTVI/mobility and independence educator should take a lead in communicating with the family, preferably in person. Obtaining parental consent presents an ideal opportunity to do this.
 - QTVIs need to have a level of awareness about possible mobility and independence issues so they can correctly identify them. INSET should play a key role here, along with ongoing liaison between them and the mobility and independence educator, and the use of referral forms and checklists.
 - Class teachers and teaching assistants who have contact with a child who is visually impaired should also undergo some form of training from the mobility and independence educator to raise their awareness of mobility and independence issues.
 - Health professionals including consultants, community paediatricians and health visitors should also receive awareness training (possibly in the form of literature), along with liaison with the mobility and independence educator/QTVI.
 - Referral routes should be clear; one person within the education service should be designated as the receiver and co-ordinator of all referrals.
 - The referral route should be clearly defined and described in the mobility and independence policy held by the education service, which should be made available to all concerned agencies (social services, health service, voluntary organisation, etc).

Assessment

There are essentially three separate strands to assessment, namely the initial assessment of the child following referral, ongoing assessment of the child (discussed later in section 'Review'), and assessment of the environment and context the child must operate in. In this section we are concerned with the initial assessment of the child, and environmental assessments.

Initial assessment

- content
- how assessments are carried out:
 - number, length and location of sessions
 - people/professionals involved
 - methods used.

Content

The initial assessment is very important, as this assesses not only the child's current level of mobility and independence, but also important additional factors which should be taken into consideration when determining needs. The following considerations were raised in interviews. The child's:

- type and degree of visual impairment, and any other disabilities or difficulties they have which may affect their mobility and independence
- ability to transfer skills and problem solve, particularly in the case of children with MDVI
- personality, including their level of confidence, self-motivation and self-esteem, whether shy or outgoing, and their attitude to mobility and independence
- age – many respondents felt that an aim for most children in mainstream is for them to be on a par with their peers
- environment (see later section).

In short, each child's individual circumstances and personality traits need to be considered at all times.

The breadth of mobility and independence has been a common theme throughout this research project. The same is true of assessment. Many

respondents claimed to assess not only the problem the child was referred for, but to look at the child 'as a whole', in order to ascertain all of the child's needs. This is important since identified difficulties may be due to other difficulties the child experiences, or reinforced by them, and it may not be obvious why the child is having difficulty without considering the 'whole picture'. Consistent with findings presented in Chapter 1, Defining the mobility and independence needs of children with a visual impairment, most of those who were interviewed talked almost exclusively about travel skills when talking about assessing a child's mobility needs. Only a few mentioned independent living skills.

A broad recommendation is that any initial assessment should be 'holistic' in nature, and go beyond the direct reasons for the referral. An initial assessment should cover the broad mobility and independence curriculum, as well as other factors:

- Early and foundation mobility and independence:
 - body and spatial awareness
 - social and emotional development.
- Advanced mobility and independence:
 - travel skills
 - independent living skills.
- Low vision assessment (when relevant)
- Expectations of the child
- Context – family and school support, and environment.

Some examples of this practice include:

When carrying out an assessment, the Mobility Nursery Nurse always assesses the child's understanding of body image and spatial relationships, regardless of the age of the child, to make sure these 'foundations' are in place. *ROTHERHAM*

Many services carry out a holistic assessment of the child, covering all aspects of mobility and independence (e.g. independent living skills) irrespective of the reasons for the referral, to ensure that any other mobility and independence needs are identified and addressed earlier. *NEWHAM, CORNWALL, LEICESTERSHIRE, TAMESIDE*

Importantly, the assessment should draw upon information available from other sources, in order to ensure that the same assessment or area of assessment is not carried out more than once, particularly if different agencies are involved with the child. Therefore, the assessment may require a team approach.

Whether or not a full assessment is undertaken often depends on the amount of information the RO already has about the child. *HAVERING*

It is interesting to note that in some cases where social services or voluntary organisations are involved, the initial assessment covers an even broader remit than mobility and independence, and includes 'social work' type needs. Social needs might include state benefits and allowances, counselling, leisure activities, and communication needs (e.g. telephone, reading, writing, cassette recorder, typing/computer, Braille and Moon). Occasionally this has caused tension between agencies, for example where the education service felt that social services were 'interfering' with needs which come under the remit of education, whilst social services felt they were excluded from vital aspects of the 'whole child' which they are required to consider. This is an example of where communication and effective co-operation between agencies has broken down. It is vital that agencies come to an understanding about what aspects they are responsible for, and share any information that they collect about the child to ensure a seamless service for the child and family.

The following is an example where this happens:

The outside consultant MO contracted in by education, sometimes picks up on non-mobility issues and informs the appropriate agency, e.g. social services. *COVENTRY*

How assessments are carried out

The initial assessment may not be undertaken by a single person or agency, at the same time, or in a single session. The research suggests that the way assessment is undertaken varies considerably, though there are common features:

- number, length and location of sessions
- people/professionals involved
- methods used, e.g. observation, discussion, reports, assessment checklists.

It is important to ensure that all of these aspects can be effectively co-ordinated, particularly where more than one professional is involved in the assessment.

Number, length and location of sessions

The assessment may require a series of sessions, but will ideally have the following features:

- a session at the child's home; this is also an opportunity to develop good relations with the family
- a session at the child's school; this also enables an opportunity to get class teachers and teaching assistants on board for aspects of delivery of a mobility and independence programme
- if possible, in the situation where the child was experiencing identified problems (e.g. in the playground, at lunch time when crowded).
- in addition, assessments should take account of day-to-day changes in the child's performance, and the changing conditions in the environment (e.g. lighting).
- the assessment should be carried out in both familiar and unfamiliar surroundings.

Many of those interviewed reported that initial assessments often consisted of several sessions, each varying in length. Examples include:

The Co-ordinator for Mobility and Rehab Services carries out four sessions on average. The first may be short, to get to know the child. The second might involve work around their school. In the third, they may venture out into the local school area. In the fourth, they may go to a busier, unfamiliar area. *NEWHAM*

The assessment could involve one session, or up to three – it depends on the age and ability of the child. A young child may become anxious in a long session. *BIRMINGHAM*

People and professionals involved

Opinions varied about who should be involved in carrying out assessments and this links with those involved in the delivery of the programme. Key people included:

- parents
- QTVI
- class teacher(s)
- teaching assistant(s)

There were different emphases as to who the key contact is. This seems to be related to provider, for example social services respondents seem to lean towards the family, whilst many respondents employed by education are more school-focused, reflecting the roles and natural working environments of each agency. In some cases the focus depends on the age of the child, for example:

The MO visits parents jointly with a QTVI if the child is young in order to get to know the parents and give them support, but assesses in the school with teachers' input when the child is older. *DERBY CITY*

Clearly, contacts with both school staff and family are important as both spend a considerable amount of time with the child and both have information that needs to be shared with the mobility and independence educator as part of an assessment. It is also important for the mobility and independence educator to take into account the expectations and attitudes of both school staff and the family as these will affect the child. The mobility and independence educator may also note their capabilities for supporting intervention, if necessary.

Assessment methods

A variety of methods of data collection should be used as part of an assessment. These include:

- observations of the child (in various contexts as described above)
- discussions with key people (described above)
- discussion with the child
- use of games, and relevant tasks according to the age of the child
- reports available from elsewhere
- the use of a checklist of mobility and independence skills.

It is particularly important to talk to the children to find out their expectations and what they want to be able to do.

Examples of how assessments are carried out include:

The use of games to assess a child, e.g. throw/catch, and doing visual tasks, and basic ILS tasks, e.g. identifying products in shops, getting children to tie their shoe laces as an indicator of ability to carry out other dressing skills. *NEWHAM*

It is important to assess any functional vision the child has and if they use it, though this is difficult to assess (as many sessions are needed). The MO assesses by taking the child to unfamiliar areas and asking what they can see, and watching how they negotiate people and objects. *RHONDDA-CYNON-TAFF*

Checklists were widely (though not universally) used as a method of recording a child's progress. Their use is recommended. Examples include:

- published checklists, e.g. Pathways to Independence (LNCVCD, no date), Cratty and Sams' Body Awareness (1968), TAPS: Teaching Age-Appropriate Purposeful Skills (Pogrud *et al*, 1995), Oregon gross motor skills (Brown *et al*, 1991), often aimed at particular groups of children, e.g. pre-school.
- checklists constructed by individual services or professionals (often compiled with sections from above published checklists).
- checklists borrowed from other services/MISE curriculum group (see Appendix 1).

Checklists with broad mobility and independence remits do exist, of which the following are two examples:

The service is carrying out a pilot project using a document jointly produced by education and the voluntary organisation providing mobility support, to holistically assess children. It covers a range of skills including independent living skills. *LEICESTER*

The education service uses a checklist broken down into key stages, with a progression relating to age though this is applied differently to each child since it is vital to consider the individual nature of each child. *NORTH YORKSHIRE*

Environmental and risk assessments

Many respondents, including the majority of mobility officer/rehabilitation officers interviewed, undertake environmental assessments as part of their work. Environmental assessments are necessary to ensure that environments are as safe and accessible as possible for the child. Again, since children who are visually impaired are not homogeneous in terms of their visual impairment, each assessment has to be done considering the individual requirements of the child concerned. The following elements are considered:

- type of environment and outcomes
- responsibility - who is responsible for undertaking them.

Type of environment and outcomes

Environmental assessments tend to be of school premises, particularly at the point of transition from one school to another, and are often requested by the school who may be concerned about offering a place to a child. With more children who are visually impaired attending their local mainstream schools, the number of requests for environmental assessment of school premises is reported to be increasing. Another suggested reason for the increase is that schools wish to attract funding now that they are given the budget for carrying out adaptations and improvements to premises for disabled students. On the other hand, it seems that services for the visually impaired in some authorities still pay for adaptations.

Assessments were occasionally of other environments, as the following example demonstrates:

A combined group of visually impaired and hearing impaired children were going on a (mainstream) school trip to a nature reserve, and the MO was requested to carry out a risk assessment, looking at footpaths, stairs, steps, etc. The exercise was very valuable as the trip went ahead without problems. *ROCHDALE*

Requests for this type of 'risk assessment' are reported to be increasing. This is likely to be due to a number of factors. Firstly, more children with a visual impairment are educated in mainstream settings. Secondly, the school and its governors hold legal responsibility for the safety of children in its care.

Often, environmental assessments are an important part of mobility and independence support for pre-school children and their families, either in the child's home or in a nursery:

A lot of pre-school mobility is about working with parents and teachers (in a nursery) to advise them on how to create the best environment for the child. *TOWER HAMLETS*

The outcome of an environmental assessment is normally a series of recommendations for making adaptations to the environment which require funding, or general advice on how the environment can be made safer, more accessible, or to maximise independent use of equipment.

Recommendations might include the following, depending on the individual needs of the child:

- advice on simple 'housekeeping', e.g. staff and pupils to keep thoroughfares tidy and free of obstacles
- advice on organising common areas, e.g. canteen areas
- advice on lighting, e.g. avoiding dark corridors for children with low vision
- colour contrasting, e.g. doorways contrasting with walls.
- highlighting potential hazards, e.g. painting the edge of steps white or other bright colour
- fitting blinds to windows for children who are affected by bright light
- making sure a child's desk does not face a window without a blind if they are affected by bright light

- installing handrails on all stairways
- general enhancement of the learning environment to encourage independent movement and use of equipment.

However, in the case of environmental assessments in schools, it is impossible to ensure that schools carry out recommended adaptations to their premises, and it was reported that advice given by the mobility and independence educator is often ignored. This is particularly problematic where the cost of making adaptations is high, for example fitting blinds to all the windows in a school.

Responsibility for environmental assessments

The data collected suggests that environmental assessments are predominantly carried out by the mobility officer/rehabilitation officer, though they are not exclusively their responsibility. The other key professional responsible is the QTVI, particularly in areas where there is not a mobility officer employed directly by the education service.

In one case, the QTVI took responsibility for environmental assessments because they could not ensure that the social services rehabilitation officer would do them. This is discussed further in Chapter 3, section on Different agencies, and Chapter 5, Funding implications.

Good practice recommendations for assessment

Assessments can take a number of forms and specific recommendations regarding the form they should take are presented below. However, all assessments should identify clear action points and associated responsibilities. Copies should be held by the school, parents, and the service. The mobility and independence educator should be responsible for carrying out all assessments.

Initial assessment

- Initial assessments should be holistic in nature covering the broad mobility and independence curriculum.
- If more than one agency or professional is involved with the child, procedures for co-ordination and collaboration should be in place.

- Assessment must be carried out in relevant locations (e.g. home, school, both familiar and unfamiliar), and involve people who are closely involved with the child.
- A variety of methods should be used, including observation, discussion with the child and key people, use of games and relevant tasks, as well as consulting records and reports about the child.
- Formal record keeping methods should be used (e.g. checklists).

Environmental risk assessments

- For pre-school children, the environmental assessment must include the home environment, to provide parents with advice on safety and fostering independence.
- An environmental assessment should take place before school entry and at times of transition.
- Minimum levels of adaptation should be specified.

Programme design

Following an assessment of the child, the next stage is to design a programme that will address any needs identified. The design of a programme inevitably relies upon the quality of the assessment, and seems to be almost the exclusive domain of the mobility officer/rehabilitation officer. However, there is a bias towards the 'travel' curriculum as already outlined.

Programme design is an important process and many aspects of it are also implicitly discussed in other sections of the report (e.g. *content* is discussed in Chapter 1- Defining mobility and independence needs of children with a visual impairment; and much is discussed in the next section, Intervention). Three key issues raised were that the programme should:

- be relevant and sensitive to the child's background
- provide rich experience
- overlap with the National Curriculum.

A mobility and independence programme can be explicitly related to, reinforced by, and overlapped with the broader school curriculum. This will make mobility and independence relevant to the child and may endear head and class teachers to mobility and independence, enabling easier

negotiation for withdrawing children from other classes for mobility sessions. Examples of where this happens include:

PE relates to mobility lessons, therefore the Mobility Officer works closely with a QTVI who was trained as a PE teacher. *DUDLEY*

The Mobility & Rehab Officer tries to relate mobility lessons to activities that the child is doing in other subjects – like Geography (looking at Africa – so went to place where they could touch an animal, etc), and Maths (handling money). *SALFORD*

In Food Technology lessons children need to be taught useful skills, like making tea, toast, using a microwave, etc which the child can use at home. *RHONDDA-CYNON-TAFF*

On wet days the RO teaches children how to dress/undress for PE lessons, which also reinforces this skill at home. *NEWCASTLE*

Many respondents expressed the importance of designing a mobility and independence programme which should provide children with a visual impairment with rich 'everyday' activities which they may not have experienced, thus compensating for the lack of incidental learning experiences which are often associated with severe visual impairment. One respondent eloquently referred to this as the 'experiential curriculum'. Examples of everyday experiences might include going to the shops, posting a letter in a post box, using an escalator in a shopping complex, experiencing different types of public transport, and so on.

This experiential curriculum was seen as particularly important for children who, for a variety of reasons (including socio-economic), may have fewer opportunities for such experiences.

Similarly, programmes also need to be adapted to the particular needs of children who live in rural areas. As they may not be able to be as independent in their home area due to the layout of the environment, e.g. country lanes without footpaths, some mobility and independence sessions may have to take place in nearby towns rather than in their immediate home area.

Programmes also need to take into account the 'lifestyle' of the child. Some children who receive less support from their parents may need to be very 'streetwise', so the aim of a mobility and independence programme should be to equip the child with the skills necessary to enable them to be as safe as possible.

Links can also be made here with the cultural background of the child (see Chapter 3, Cultural background).

A further issue that was not explicitly reported in the interviews is that programme design should seek to promote the inclusion of the child within the school and their community.

Good practice recommendations for programme design

- Programmes should have directly relevant/useful outcomes for the child.
- The background of the child should be taken into account, to ensure they are equipped with life skills that are relevant and necessary.
- The child should have some input into the type of skills or activities included in a programme.
- Mobility and independence should reinforce and relate to other curricular subjects where possible.
- The integration of age-appropriate activities into the programme is a useful 'rule of thumb' for children in mainstream, though may not be appropriate for all.
- There should be short-term targets, which are achievable.
- Individual sessions should not be too long, and should be made as enjoyable for the child as possible.
- Programmes should promote inclusion.

Intervention

The intervention stage involves the teaching of a mobility and independence programme to the child and may involve input from several people and agencies. Intervention is very complex since there are many different factors to consider. The research suggests that different people (e.g. teaching assistant, class teacher, mobility officer, QTVI, parent) often take on different roles (such as 'tutor-role', a 'reinforcer-role' and an 'advisor-role'), depending upon which aspect of the mobility and

independence curriculum is being covered (e.g. travel skills, independent living skills). There are also many challenges to be overcome, particularly in negotiating and securing time for mobility and independence lessons, particularly within school hours.

This section examines:

- Responsibility for mobility and independence, including consideration of:
 - which area of the mobility and independence curriculum is being covered
 - the different roles of key people, including the mobility and independence educator, QTVI, class teacher, teaching assistant, parent/family
 - implications for safety and insurance.
- Time for mobility and independence lessons, including consideration of:
 - implications of mobility and independence lessons in school time
 - implications of mobility and independence lessons out of school time
 - school holiday provision.

Responsibility for mobility and independence

Few mobility and independence educators provide mobility and independence education totally unaided or alone. Most professionals agree that mobility and independence education should be a shared responsibility between people involved with the child, including QTVIs, school staff, families, and other agencies such as social services. The mobility and independence educator is often the key professional who co-ordinates the delivery of mobility and independence support, ensuring that different people know how and when to play their part.

Key people

There appear to be three different but overlapping roles adopted by the mobility and independence educator. Mobility and independence educators will usually adopt all of these roles at some point, depending upon different parts of their job:

- Mobility and independence educator as personal tutor/instructor - emphasis is placed upon working one-to-one with the child.
- Mobility and independence educator as advisory-tutor - emphasis is placed upon working with others to *reinforce (and even implement)*

programmes of work with a child, including class teachers, teaching assistants and parents.

- Mobility and independence educator as advisor - emphasis is placed upon raising awareness about mobility and independence with others and advising upon environmental adaptations and modifications. The significant others might include parents, school staff, and other health professionals including occupational therapists and physiotherapists.

Mobility and independence educator as personal tutor/instructor

This is where the mobility and independence educator does one-to-one teaching with the child, without the intervention of other professionals or people. These sessions cover skills or activities associated with mobility and independence. The mobility and independence educator will often focus upon technical aspects of mobility and independence such as mobility techniques, cane techniques, the use of tactile maps, introducing a new route (examples of travel were often given by respondents). Such sessions from specialist staff are crucial in teaching children fundamental techniques, which can then be practised and perfected. It may also be that the mobility and independence educator is trying to work out appropriate ways of teaching a particular skill, and having a third person present might be an unnecessary hindrance.

For example, sessions might include the introduction of:

- teaching a child a route to the local shops
- teaching a route around the school
- routes around the child's home.

Mobility and independence educator as advisory-tutor

The second role complements the first, and is where the mobility and independence educator does much 'hands-on' teaching with the child and makes any decisions regarding progress through the programme, but gets others to reinforce what they teach. This appears to be a common practice. Reinforcement of mobility and independence skills is important as children need to practise them, and school staff and parents who are with the child more often need to take on the responsibility to reinforce skills the child has been taught by the mobility and independence educator. However, professional opinion seems to vary as to what skills should be reinforced by others, and by which people.

The following are examples where others reinforce mobility:

The MO gets the teaching assistant to reinforce new routes within the school that she has initially taught. This ensures consistency, but the MO does not expect mobility outside of school to be reinforced as the risk is greater and the teaching assistant is not insured off the school premises. *BIRMINGHAM*

The MO gets the teaching assistant to reinforce cane skills with the child, but only if child is at a certain level of competence – the teaching assistant accompanies the MO on lessons so they know what mistakes/incorrect use of cane to look for. *DERBY CITY*

The MO gets parents to reinforce safety skills (e.g. what to do if the child gets lost, how to use pedestrian crossings, etc) to ensure consistency in approach. *BIRMINGHAM*

Almost all questioned would expect a teaching assistant or class teacher (though it is accepted that class teachers have less available time) to use sighted guide techniques with a child, and to reinforce other aspects of mobility and independence. However, although you can ask school staff or a parent to reinforce mobility skills, you cannot force them to comply. Some class teachers do not feel that mobility is their responsibility, whilst parents may be too emotionally attached, nervous or just not interested in getting involved.

Most professionals seem to equate an awareness and understanding of the importance of mobility and independence education (amongst teaching staff in particular), with a willingness to take on the responsibility of reinforcing mobility education. They believe that there should be greater awareness raising about the importance of mobility and independence, not only by mobility and independence educators but also by QTVIs who may have regular contact with school staff and parents.

Some interviewees believe that there is a need to make reinforcement an expectation for some job roles, e.g. teaching assistants, possibly through inclusion of such a requirement in their job descriptions. It is not clear if this is a common practice, though in one authority this has happened in the case of teaching assistants (*WORCESTERSHIRE*). In authorities where teaching assistants are employed by the sensory or visual impairment

service, it is easier to get them on board than teaching assistants who are employed and managed by the schools (*RHONDDA-CYNON-TAFF*).

To effectively reinforce skills, school staff and parents need support and training. Informal training is often carried out by the mobility and independence educator, on-the-job during mobility and independence sessions with staff or a parent watching, or in INSET sessions (see Chapter 4, Training and defining key people).

Many mobility and independence educators claimed that they do not work with as many children or teach as wide a mobility and independence curriculum as they would like, due to a lack of time. A possible solution is where the mobility and independence educator works in an even more advisory role, making all decisions (carrying out assessment, designing programme, and deciding when the child should move on to the next stage), and then others actually deliver the programme. This notion of having a *mobility and independence assistant* does not appear to be a common practice, though some mobility and independence educators expressed a desire for having such an assistant to support them so that they could reach more children and/or address a wider range of skills.

An example of where this does happen is the following:

The education service employs a Mobility Officer who has four 'mobility assistants' so that they can deliver the programmes, that the MO draws up, under his guidance. Each mobility assistant has been trained by the MO to enable them to teach a child up to the first module of care training. The assistants are insured to work 'off-site' as well as on school premises, and are always accompanied by a third person. Children who are blind are still taught one-to-one by the MO.

To enable this to work effectively in practice, there needs to be a lot of support from management, in the allocation of time and resources which would enable the mobility and independence educator to train and support the assistants to a suitable level of competence in teaching. This might include the mobility and independence educator modelling good practice for the teaching assistant (or others) to copy. Since training is very time consuming, there may also be a case for sending assistants on accredited courses in mobility and independence to acquire certification (see Chapter 4, Training and defining key people). One respondent believes that co-ordinating and managing mobility and independence education in this way

is the way forward for the mobility and independence educator role. This respondent believes that it would also give a higher status to the mobility and independence educator than when they work in isolation, and are expected to take on full responsibility for the teaching of mobility and independence.

Mobility and independence educator as advisor

A third role (though these roles should not be thought of in isolation) is where mobility and independence educators work in an advisory role. This could include:

- advising parents on pre-school mobility and independence issues
- advising staff in special schools on mobility and independence skills for children with MDVI
- raising awareness about mobility issues with a child's peer group
- giving health and safety advice to staff on PE lessons or about school trips, and
- carrying out environmental assessments (see section Assessment).

In effect, the mobility and independence educator is akin to a consultant, a specialist in mobility and independence offering expert advice.

The following are two examples:

The MO advises staff in some special schools on how to do mobility and independence work with children with MDVI since the children would respond better to school staff that they know. *DUDLEY*

A QTVI who has responsibility for the pre-school caseload in the authority advises parents on how to support and encourage their child's development in mobility and independence. This ensures prerequisite skills are in place for when the child is of school age when the education MO takes over. *HULL*

There is some disagreement as to who should be ultimately responsible for certain aspects of mobility and independence education. An example is the teaching of early mobility and independence skills with pre-school children; the mobility officer/rehabilitation officer does not necessarily have to play a central role: rather there should be joint responsibility between professionals. Other professionals such as health visitors, physiotherapists,

QTVIs with responsibility for a pre-school caseload, or a Portage worker if involved with the child, could take the lead role, depending on how the service is set-up for the provision of pre-school children. This is discussed further in Chapter 3, Pre-school children.

An example where a QTVI has responsibility for pre-school children is the following:

The QTVI works with children from birth, to empower parents to encourage prerequisite mobility skills. This includes listening skills, encouraging exploration, free movement, to carry out flexibility exercises for gait and posture, so that when the education mobility team take over the child is already moving with confidence. *HULL*

Most interviewees believe that the mobility officer/rehabilitation officer should take a lead role in teaching travel skills, but there is disagreement over who should be responsible for teaching independent living skills. Some believe that the mobility officer/rehabilitation officer should cover independent living skills, but in a more advisory way, advising teaching assistants, class teachers or QTVIs on how to cover independent living skills during school time, for example cooking skills during Food Technology lessons, dressing for PE, or eating skills during lunch time. In practice, the delivery of this part of the mobility and independence curriculum appears largely confused suggesting that many of these needs go unmet.

Some of those interviewed felt that independent living skills were broadly the families' responsibility, as it is for sighted children. However, since parents of children with visual impairment are unlikely to have specialised knowledge about issues specific to visually impaired children, or to know how best to tackle these, it is vital for them to receive skilled guidance and support.

Other key people teaching mobility and independence: QTVI

There are some instances when other people have taught mobility and independence skills, without the guidance of or instruction from a mobility and independence educator. This often happens when the mobility and independence educator is employed by another agency such as social services or a voluntary organisation rather than by education, and where the child's visual impairment is not severe. This is discussed further in

Chapter 4, section Defining the mobility and independence educator. For example:

If the visual impairment is not 'severe', the QTVI would carry out some mobility and independence work with the child rather than involving the voluntary organisation's rehabilitation officer, e.g. simple familiarisation work within the school, to increase the child's confidence. Each individual situation is assessed in order to decide whether or not to involve the voluntary organisation. *LEICESTERSHIRE*

The QTVI may be able to take a lead role in teaching some independent living skills, particularly using the toilet, dressing and eating skills, by devising a programme for the teaching assistant to carry out during the school day. Sometimes QTVIs try to teach independent living skills as they feel that this is a particular gap in provision, but due to a lack of time, the need is often inadequately met.

Safety and insurance implications

Mobility and independence work is inherently risky. Although one of the primary aims of mobility and independence education is to equip children with skills that enable them to move about safely, it is impossible to eliminate all potential risk without denying children experiences they need to have. Mobility and independence education, particularly activities conducted off school premises, must have insurance cover. However, there is uncertainty and little awareness about insurance cover in the field of mobility and independence education, as was found to be the case in other countries (see Griffin-Shirley, Marsh, and Hartmeister, 2001). Many respondents assume they are covered by their employer's insurance, but surprisingly few could confirm that they were or exactly what activities they would be insured to carry out. Mobility and independence educators should be covered for activities carried out both on and off school premises, including any activities outlined in their job descriptions. This should be the responsibility of their employer.

Other key people should be insured for carrying out responsibilities delegated to them, such as reinforcing mobility and independence skills with children. It seems to vary as to what teaching assistants are covered for; if employed by the education visual impairment service, they are sometimes insured to carry out work off school premises with the child, but if employed by the school, they are rarely covered for off site work. Most

are unclear about the extent and nature of any insurance cover. It appears that few QTVIs are covered for out of school activities.

Time for mobility and independence lessons

As mobility and independence spans across and reaches beyond the boundaries of school education, mobility and independence education can take place both in and out of school hours. In practice, most mobility and independence education is carried out within school time since this is when most mobility and independence educators are contracted to work. However, there are many examples of mobility and independence being taught out of school hours, and during school holidays. For example, mobility and independence educators employed by education seem to work predominantly within school time, whilst social services mobility and independence educators often work outside school hours, with an emphasis on home area work. Generally though, most mobility and independence educators seem to work both in and out of school hours, the emphasis depending on individual circumstances.

Mobility and independence education can be very time consuming, and it is often difficult to gauge how much input a child will need. Mobility and independence educators have to work at the pace of the child, which can be affected by the child's age, natural ability, self-confidence, and other disabilities they may have. It can also take time to get to know the child, which is essential in order for them to trust the mobility and independence educator, since mobility and independence can sometimes seem formidable to a child. This presents a challenge when trying to timetable assessments and mobility and independence lessons, whether in or out of school time.

The following times for mobility and independence are examined in the sections below:

- school time
- out of school hours
- school holidays.

Mobility and independence lessons in school time

The mobility and independence curriculum competes with the National Curriculum for space in crowded timetables. For some aspects of mobility and independence, children are taken out from lessons, or miss their break

times. This requires negotiation, choices regarding lessons to miss, and solutions to overcome these tensions.

In terms of negotiation, the mobility and independence educator may do this or a QTVI on their behalf (this may be particularly important when the mobility and independence educator is from an agency outside education). Negotiation is necessary with a variety of people depending upon the school and age of the child, including parents (regarding preferences for missed lessons), class teachers (particularly in primary school), Heads of schools, Heads of year groups, and SENCOs. Negotiation is reported to be easier when mobility and independence is included on a child's statement, and when there is a good level of awareness of the importance of mobility and independence amongst school staff.

Common subjects/times when mobility and independence lessons take place are reportedly:

- lessons which are not perceived as 'academic', or those the child may not be taking for a GCSE – generally PE, Music, Art, Woodwork, and some aspects of Technology.
- personal social and health education
- tutorials
- 'free' periods in secondary school
- lunch breaks.

It seems ironic that some of the lessons (and social times) which provide opportunities for including mobility and independence in mainstream education are sacrificed, even if for well intentioned reasons. For example, break times are important opportunities for children to socialise and interact with peers, and food technology may give opportunities to cover some aspects of independent living skills. Indeed, many education services try to cover independent living skills within the school day without having to remove the child from any classes. This is often achieved by the QTVI teaching the child skills at appropriate times, such as dressing before PE lessons, eating skills at lunch breaks, and food preparation skills within food technology classes.

Several strategies that may be adopted regarding the negotiation of time were identified:

- the mobility and independence educator should be prepared to be flexible

- it may be easier to negotiate access for shorter programmes than ongoing programmes
- different lesson times are negotiated to ensure the same lesson is not missed consistently
- incorporating aspects of independent living skills into National Curriculum subjects, e.g. PE, food technology.
- seeing the child out of school time (considered in later sections, 'mobility and independence lessons out of school time' and 'mobility and independence provision in school holidays').
- each case is unique – the benefits and disadvantages of missing different subjects has to be considered for each individual child.
- the child and their family may have to choose between mainstream subjects and the mobility and independence curriculum.

For example:

There is a need to be flexible in mainstream schools – the MO tries to go in to mainstream schools on alternate days so the same lessons are not missed consistently. *BIRMINGHAM*

A benefit of QTVI-MIE providing mobility and independence education is that they can be very flexible as to when they see the child for mobility and independence support. They can timetable alongside their QTVI-work with the child. *STAFFORDSHIRE*

Ultimately, this tension between time for mainstream education and additional time required for the mobility and independence curriculum cannot be easily overcome. As one Deputy Head of a visual impairment service said, "[it's like] trying to fit a quart into a pint pot, there's not enough time and too many areas to cover". There are more radical solutions here. It may be appropriate for a child and his/her family to choose between different aspects of the broad curriculum. A MISE focus group discussed this issue, and examples exist of children taking fewer National Curriculum options at GCSE and using the time to take 'specialist skills options', and 'Life Skills Options' in the Sixth Form (e.g. *DERBYSHIRE*). Similarly, in the group interview with teenage children there was enthusiasm about having mobility and independence lessons as they felt they were of benefit instead of some other lessons, which they deemed less 'useful' to them.

Mobility and independence lessons out of school time

Mobility and independence lessons also took place before and after school, on occasions where the child's school or their parents did not want the child to be extracted from lessons at all. Some of those times were more appropriate for the type of mobility and independence skill being covered.

For example:

When the child needs to learn the route from their home to their school then it is arranged at a relevant time. This is particularly important if public transport will be used because they need to know the correct bus timetable, and how busy the route will be with traffic and other pedestrians at that time of day. *PLYMOUTH, LEICESTERSHIRE*

If the child is affected by night blindness, they would need to have mobility and independence support after school in appropriate lighting.
PLYMOUTH, N YORKSHIRE, DERBYSHIRE

Mobility and independence skills in the home area or away from school premises tend to take place after school time, as they require a lot of time to travel to the area (e.g. town centre) and to carry out the lesson.
LEICESTERSHIRE

An advantage of working before or after school hours is that many children are embarrassed to have mobility and independence lessons in front of their peers during school time. However, there are also disadvantages. The most obvious one is that at the end of the school day, children are tired, suffering from visual fatigue if they have some useful sight, and may not be able to concentrate as well as they need to. Mobility and independence work is very intensive and physical, therefore after school when children are tired is not the optimum time to learn new skills. This is particularly the case for young children.

A further problem is that most mobility and independence educators, whether employed by education, social services, or a voluntary organisation, are typically contracted to work set hours, typically from 9.00am to 5.00pm Monday to Friday. Clearly it is impossible to see all of the children on their caseload after school time, between 3pm to 5pm. This is where flexibility is very important; many mobility and independence educators tend either to work extra hours, or work to a more flexible schedule so they can see

children at appropriate times. This appears to be successful where management gives time off *in lieu* of any extra hours worked, or does not stipulate that the mobility and independence educator should work to a rigid, set timetable. Examples of flexible working by the mobility and independence educator include the following:

An outside consultant employed to provide mobility and independence education, works predominantly after school and even on weekends to: avoid the child missing lessons in school, reduce potential embarrassment for the child in front of peers, and teach out of school activities.

COVENTRY

A SSD Rehabilitation Officer works with children after school hours despite being contracted to work 9-5pm. This is because the mobility and independence lessons can be long and he doesn't want the child to miss too much of school. It also reduces embarrassment for the child because it is not in front of his/her peers. The RO is given time off *in lieu*. *PLYMOUTH*

In one authority, the education employed mobility officer was concerned that due to a lack of time during the school day, independent living skills were not being covered. Therefore, the mobility officer has founded an after-school club to meet some of the children's needs:

The club runs activities, mainly relating to kitchen activities, which are practical-based. This is because lessons in Food Technology classes are mainly theory based and do not teach children practical skills such as how to organise themselves and how to chop and weigh food. The activities are tailor-made to suit the requirements of individual children, and also brings together children with a visual impairment who may otherwise be isolated at school. This is run on a voluntary basis, including the time of the MO.

DUDLEY

The education service is supporting this initiative by funding the mobility officer to attend a tailor-made course, which is training the mobility officer to teach independent living skills to children.

School holidays

The provision of mobility and independence support during school holidays seems to vary widely around the country. Opinion also seems to vary as to whether mobility and independence provision is necessary during school

holidays; many argue it is crucial, though perhaps only in individual cases, whereas others regard it as a good thing though not essential. Indeed, some claim many older children would rather not do mobility and independence in the school holidays as they may want a break from it, though some children and families request it in the holidays so that they can access out of school activities.

The decision as to whether individual children need continuing or one-off mobility and independence support in the holidays should be left to the informed, professional decision of the mobility and independence educator. For some children, reinforcement over the holidays is crucial so that their progress is not set back, or where there is concern over their ability to transfer mobility and independence skills taught in school to the home environment. It is also important for children who are transferring to new schools, since the summer holidays are a good time to do familiarisation work within the new school building/grounds when they are empty.

Many other benefits of mobility and independence education during the holidays have been identified; in particular, it is seen as a good time to work with and advise parents, and get them on board so that they can reinforce mobility and independence skills. The child may also be more relaxed at home than in school, and less embarrassed when not having to do mobility and independence lessons in school in front of their peers. It allows longer sessions to be carried out, to learn skills further afield from school or in the child's home or home area (*TAMESIDE*). It is also a good opportunity to cover independent living skills, often neglected in school time, within the home setting by encouraging and supporting parents to take on the responsibility for independent living skills (*DERBY CITY*). In one authority, the voluntary organisation involved in providing mobility and independence education encourages children to access leisure activities during the summer holidays (*LEICESTERSHIRE*).

The mobility and independence educator may plan to work with different people according to the time of year. Some mobility and independence educators concentrate on working with school staff during term time and with families during the holidays.

Some examples of why mobility and independence education is beneficial during the holidays include the following:

One RO believes it is important to carry out mobility and independence education during the holidays in order to reduce the disruption to the child's National Curriculum timetable in term time. *LONDON BOROUGH OF RICHMOND*

The Co-ordinator for Mobility and Rehabilitation Services does long route training and general awareness training in the holidays – this includes everyday activities that many children with visual impairment miss out on, such as going shopping, eating in a café, bus and train travel. These are too time-consuming to do in term time. *NEWHAM*

One interviewee believed that although it may not be essential for all children, a child should always have access to holiday provision since mobility and independence is a year-round life skill. The question then arises as to who has responsibility for providing mobility and independence education at such times.

In areas where mobility and independence education is provided by social services or a voluntary organisation, access to holiday provision is normally provided since these providers work year-round unlike many mobility and independence educators employed by education who are contracted to work term time only. In authorities where the mobility and independence educator is not contracted to work in school holidays, provision can be met in the following ways:

- the mobility and independence educator works on a voluntary basis as and when input is needed during holidays
- children are referred to another agency for mobility and independence input, often a social services or a voluntary organisation.

Mobility and independence educator works voluntarily

In one authority, the education-employed mobility and independence educator used to work year round, but found that for most of the holidays, there was little to do. There were other problems reaching children during school holidays since parents may be working so the child is not at home, or the family are on holiday, or they simply fail to keep appointments made with the mobility and independence educator. As a solution, an agreement was made with this mobility and independence educator's employer to change her contract to term-time only (along with a reduction in her

salary), with the proviso that she worked in school holidays as and when necessary. In practice this appears to work well:

The MO occasionally works in holidays when necessary, e.g. if the child is starting a new school, and can either be paid for extra work or get time off *in lieu* later – very flexible. *RHONDDA-CYNON-TAFF*

Another education-employed mobility and independence educator felt that mobility and independence should be continued during the holidays, and that her contract should be changed to enable this to happen. At present, the mobility and independence educator works on a voluntary basis with some children to ensure their progress is not setback by the long summer holiday break.

Other agencies providing mobility and independence education

In authorities where the mobility and independence educator does not work in school holidays, individual children are often referred to other providers, most commonly to social services. This is particularly the case for children who attend special schools for visually impaired pupils in term time outside their home area, and need mobility and independence input to ensure their progress is not set-back or need mobility and independence work in their home area.

In practice however, this appears to be problematic for two main reasons. Firstly, some social services rehabilitation officers do not have the experience or training required to work with children (see Chapter 4, Training and defining key people). Secondly, in many cases there seems to be poor liaison and communication between agencies regarding the child's progress and teaching approaches (see Chapter 3, section Different agencies).

Examples where school holiday provision is successfully taken on by other agencies include the following:

Education service sends copies of their monitoring sheets for each child, and SSD reciprocates by sending them reports of what they did with child in the holidays. Often the SSD MIE would accompany the education MIE on lessons, and hold joint meetings two or three times per year. *NORTH YORKSHIRE*

The education Mobility Nursery Nurse keeps SSD informed of all the mobility and independence education children receive so that when they work with the children during school holidays they are aware of the child's progress. *ROTHERHAM*

Good practice recommendations for intervention

Responsibility for mobility and independence education

Many people have responsibilities in the delivery of mobility and independence education. The key dimensions in deciding who is responsible, and when, are

- the roles being adopted (i.e. tutor, advisory tutor, advisor)
- the part of the mobility and independence curriculum being covered, and
- the aspect of the delivery being considered (i.e. referral through to completion).

Potential options for allocating professionals/people to different responsibilities is given elsewhere in the report (see Chapter 4, section Defining the Mobility and Independence Educator). However, key recommendations can be summarised as follows:

- The education service for visual impairment should be responsible for clearly defining roles and responsibilities for delivering the mobility and independence curriculum (even if some of it is provided by other agencies).
- Many aspects of mobility and independence education require intensive one-to-one tutoring requiring specialist professionals (i.e. QTVI, mobility officer, rehabilitation officer).
- Reinforcement of mobility and independence skills that the mobility and independence educator introduces is important; key people to reinforce aspects of mobility and independence under the instruction of the mobility and independence educator are teaching assistants in the school environment, and parents in the home environment.
- The important role of mobility and independence awareness raising and 'recruitment' of those working most closely with the child should be recognised when managing provision.

- Some aspects of mobility and independence intervention may be suitable for teaching assistants with appropriate specialist training – the notion of a ‘mobility and independence assistant’.
- Provision of all aspects of the mobility and independence curriculum (including independent living skills, and early and foundation mobility and independence for pre-school children) should be recognised and should involve close liaison with professionals and parents.
- Health and safety aspects of mobility and independence curriculum delivery must be considered, and the necessary insurance cover taken out by the employer of the staff involved.

Time for mobility and independence

- One person should be responsible for negotiating time for mobility and independence sessions, with the key contact in a given school. The mobility and independence policy should clearly identify these people by job title (and name if possible).
- Time allocated for mobility and independence should be considered on each case’s individual circumstances. Factors include age, the type of mobility and independence need they have been referred for, the appropriate time of day for learning the skill, the impact of missing certain lessons if it has to be in school time.
- If children have to be taken from lessons, different times should be negotiated to ensure the same lesson is not consistently missed.
- Children should have access to mobility and independence support in the school holidays if required.
- Continuity of provision between school and home (and school holidays) should be demonstrated.
- It must be recognised by all involved that mobility and independence education takes time. It may be appropriate to offer some children with visual impairment (and their families) time-tabling options so that they can make appropriate choices, e.g. reducing non-core foundation subjects to allow for more mobility and independence time, or vice-versa.
- Time should also be available for the mobility and independence educator to advise others working with the child.

Review

Children who have a visual impairment are not a homogeneous group in terms of their needs for mobility and independence support. Some children may require ongoing input, for example if they are totally blind or long cane users, whilst other children with some useful vision, may only need mobility and independence intervention at important times of transition or for one-off programmes when mobility and independence issues crop up. These children may never need to follow an actual mobility and independence programme, but will still need monitoring as a safety net, on an assessment basis only, e.g. once per year (*RHONDDA-CYNON-TAFF*).

There are essentially three areas to consider within 'review':

- monitoring a child's level of mobility and independence whilst not actually on a mobility and independence programme
- reviewing and recording of a child's progress whilst on a 'one-off' or rolling programme
- reviewing the effectiveness of intervention, i.e. of a mobility and independence programme designed and implemented for the child.

Monitoring and review

Ongoing assessment of the mobility and independence needs of children with a visual impairment is important, since their needs, unlike those of adults, can quickly change over time. As many children do not need to receive continual mobility and independence support, monitoring is crucial to ensure any mobility and independence needs they may develop are identified and addressed as soon as possible. It is important to have a developmental approach with a long-term perspective, which plans for the future needs of the child. Ongoing assessments of the child are often planned to coincide with their annual reviews.

Responsibility for monitoring

There is a question over who should be responsible for monitoring the child, and this may vary according to which agencies are involved in providing mobility and independence support. Where the mobility and independence educator is employed by the education service, there are often monitoring systems in place that the mobility and independence educator oversees (e.g. *CARDIFF, RHONDDA-CYNON-TAFF, NEWHAM*). However in

authorities where either social services, a voluntary organisation or an outside consultant is employed to provide mobility and independence support, the education service often takes responsibility for monitoring children and referring cases to the provider when necessary. The following are examples of this:

The education service monitors children, and sends through an annual list of children needing assessment to the voluntary organisation RO.
BUCKINGHAMSHIRE

The education service monitors children and re-refers when necessary to the consultant MO. The system works because the education service staff have a good awareness of mobility and independence, and tend to be over-cautious. Therefore it is unlikely that children 'slip through the net'.
COVENTRY

Methods of monitoring - ongoing assessment

Many respondents used similar methods for both initial and ongoing assessments. This might include checklists, mobility and independence curricula, observation and discussions with the child and significant others, and reading reports. As discussed above, the mobility and independence educator is not always responsible for monitoring or assessing the children.

In some areas, there does not appear to be any system in place to monitor children, therefore relying on the proficiency of the 'one-off' referral system, where children are referred if a problem is recognised, which by itself is not an adequate safety-net (see section on Referral). The mobility and independence educator then comes in to assess the child's current needs, intervene as appropriate, and then closes the case without any 'follow-up'. This was often the case in areas where social services were the main provider of a somewhat 'ad hoc' mobility and independence service for children.

One social services department relies on their own internal monitoring system, which requires them to carry out a six monthly review where they would, for example, contact parents to discuss any needs their child might have. If none are identified, no further action is taken until the next review six months later. This of course, relies on the assumption that parents have the knowledge and understanding required to be able to identify mobility and independence needs (see section on 'Referral'). Another social services

rehabilitation officer keeps index cards, which are filed in date order, with details of children who need a follow-up, but ideally the system should be computerised.

Individual Education Plans, Statements and Annual Reviews

Given its importance to a child's education, mobility and independence should be routinely included in Individual Education Plans (IEPs), and the statementing process as well as annual reviews. Each of these serve as opportunities to raise awareness of mobility and independence with those responsible for writing IEPs and statements, as well as to get parents and staff involved and develop working relationships with them. However, the level of involvement of the mobility and independence educator seems to vary considerably from place to place.

Many of the mobility officer/rehabilitation officer respondents employed by education do contribute to Individual Education Plans, either on request or if involved with the child for some time, by offering suggestions for targets. The following is an example:

An annual (or more frequently if needs change) mobility report is written for each child on the MO caseload. From this, recommendations can be used in the child's IEP. *HEREFORD*

The majority of mobility and independence educators employed by education attend annual reviews of children if invited, or if they are working with the child at the time. However a few stated that they were rarely or never invited to reviews (which, they suggest, may reflect the lack of value attributed to mobility and independence). If they are the providers of mobility and independence support, social services rehabilitation officers occasionally attend, but in some authorities they never attend annual reviews or submit reports, even when invited to do so.

Many respondents commented that it is not always necessary to attend annual reviews in person, rather if mobility and independence issues were of some concern, a report should be written for the QTVI to take along on their behalf, for discussion at the meetings. If another person is representing the mobility and independence educator, there needs to be close liaison between them to ensure it is represented appropriately. In one authority, the mobility officer always goes along to meetings about the child including annual reviews if mobility is on their statement (*HULL*).

Particular advantages were identified by QTVIs who were also qualified to teach mobility. For example, one authority stated that they have more involvement generally in the child's education, and therefore more involvement in the IEP, statement and annual review in which they represent mobility and independence as well as other services (*DERBYSHIRE*). Another respondent reported that as a QTVI-mobility and independence educator employed by education she is able to ensure that mobility is now written into the statements of children in her authority, whereas in the past it was not considered (*NORTHANTS*).

There appears to be a lack of consistency about the role taken by the mobility and independence educator in annual reviews. It is recommended that if mobility and independence is identified as an educational need, then the mobility and independence educator responsible for leading this work should attend the annual review.

Review and recording of progress

Reports

It is essential to keep written records of any mobility and independence intervention. Records not only give details of the progress the child is making and identify areas which still require input, but also allow others to access the information, in order to be kept up to date about the child's mobility and independence needs. Written reports are the most obvious method by which to capture this information, and are compiled:

- after assessments are carried out (see section on 'assessment').
- after each mobility and independence lesson.
- at the end of term or school year.
- for specific purposes, e.g. annual reviews.

The following are examples:

The RO from a voluntary organisation writes a sentence/paragraph/page after each lesson, and then at the end of term writes a report for the education service. A summary is kept in the child's file by the voluntary organisation. The RO also writes a report for SSD if they are involved with the child. *BUCKINGHAMSHIRE*

The SSD RO keeps records of each lesson in client's file held by the SSD, and writes a 'closing summary' which is copied to the education service, parents, the SSD Care Management Team and anyone else involved with the child. *LONDON BOROUGH OF RICHMOND*

Reports are mainly written by the mobility and independence educator, though occasionally teaching assistants who may be involved in reinforcing skills with the child or monitoring their progress have compiled reports. A few respondents commented that paperwork can be very time consuming, but unfortunately it is a necessity.

Reports should then be kept in a personal file for each child, and copies given to relevant agencies and others who are involved with the child, e.g. parents and school staff, including class teachers and teaching assistants where appropriate.

However, in practice not all reports are shared in this way. Respondents from two education services complained that social services rehabilitation officers never sent them reports or informed them about what they had done with the child and what still needed to be done. This is a clear breakdown in communication between agencies, which should be resolved. Often it is not necessarily a policy to share information (via reports), and is therefore up to the individual rehabilitation officer to take the initiative.

Accreditation

A number of interviewees described formal methods of accrediting students for mobility competence, a common practice in many special schools for visually impaired pupils. Accreditation is

- often associated with other external schemes (RoSPA Award Scheme, West of England School)
- may be specific to certain client groups (e.g. wheelchair users)
- used to communicate abilities of the child and therefore their level of dependence and independence to all staff within the school (e.g. Royal Blind School), and
- recorded in personal records of achievement for the child to keep.

Accreditation for children in mainstream would be beneficial, since it gives them a record of their achievements, which can inform other children, school staff and their families of exactly what they have been doing in

mobility and independence lessons, and what they have achieved. As well as informing others of the child's present abilities and areas where they may need assistance, it may also help to raise awareness of the importance of mobility and independence education.

In mainstream education accreditation for children seems much less common. However, the research identified some examples of accreditation:

Many children put together 'mobility books' which might include tactile maps or route instructions in Braille or print. These not only aid revision, but are a kind of record of achievement that the child can show to classmates, teachers and their families. *CAMBRIDGESHIRE*

Blind children receive 'tactile certificates' when they reach a target level which is individual to them since all children operate at different levels. The school then has a record of their achievement in mobility and independence. *NORTH YORKSHIRE*

A checklist of mobility and independence skills is completed for each child in the resource base, which is made into a 'record of achievement' booklet for them to keep when they leave school. Children also receive certificates for achieving different tasks, e.g. for going to the post box unaided. Children are not compared to each other, only to themselves. *KIRKLEES*

One LEA service is considering the introduction of a 'pupil profile' for children regarding mobility and independence skills, which they can take with them when they move to another class or school (*N YORKSHIRE*).

Review of effectiveness of intervention

There seems to be mixed opinion over how best to assess the effectiveness of mobility and independence work that has been carried out with a child. Many argue that to measure effectiveness there must be precise individual goals set for the child, whilst others believe it is impossible to measure effectiveness clearly. However, some respondents realise that continual re-evaluation of teaching styles and methods has to be carried out. Assessment of the effectiveness of any intervention has to be an ongoing process of constant re-evaluation, leading to adaptation of a programme if one approach is not working.

Some services which are operating 'trials' or projects intended to assess and address mobility and independence needs in the authority, have regular team meetings, often in conjunction with professionals from social services or voluntary organisations, in which they discuss how they can improve present provision (*N YORKSHIRE, TAMESIDE, LEICESTER CITY*).

Good practice recommendations for review

Services must adopt a long-term perspective when organising mobility and independence provision which is reflected in long-term educational goals regarding mobility and independence, rather than a series of *ad hoc* interventions. To achieve this, the following is recommended:

- The mobility and independence policy document should detail the procedures adopted for monitoring children.
- Children must be monitored whether they receive one-off support or are on a rolling programme. Responsibility for this monitoring should be allocated to a person or persons who have a good awareness of mobility and independence issues (likely to be the QTVI).
- The mobility and independence educator must be involved in educational planning and reviewing processes, including IEPs, statements and annual reviews for all children where mobility and independence is a concern.
- Formal record keeping mechanisms should be in place to record the child's progress. This should be linked to other formal educational planning and reviewing processes.
- Reports should detail what has been achieved with the child and any areas needing further input, with recommendations about when further assessment/intervention should take place, if appropriate.
- Copies of reports must be given to parents and agencies involved with the child so that everyone is kept informed and duplication of effort is avoided.
- Accreditation should be considered to reward children for their achievements, and raise the profile of mobility and independence with school staff, the child's peers and with their family. It also builds up the child's own self-esteem.

Completion

In the section on Review, we concluded that once a child is introduced into the system, their needs and progress should be continuously monitored. Therefore, when they complete a mobility and independence programme a child should not exit the 'delivery cycle'. There are however, situations when a child would exit the system:

- choice of the young person and family, when old enough to make an informed decision e.g. if the child prioritises other curriculum areas over mobility and independence (see recommendations in section on intervention)
- decline in health and therefore abilities of the child, or even death of the child
- improvement in health - e.g. a successful operation improving their vision to the extent that they do not need mobility and independence support
- child leaves authority area, or reaches school-leaving age and therefore is not under the responsibility of the education service.

Referring-on to other providers

When children leave the authority area or leave statutory education, there needs to be a smooth transition of referral to the new authority or agency responsible for providing mobility and independence support.

Most mobility and independence educators refer children who leave their authority to the new provider, and records and/or reports are often, but not always, passed on. Sometimes they are only sent if requested by the new provider, and in other authorities it is not clear whether any liaison takes place between agencies. Sharing information about the child is important, to inform the new agency responsible about the mobility and independence education the child has received in the past, and to provide any other information which will help the mobility and independence educator to do their job more effectively.

Unfortunately, children and young people who leave school are too often left without any support, and they or their families suddenly have to take the initiative to seek mobility and independence support from the social services department in their area. Some education services try to ease this

transition, for example by passing on reports to the social services, and by inviting social services representatives to a child's annual review to introduce the child and their parents to the person who will be taking over responsibility for providing mobility and independence support. Post-school provision is discussed in more depth in Chapter 3, section Post-school and FE Provision.

Good practice recommendations for completion

- Agencies should liaise and share information to enable a smooth transition from one agency/authority to another. This relies upon clear mechanisms for transfer of information being in place, and appropriate record keeping as described in the Good Practice Recommendations for Review.

Overview

Complex mechanisms are required to provide a service that meets the mobility and independence needs of children with a visual impairment, and this warrants the development of a mobility and independence policy document. Good practice recommendations are presented which provide details of the content of such a document, and this is further discussed in the next chapter. A key recommendation that incorporates these more specific recommendations is:

Key recommendation 4

LEAs working in collaboration with other agencies, should develop and maintain policies for mobility and independence education, within and beyond school.

Chapter 3 – Other factors affecting delivery

Purpose and overview

This chapter aims to identify further ways that key mobility and independence skills can be delivered within and beyond the school curriculum. It presents details of key issues that were identified which must be considered by those responsible for providing mobility and independence education. These include particular reference to pre-school children, post-school provision, children with MDVI, and issues of cultural background. Specific and practical ‘good practice recommendations’ are made for each (and are gathered together in Appendix 3). Key recommendations in this chapter are that:

Key recommendation 6

LEA mobility and independence policy documents should include explicit reference to the needs of, and educational provision for, pre-school children, children undergoing transition from school to post-school, children with multiple disabilities and a visual impairment, and children from a range of cultural and religious backgrounds.

Key recommendation 7

LEAs should ensure through transition arrangements that appropriate provision is made for young people with mobility and independence needs via contact with the Connexions Service Personal Advisors and other key players.

The chapter also explores the many different agencies involved in delivering the mobility and independence curriculum and collaboration across these agencies (including the role of special schools for visually impaired pupils). Key recommendation:

Key recommendation 3

In the interests of effective, co-ordinated provision, a single agency should have responsibility for overseeing the delivery of mobility and independence education. It is recommended that the LEA should take this lead role.

The different roles should be captured within relevant policy documents

Key recommendation 4

LEAs, working in collaboration with other agencies, should develop and maintain policies for mobility and independence education, within and beyond school.

Additionally the impact of the Special Educational Needs Code of Practice (DfES, 2001) is considered. A key difficulty with current arrangements is that mobility and independence falls within 'non-educational provision'.

Key recommendation:

Key recommendation 2

A child's mobility and independence development is integral to that child's *educational* progress. It is therefore recommended that this principle should be reflected within the statement of SEN and that mobility and independence provision would normally be recorded as 'educational provision'.

Pre-school children

The data collected during the research indicates that the most extensive mobility and independence services that are provided are aimed at children in primary and secondary education, whereas many of the mobility and independence services provided for pre-school children seem to be in earlier stages of development. In part, this apparent absence of provision may be an issue of language. Many aspects of the 'early and foundation mobility and independence' curriculum may not be formally categorised as mobility and independence by an education service. They may support many aspects of this curriculum as part of a generic pre-school service often falling within the remit of a QTVI. However, in many cases such support simply does not exist.

Whether an issue of language or not, this reflects the history of mobility provision which is steeped in a tradition of *adult rehabilitation*. The needs of children are different. In particular they require the development of foundation mobility and independence skills as outlined in Chapter 1.

Importance of pre-school intervention

Many respondents argued that while early intervention is vital, unfortunately it did not always occur. One problem is that even where a

pre-school service exists in an authority, some children are never referred to it (see Referral in Chapter 2). There were many examples given by respondents where children had obviously never had any early mobility and independence input.

Early intervention is important, then, for the following reasons:

- Children with a visual impairment may be delayed in mobility and independence (e.g. late walking, reaching for objects), therefore they need additional encouragement to move and explore the world around them.
- It is important to develop the child's self-confidence in movement as early as possible.
- At pre-school level, much work is with the parents and family increasing their awareness of mobility and independence and their expectations for their child, both of which may be low.
- Parents need to be encouraged to take responsibility for their child's mobility and independence. It is important to build a good relationship with parents, which may help later on in getting parents involved to reinforce mobility and independence with their child.
- It is also important to increase the awareness and expectations of others who are involved with the child, e.g. nursery staff, as they are often over-protective and do not encourage the child to be mobile and independent.
- Maximising the child's independence is a crucial foundation for successful inclusion in later education (and life).

Thus, the nature of pre-school intervention should be both advisory to parents and others involved with the child, and more hands-on, working directly with the child, and can take place either in the home environment or in a nursery if the child attends one. Therefore the mobility and independence educator may take on a variety of roles (see Intervention in Chapter 2).

Responsibility for pre-school children

The mobility officer/rehabilitation officer does not necessarily have to play a key role in the provision of mobility and independence support to pre-school children and their families; in many authorities a QTVI who has a pre-school caseload includes mobility and independence support with their other duties. They may directly provide support or draw up programmes for

others to carry out, and may still draw upon the expertise of the mobility officer/rehabilitation officer where necessary. For example:

The education service has a pre-school service which picks up children from birth if referred from hospital. The pre-school service team which includes a QTVI and pre-school support assistant, works with children until they enter school when the education MO takes over. The team refers to the MO if any particular problems arise. *ROCHDALE*

There is joint working between the education MO and QTVI. The QTVI would know the basics of mobility and would support the child and family in the home, referring the child to the MO once they are moving around. *KIRKLEES*

Education has a pre-school service consisting of a QTVI with a pre-school caseload who is supported by a part time outreach worker. The QTVI will draw up a programme which the outreach worker would then carry out with the child and family. Support may be advisory to parents or nursery staff who may otherwise be over-protective, or may look at skills the child needs in a new environment, e.g. nursery or play group. *HEREFORD*

Pre-school services identified in the research are almost exclusively provided by the education service. In one authority where social services is the main provider of mobility and independence support to children, the mobility officer was rarely involved with pre-school children since a Portage service is normally involved. Therefore the mobility officer makes initial contact with the family on receipt of a BD8 form (registration of blind or partially sighted) just to inform the family that social services have been informed, but does not get involved any further. This reduces the number of professionals involved and avoids duplicating assessments and work that the Portage worker would already be carrying out.

Portage is a scheme which aims to empower and equip parents of pre-school children who have special needs with the knowledge and skills to teach their own children in their own homes, with the support of various professionals who may come from a variety of different agencies and backgrounds (Cameron, 1986). Initial and ongoing assessment of the child's needs are carried out, covering five main areas including motor skills, speech and language, cognitive abilities, self-help and socialisation skills. Although a standard checklist is used, there are additional, more detailed checklists relevant to particular needs, including visual impairment (Fowler,

1997). However, only one respondent mentioned a Portage service suggesting that either there is not a scheme in many areas, or that the links are not strong between the Portage service and other agencies.

Good practice recommendations for pre-school services

- A pre-school service for children with a visual impairment should include support for the mobility and independence curriculum.
- In addition to working directly with the child, emphasis should be placed upon empowering and involving parents in their child's development.
- A qualified teacher of the visually impaired is often ideally placed to be the mobility and independence educator.
- Pre-school mobility and independence work should link with other agencies, e.g. Portage.

Post-school and Further Education provision

Transition from school to other placements can occur at any point in the 16-19 year age range. However, preparation for transition is likely to have started at age 13 and in the case of some young people with mobility and independence needs, the period of transition may extend to age 25. The young person may move to:

- A local FE college
- A specialist residential college of FE
- An institute of Higher Education
- Living permanently at home
- Employment or sheltered/supported employment
- Vocational learning opportunities funded through Learning and Skills Councils (LSCs) such as Modern Apprenticeships

Students' access to mobility and independence education is particularly vulnerable at the point of transition from school. Many children with a visual impairment, including those who have a statement of SEN which specifies mobility and independence support, may lose this entitlement when they leave school.

A key potential support infrastructure available to young people is Connexions (although this was not raised through interviews). Connexions is a major Government initiative designed to maximise the number of young

people taking up learning and/or employment opportunities at age 16. It is particularly focused on young people who either experience or perceive barriers to entering learning and/or employment at this key transition point. Broadly, the target group is those aged 13 to 19. However, young people with learning difficulties and/or disabilities are likely to be included up to age 25. Under the Connexions strategy, sub-regional partnerships are being established throughout England. Central to these partnerships are the careers service, youth service and schools. However, Connexions is intended to establish a cohesive partnership between a broad range of agencies and it is seen as important that it embraces a wide spectrum of statutory, voluntary, community and private sector organisations.

Phase 1 Connexions partnerships began operating in April 2001 and Phase 2 began in April 2002. By September 2002, most of England will be covered by Connexions.

A central role, within Connexions, is that of the Personal Adviser (PA). PAs can be employed by any member organisation and will provide advice, guidance, information and support to clients within the target group. Some PAs take on a generic advice and guidance role while others provide more specialised support to client groups with particular needs.

With regard to children and young people with mobility and independence needs, Connexions will increasingly provide continuity of support from 13 to 25 and should be seen as a key agency during this important transition period.

This section will consider the following issues:

- Responsibility for and continuity of mobility and independence provision.
- Entitlement to post-school provision.

Responsibility and continuity

Key recommendation 7

LEAs should ensure through transition arrangements that appropriate provision is made for young people with mobility and independence needs via contact with the Connexions Service Personal Advisors and other key players.

During the period of transition from LEA education, the responsibility for providing a mobility and independence service to children with a visual impairment may pass from education to another agency. In authority areas where there are no clearly defined pathways for transition, young people's mobility and independence needs may go unmet. Examples were given where no support was available from either the LEA or any other agency during the period between leaving school and starting a local FE college. This may be due to a lack of clarity over which agency is responsible for the young person at the point of departure from school.

Where social services are involved in providing mobility and independence education to children throughout their school career, continuity in provision into adulthood is usually assured because the provider is the same. This also applies in situations where voluntary organisations provide mobility and independence support on behalf of education and social services, since they work with people who are visually impaired of all ages. However, for children who have received support during their school career from education, there needs to be careful planning to ensure a smooth transition into the care of a different agency, usually social services. The education service should be responsible for this.

Some LEA services try to aid the transition from school into FE or adulthood by maintaining good links with social services or voluntary organisations that provide mobility and independence support to adults. For example:

If a child is on the verge of leaving school, the education service invites a social services representative to annual reviews to introduce the family to the person who will take on responsibility for the young person once they leave school. *LONDON BOROUGH OF HAVERING*

Arrangements to ensure continuity of mobility and independence support upon transition need to be put in place while the child is still at school and recorded in the 14+ transition plan. In most LEA areas, Connexions will be able to facilitate networks between the key agencies that can support transition from school into post-16 learning and employment. By working pro-actively with Connexions partnerships it should be possible to ensure that inter-agency frameworks to support transition are responsive to both current and anticipated needs.

Most mobility and independence educators refer children who leave their authority on to the new provider, and records and/or reports are often, but not always, passed on. Sometimes they are only sent if requested by the new provider, and in other authorities it is not clear whether any liaison between agencies occurs at all. Sharing information about the young person is important, to inform the new agency responsible about the mobility and independence education received in the past, and to pass on any other information that will help the mobility and independence educator to continue the work and do their job more effectively.³

One authority has a hand-over scheme that has proved successful:

For children going into FE, a 'package' is provided by the education service so they link in with the careers service and provide mobility reports. *HULL*

Entitlement to mobility and independence provision

Legislation in the 1990s took FE colleges out of LEA control, and gave them management of their own budgets. Therefore the availability of mobility and independence education in FE depended on the willingness of colleges to 'buy in' the services of a mobility officer/rehabilitation officer from either the LEA or another source in the locality. Colleges of FE are not obliged to provide mobility and independence education for young people with a visual impairment.

Currently, the extent to which FE colleges meet the mobility and independence needs of students with a visual impairment varies enormously. Students in specialist colleges receive mobility and independence training from a mobility officer/rehabilitation officer employed by the college. Practice in mainstream sector colleges appears to vary. Some try to meet the need by supplying a teaching assistant who guides the student around the College. In other situations students have no support and become dependent on fellow students. Note: The Special Educational Needs and Disability Act (SENDA) 2001 may change this situation, and the effects of the Act on mobility and independence education in FE will need to be monitored.

³ Where students arrive at a College without reports from their previous provider, an assessment could be carried out using the VIEW/FHE assessment pack (Cork *et al*, 1999) which provides a comprehensive framework for assessment including a section on mobility.

Several examples were given by respondents of students who were independent travellers at school, being unable to travel to or around college without taxi transportation or the assistance of sighted guides, since they were no longer receiving mobility and independence education.

Although the overall level of awareness in mainstream sector colleges appears to be very low, some examples of good practice were identified. For example:

In a mainstream college, with a visual impairment resource base, a member of support staff attended a mobility and independence training programme and now offers students orientation and mobility training around the college. For students who are experienced long cane travellers or guide dog users, she offers assistance with route familiarisation to/from college and supplies information about bus services, etc. For other, more inexperienced students, the college 'buys in' support from an outside MO/RO.

In this college, specialist support from providers outside the college is funded through the Learning and Skills Council (LSC) additional support bands. However, outside support can be very expensive: for example a mobility officer was bought in for 3 hours of mobility and independence support per week at £18 an hour for two years, because the student had not developed sufficient skills at school to travel independently to college.

In one authority, the local County Council meets the costs of taxi travel to and from college for students who have a visual impairment aged 16-19 years old. However the college tries to ensure that only students who need taxis use them, i.e. those who have additional disabilities. Although it is cheaper for them to provide taxi services than mobility and independence support for students, the college feels that training in independent travel is an essential part of the student's education. It was noted that parents sometimes needed to be reassured that their child would be safe to travel independently, and often parents preferred the option of a taxi for their child.

Overall it seems that the current system encourages dependence rather than independence among students who attend mainstream FE colleges, a situation requiring immediate attention.

It is important that key organisations are working strategically with the Learning and Skills Council, both nationally and locally, to ensure that LSC

funded provision is meeting the current and anticipated mobility and independence needs of young people. This approach should help to ensure that young people are able to participate in post-16 learning as independently as possible. Clearly, it will be important that organisations are working with LSCs in a coherent and integrated way and it may be that Connexions can provide the framework to ensure that this happens.

Good practice recommendations for post-school and FE provision

- Periods of transition from statutory education to adulthood need careful planning by the LEA in partnership with the new provider of mobility and independence. Education should take the lead role.
- Reports detailing the mobility and independence education received during the child's school career should be passed on to the new agency responsible for providing mobility and independence support. This should link up with other policies and procedures (e.g. Connexions).
- Mobility and independence educators who have previously worked with children throughout their school career should be directly involved in the transition of young people especially to local colleges where there is no mobility and independence provision. This may have funding implications.

Social services departments should establish contact with young people who are visually impaired during the later stages of their education and to be aware of arrangements made for the transition period, i.e. contact should be made prior to the young person leaving school. This is essential where another agency, rather than a social services department, has been the main provider of mobility and independence education to children at school.

Additional implications of mobility and independence upon the work/policies of the DfES and LSC may also require further attention:

- The DfES needs to ensure that the planning guidance issued to Connexions partnerships includes a requirement that they address the mobility and independence needs of young people and to work with all appropriate agencies to ensure that these needs are met.
- The DfES needs to develop training modules for Connexions personal advisers that enable them to recognise and respond effectively to clients with mobility and independence needs.

- The national LSC and all local LSCs across England should ensure that their contracts with learning/training providers include a requirement that the mobility and independence needs of post-16 learners are addressed effectively.
- Opportunities should be provided for support staff in mainstream sector colleges to receive specialist training to support mobility and independence.
- The effects of the Special Educational Needs and Disability Act 2001 on young people's access to mobility and independence support in FE and schools should be monitored.

Children with multiple disabilities and a visual impairment

Children with multiple disabilities and a visual impairment (MDVI) are a heterogeneous group. The term is used to describe a very wide range of children who may have quite different needs. In addition to a visual impairment, a child with MDVI could have one or more additional needs ranging from physical disabilities, speech difficulties, behavioural difficulties and learning difficulties. Children and young people with MDVI are educated in both special and mainstream schools.

The term MDVI was used inconsistently by those who participated in this study. Some participants used the term to refer to children with complex needs irrespective of educational setting, whilst others spoke of children with MDVI as those who are educated in special school settings (i.e. non-visual impairment special schools including schools for children with severe learning disabilities or physical disabilities).

The project Management Group steered the research team towards a focus on children and young people in mainstream education. Inevitably the issue of provision of mobility and independence education to the broad group of children with MDVI was discussed in the interviews. A summary of issues raised is presented here, though additional research is required in this area (which might include a closer analysis of the data collected within this project).

General issues raised by respondents

- Issues for children with multiple disabilities and a visual impairment were not always addressed in policy terms.
- Several respondents felt that provision for children with MDVI was lacking or was not a priority in their authority.
- Many education services stated that mobility and independence support for children with MDVI was an area they would like to develop in the future.
- Many mobility officer/rehabilitation officers, particularly those who were not employed by education, felt their training did not adequately (or at all) cover issues for children and young people with multiple disabilities and visual impairment, and that they needed additional training in order to provide an effective service to these children and young people.
- The mobility and independence curriculum would need a different emphasis for children with MDVI.

Referral

- One authority carried out mobility and independence education with children with MDVI only if they were ambulant or capable of some independence.
- Other authorities felt that although all children could benefit from mobility and independence support, they had to prioritise children who were capable of a minimum level of independence as working with some children is very time consuming.
- Often one of the criteria was that the visual impairment must be the child's main disability.
- In some authorities where another agency provides mobility and independence support, referrals for children in (non-visual impairment) special schools were not made since the mobility officer/rehabilitation officers were perceived not to have the necessary expertise in dealing with MDVI issues.

Assessment, programme design, and review

- Any curriculum would need to be adapted for children with MDVI as their needs and abilities are so individual (as with any child with a visual impairment, but to a greater degree when a child has MDVI).

- A tight definition of mobility as ‘travel’ is unlikely to be appropriate for some children with MDVI who will never be independently mobile or independent.

Intervention

- A qualified teacher of the visually impaired may be the most appropriate professional to take responsibility for the delivery of the mobility and independence curriculum to children with MDVI as they can support other aspects of the child’s education at the same time.
- A team approach is important; there is often inter agency collaboration between the mobility and independence educator and other specialists, such as physiotherapists and occupational therapists, in order to brainstorm ideas about how best to support children with MDVI.
- The mobility and independence educator may not always directly teach mobility and independence education to a child with MDVI. They may play a more advisory role to school staff who work closely with the child on a daily basis, as they have built up a close relationship with the child and have extensive knowledge about their abilities and needs.
- Reinforcement of skills is particularly important for children with MDVI, as they may have difficulty in transferring skills to other situations or environments.
- Provision of mobility and independence education during school holidays may be even more important for children with MDVI to ensure continuity and prevent any setback in their progress.

Good practice recommendations for MDVI provision

- Many of the recommendations developed from this research can be applied to the provision of mobility and independence to children with MDVI, in particular those relating to policies and procedures. However these must be sensitive to the particular needs of children with MDVI.
- Many aspects of the mobility and independence curriculum recommended in this report are relevant to children with MDVI, in particular aspects of the curriculum relating to early and foundation mobility and independence. However, it is important to modify teaching methods and activities so that these are relevant and meaningful to children with MDVI. This may involve teaching idiosyncratic and unique techniques to enable children to achieve some level of independence in a functionally equivalent manner.

- Further detailed research is required in this area.

Cultural background

Chapter 1 of this report defined a mobility and independence curriculum which sought to address the mobility and independence needs of children with a visual impairment. The chapter emphasised that the curriculum must be set within the child's social context, which is underpinned by their cultural and religious background. Therefore, professionals must provide mobility and independence education content and delivery that is sensitive and relevant to all the children with whom they work. We would highlight points made elsewhere in this report as having relevance here:

- importance of family / parental involvement
- importance of making the mobility and independence programme relevant and meaningful
- importance of the social context in which the child operates, irrespective of how similar or different this is to that of the mobility and independence educator

The professionals interviewed in this research are responsible for designing individual mobility and independence programmes relevant to the needs of a diverse population. Therefore it is not surprising that some respondents who did work with culturally diverse groups stated that they had never experienced any difficulties in providing for their mobility and independence needs. This emphasises that meeting these needs does not require providing *different* services but the ability to be sensitive to the child's home environment and to be flexible in how we deliver mobility and independence education. Of key importance here is that mobility and independence educators should have the ability to recognise when they must modify their practice and consult the child and their family in order to devise ways in which this should be done. Examples of good practice here are:

When in doubt over activities or the level of independence to work towards, the MO seeks additional consent from parents for particular activities, then progresses if consent is obtained. *BIRMINGHAM*

There is a need to talk to parents to avoid imposing skills that are not relevant to their children's culture. Many reluctant parents can be persuaded to allow their child to learn certain skills if their confidence is increased or if the need/benefit is explained to them in a sensitive manner. *MISE GROUP, ROCHDALE, ROTHERHAM, LEICESTER*

Other examples gathered include:

- The curriculum should be delivered using resources and in contexts that the child is familiar with and which the child would use at home. For example, foods and utensils used in kitchen skills, clothes in dressing skills, and the types of shops visited in shopping skills.
- Similarly, the curriculum needs to teach skills in the way that the child would use those skills at home. For example, toileting and eating skills.

Importantly, these are examples of good practice in *all* contexts and not just of relevance to particular ethnic groups. Additionally, the service in which the mobility and independence educator operates should provide the mechanisms to enable this. Examples include:

In cases where the parents do not speak English as their first language, interpreters can be used for effective communication between the service and the family. *ROTHERHAM, MISE GROUP*

A social services team who has both male and female rehabilitation officers, swap clients if any difficulties arise due to the gender of the RO. *CORNWALL*

A member of the rehabilitation team is Asian. He works with children with a similar background if it is deemed useful. *LEICESTERSHIRE*

A service which only has access to one male MO, has a third person to accompany the child whilst on a mobility lesson if necessary – this was often a teaching assistant. *COVENTRY*

The SEN Code of Practice makes general but useful recommendations in the context of SEN identification and assessment, which can be used in this context. "It is necessary to consider the child within the context of their home, culture and community. Where there is uncertainty about an individual child, schools should make full use of any local sources of advice

relevant to the ethnic group concerned, drawing on community liaison arrangements wherever they exist.” (DfES, 2001, 5:15).

Good practice recommendations for culturally sensitive provision

- The mobility and independence policy should make reference to the needs of children and families from ethnic minority groups. The specific content of this will depend upon the communities being served. In particular, there should be policies in place for the following:
 - Ensuring that all professionals are aware of and sensitive towards cultural differences that may affect mobility and independence education content and delivery.
 - A willingness to work with members of the extended family where appropriate.
 - Written information provided to all families should be clear. This is particularly important for parents or carers who are not familiar with the English education system and/or for whom English is an additional language.
 - Services need to have in place arrangements for professional interpreters should a family require the facility.
 - The mobility and independence policy needs to address how the service will respond to a request for the mobility and independence educator to be the same gender as the child.

Special schools for visually impaired pupils

Context

Clunies-Ross and Franklin (1997) found that approximately 10% of children with a visual impairment attended a special school for visually impaired pupils in Great Britain in 1995. This figure compares with approximately 22% in 1988. This reflects the trend that pupils with a visual impairment are increasingly being educated in mainstream schools, either in fully included settings or in mainstream schools with a support base. There are currently fewer than 20 special schools for visually impaired pupils funded by LEAs or voluntary organisations (e.g. RNIB, Royal London Society for the Blind). Some of the schools provide residential facilities, and some specialise in the education of children with additional disabilities.

Strengths of provision in special schools for visually impaired pupils

Evidence gathered throughout this project has demonstrated that special schools for visually impaired pupils attach considerable importance to mobility and independence education. This is reflected in the resources and procedures they have in place: most schools employ their own mobility officers, and it is common practice for schools to have a written mobility policy document and a substantial written mobility and independence curriculum. Special schools for visually impaired pupils usually have access to a range of other professionals such as physiotherapists and occupational therapists, who may also be based in the school. The following is a summary of key issues identified by the research:

- The long history of providing mobility and independence education to children makes the mobility and independence educators in special schools for visually impaired pupils some of the most experienced in the country. Many also have specialist knowledge of working with children with multiple disabilities and visual impairments.
- Substantial whole-school policies and curriculum documents have been written. Policies often include the induction of staff in mobility and independence techniques (see Chapter 1, Special schools for visually impaired pupils and mainstream schools).
- Many specialist adaptations have been made to the school buildings (many of which were *not* purpose built), which provide a 'reference' of solutions that could be transferred to other environments, including mainstream schools.
- Some special schools for visually impaired pupils offer residential provision and provide a '24 hour curriculum', which includes many aspects of independent living skills.
- Referral of children for an assessment of mobility and independence is usually automatic upon entry to the special school for visually impaired pupils. Assessments are usually 'holistic' in nature, and may involve the input of a number of different professionals, such as a mobility officer/rehabilitation officer, a physiotherapist, and a low vision expert.

Regarding the delivery of mobility and independence education, respondents working in special schools for visually impaired pupils nevertheless identified challenges which are common to those raised elsewhere. These include problems of time and the related negotiation with

class teachers, as well as concerns about holiday provision and effective communication with parents/carers and other agencies.

Outreach role of special schools for visually impaired pupils

A number of the interviewees from special schools for visually impaired pupils are involved in outreach work. For example, this could fall under the remit of those schools with Beacon status. There are a number of mobility and independence educators working (and usually based) in special schools for visually impaired pupils who also work in mainstream schools in the region (e.g. *BIRMINGHAM*), or offer advice or training to professionals working in mainstream settings on mobility and independence issues (e.g. *WORCESTER, EDINBURGH*). This appears to be a very positive collaboration because it draws upon the expertise of the special school staff as described previously.

Good practice recommendations for the role of special schools for visually impaired pupils

- There are opportunities for special schools for visually impaired pupils to support mainstream mobility and independence provision through outreach work. Particular areas include mobility and independence curriculum development, awareness training of staff, delivery of some aspects of the mobility and independence curriculum, demonstration of environmental adaptations, and carrying out environmental assessments. Beacon school status and regionalisation are mechanisms that encourage/support this collaboration.

Different agencies

Before this research was carried out, it was unclear precisely how mobility and independence education was provided for children with a visual impairment in mainstream education in the UK. The picture that has emerged from this research project is a very complex one, with several different 'models' of provision identified. The chief providers are as follows:

- Education service provision. The mobility and independence educator (usually a mobility officer/rehabilitation officer, though sometimes a QTVI) who is employed directly by education has a lead role in the delivery of mobility and independence education to children.

- Social services provision. Mobility and independence educator(s) (predominantly rehabilitation officers) employed by social services who are either 'bought in' by an education service to provide mobility and independence support to children, or where social services include children as part of their remit.
- Voluntary organisation provision. Mobility and independence educator(s) employed by voluntary organisations (predominantly rehabilitation officers) are 'bought in' or contracted by education service (sometimes paid for jointly with social services) to provide mobility and independence education to children.
- Outside consultant provision. Mobility and independence educator is an independent (self-employed) 'outside consultant' or is a mobility and independence educator bought in from another authority, agency or special school for visually impaired pupils by either the education service or social services, or jointly by education and social services.

However, the picture is somewhat more complex than this may suggest, since there is often further differentiation within each model. Within one authority a mixture of models may be implemented with different agencies being involved in different parts of the mobility and independence curriculum at different times.

Mobility officer employed by education

There were a number of examples of the education service directly employing a mobility officer to carry out some of its mobility and independence provision. Some of the key features, and some of the identified advantages and disadvantages of such an arrangement are summarised below:

Key features:

- Mobility officers work exclusively on mobility and independence education with children (i.e. do not have additional work with adults).
- Mobility officers are employed directly by the education service. This appeared to be the most common 'model' in our sample, but this may be more of a reflection of our sampling method rather than being the 'norm'. (See Methodology in the Introduction.)
- The mobility officers employed by education have different job titles, including 'Mobility Officer', 'Rehabilitation Officer', 'Teacher of Orientation & Mobility', 'Mobility Specialist in Education', 'Mobility

Nursery Nurse’ and ‘Mobility Instructor’, which in some cases may reflect the individual’s past professional background, and their training. They also appeared to have a variety of qualifications – many not having the rehabilitation officer qualification.

- Sometimes this service was set up as no alternative or adequate service was available.
- There was also much variation in which aspects of mobility and independence was covered.

Advantages:

- Many education respondents favoured having a mobility officer employed by the education service as they devoted all or most of their time to mobility and independence support with children, and were directly accountable to the service.
- They were more likely than other providers to work with all children regardless of any additional disabilities or the type of school they attended, though the mobility officer’s training had not necessarily prepared them for this.
- Many mobility officers felt being part of a multi-professional team (e.g. with QTVIs) was invaluable as each individual’s strengths and specialist knowledge could be shared and drawn upon.
- Such close collaboration made collaboration with mainstream staff easier also, i.e. class teachers and teaching assistants to reinforce mobility and independence programmes (see Chapter 2, Intervention).

Disadvantages:

- Mobility officers appear to be employed under a variety of contracts. Some work to a contract similar to that of a teacher where they are not required to work in school holidays. Therefore, school holiday provision was either on a voluntary basis or provided by a different agency. This may affect the amount of support offered to parents and family.
- Mobility officers may feel isolated, as they may not work with any other mobility officer/rehabilitation officers (as would usually be the case in social services and voluntary organisations).

QTVI with additional mobility qualification

In some authorities mobility and independence education is provided by a qualified teacher of the visually impaired who has an additional qualification in teaching mobility – this is in addition to other duties.

Generally there seems to be one QTVI who is responsible for providing mobility and independence education in each education team, though in one authority there are two. In another service all the QTVIs have a mobility qualification and provide mobility and independence support to the children on their own teaching caseloads.

The following is a summary of some of the key features, and some of the identified advantages and disadvantages of such an arrangement.

Key features:

- The QTVI-mobility and independence educator works exclusively with children.
- The QTVI-mobility and independence educator is employed directly by the education service.
- Sometimes this method of provision was set up as no alternative or adequate service was available.
- The QTVI-mobility and independence educator appeared to have a variety of qualifications, but all had a teaching and QTVI qualification. Some had an additional mobility and independence qualification in working with children and some had a generic mobility officer/rehabilitation officer qualification (see Chapter 4, Training and defining key people).

Advantages:

Many education respondents favoured having a QTVI-mobility and independence educator employed by the education service as:

- They were directly accountable to the service.
- They were more likely than other providers to work with all children regardless of any additional disabilities or the type of school they attend.
- There is likely to be a higher degree of contact with both parents and school staff due to their QTVI role.
- Mobility and independence is more likely to be represented, particularly in reviews about the child as the QTVI is more likely to attend these than other mobility and independence educators.
- Many parents are pleased that mobility and independence is dealt with by the QTVI as they already know them, and prefer to deal with one professional rather than several.
- Since the QTVI already works closely with school staff, those staff are more likely to become involved in reinforcing mobility and

independence, and have a higher awareness of mobility and independence issues since the QTVI can include it in general awareness raising about all visual impairment issues.

- QTVI may have greater knowledge of other areas of the curriculum in which mobility and independence can be introduced and reinforced (e.g. PE, early years curriculum) compared with other mobility and independence educators.
- The QTVI-mobility and independence educator may be able to provide a more holistic approach in which mobility and independence is not considered in isolation.

The part time MO works with children in mainstream schools, whilst the QTVI who has an additional qualification in mobility carries out all mobility and independence support with children in special schools, as these children constitute her QTVI caseload anyway. *HEREFORD*

Disadvantages:

- Tend to work to a teacher's contract, therefore school holiday provision was either on a voluntary basis, provided by a different agency, or not at all.
- After-school mobility may be neglected due to the QTVI's contracted hours of work.
- QTVIs are relatively expensive to employ, thus allocating some of their time to mobility and independence work may not make the best economic sense.
- Concern was expressed (and examples given) that since mobility and independence is not the QTVI's main role, it may not be a high priority when time is limited.

Mobility officer/rehabilitation officer employed by social services

In many authorities surveyed, social services were the main provider of mobility and independence education to children, generally at the request of the education service, from which they would get the bulk of their referrals for children.

Key features:

- Often, social services seemed to be the main provider by default, i.e. it was the only agency available that could provide a mobility and independence service.
- Contracts seem to vary; in some cases, social services provision appeared to be provided free of charge, whilst in others social services provision is paid for by the education service.
- Written contracts were rare (though did exist) between education and social services detailing what mobility and independence support social services will provide, or how they will provide it.
- The mobility and independence educators in social services were usually trained as rehabilitation officers, and normally the majority of clients on their caseload were adults. One exception was found during the research:

The SSD-employed Mobility and Rehabilitation Officer works exclusively with children, and is funded and managed jointly by SSD and the education service. The post was created when both of the agencies became aware that there was a need for a specialist to work specifically with children.
SALFORD

Advantages:

- Additional non-mobility and independence services are often provided, and they are likely to offer a more 'holistic service', considering not just mobility and independence issues but all aspects of the child's life, including advice to parents about benefits, additional communication support (braille, Moon, large print, etc), access to or advice on specialist equipment, and even counselling (e.g. *CORNWALL, SALFORD*).
- Social services rehabilitation officers are usually attached to a team, and therefore enjoy the benefits associated with team working, e.g. sharing experience and expertise.
- There is usually greater flexibility as to when the mobility and independence educator works, e.g. they work during school holidays (see Chapter 2, Intervention).
- There is an easier transition for young people who leave school since social services will often be responsible for continued provision (see Chapter 3, Post-school and FE provision).

Disadvantages:

- Since there is rarely a contract or agreement between education and social services, it is often left to the discretion of the individual social services rehabilitation officer as to what mobility and independence skills they cover. Areas such as independent living skills are often not covered at all, despite the rehabilitation officer having had training in this area.
- In some authorities the social services team was essentially an adult services team, therefore children were not really part of their normal remit.
- There are examples of under-resourced social services departments, and children being placed on waiting lists for mobility and independence support.
- Often the training and past professional experience of social services rehabilitation officers would not have been child-focused (see Chapter 4). Social services rehabilitation officers may not therefore cover many of the essential foundation skills children need, such as concept development, free movement and confidence building.
- There also appears to be a lack of training and experience amongst social services rehabilitation officers in working with children who have MDVI, and few work with children in special schools.
- Some Heads of Services in education were unhappy that they had no control or influence over the content and the way mobility and independence education was provided by social services.
- Several respondents expressed a desire for provision from a different agency or professional, for example somebody either attached to or responsible to the education team. Not all felt this way however; one respondent believed that the education service did not need to oversee the service provided by social services.
- Provision by social services was often reported to be fragmented, lacking a developmental approach.

Mobility officer/rehabilitation officer employed by a voluntary organisation

Many different voluntary organisations are involved in providing mobility and independence education around the country. As well as national organisations such as Guide Dogs there are many local societies involved in different authorities.

Key features:

- Voluntary organisations usually employ Rehabilitation Workers/Officers who carry out the majority of mobility and independence work with children.
- Historically voluntary organisations were often the only agency available that could supply a mobility and independence service.
- Contracts between agencies vary widely from one authority to another, in terms of the services provided as part of the agreement. Most cover travel skills both within and outside of school, but independent living skills are not always covered. For example:

In one county, the local voluntary organisation is contracted by SSD to provide all services for clients who are visually impaired (adults and children) that would normally be the remit of social services.

In another county, the voluntary organisation service level agreement is very broad, seemingly covering the remit of health, education and SSD. Their services include guides, communicators, day care, LVAs, follow-up clinics, and rehabilitation services. The voluntary organisation also has information officers based in the hospitals as part of the agreement.

The contract offered by the voluntary organisation was originally based upon a tight definition of 'mobility' defined as 'travel', which would not be appropriate for the authority's many children with MDVI, many of whom are educated in mainstream. Therefore the contract was re-negotiated to include some independent living skills which were directly related to travel activities (e.g. shopping, putting coat on, etc., but not cooking) and LVAs.

- Many of the mobility and independence educators employed by voluntary organisations appear to be trained as Rehabilitation Officers. The majority work with adults as well as with children, and rarely specialise in working solely with children.
- It seems to vary between authorities as to whether the mobility and independence educator works with children in both mainstream and special school settings, but in practice they often do.

Advantages:

- The voluntary organisation may be more accountable to education than social services since they are more likely to be paid for the service, and have agreed contracts.

- An incidental advantage of provision from a voluntary organisation is that they often have a broader (and substantial) support service beyond the contracted work. Therefore the child can tap into this network, such as the time and resources of any volunteers in the organisation and the use of the voluntary organisation's resource centre. Another benefit that children may enjoy in some authority areas, are holiday schemes which are organised and run by the voluntary organisation, for example:

The voluntary organisation introduced a team concept of mobility. In schools where there were several children with visual impairment who were not mixing with other children at break times, the voluntary organisation created an activity period, an "extension of mobility" – this included football, cricket, tag with people calling directions, rolling a ball with bells inside. From this a Goalball team for the city emerged. *LEICESTERSHIRE / LEICESTER CITY*

- Since voluntary organisation employees usually work year-round, there is also the benefit of more flexible working, particularly during summer holidays.
- Many voluntary organisations have a team of visual impairment specialists and/or mobility and independence educators, so the expertise and assistance of several members can be drawn upon.

Disadvantages:

- When any 'third party' is involved in providing mobility and independence support, there is again a question over the degree of control that the education service has over the process, when the mobility and independence educator is not directly accountable to education.

Outside consultant mobility officer/rehabilitation officer

Several authorities have 'bought in' the services of either an independent (self-employed) mobility and independence educator or mobility and independence educator employed by another education authority, agency or special school for visually impaired pupils at some point. The key features, advantages and disadvantages of such an arrangement depend on the circumstances relating to a particular authority, and therefore cannot be easily generalised.

Key features:

- Often they were contracted in on a *temporary* basis until more permanent provision could be established, or on a one-off basis to assist in areas that the main provider lacked expertise in, e.g. deafblind issues, PE.
- In one authority an independent consultant mobility and independence educator was contracted to provide *ongoing* mobility and independence support for all children within the authority area.
- The background, training and experience of consultants will vary, and this may affect the type and age of children they are able and contracted to work with.

Advantages:

- The mobility and independence educator is directly accountable to the education service, and works closely with the education service and QTVIs at all stages of the delivery cycle (*COVENTRY*).
- The mobility and independence educator can be more flexible regarding working hours, carrying out lessons before and after school if applicable, and even occasionally on weekends and during school holidays if requested (*COVENTRY*).

Disadvantages:

- In one authority, there has been no continuity since the services of several outside consultants have been used, because there is a high turnover of professionals in the authority.
- Examples were given of contracted mobility and independence educators who felt that they did not have enough time to provide a comprehensive service. For example they felt they could not adequately prepare for lessons or compile reports, and may not have as much contact with parents or attend important annual reviews or other meetings about the child.

Good practice recommendations when considering the role of different agencies

When proposing the ideal model of provision for a particular authority, several factors have to be taken into consideration, including:

- The number of children with a visual impairment in the authority and any additional needs they may have.

- The geographical size and location of the authority.
- The presence of a voluntary organisation or social services department in the authority area that is equipped to provide a suitable mobility and independence service to children.

With this in mind the following recommendations are made:

- For many authorities the ideal model is to have one (or more) mobility and independence educator (usually a mobility officer/rehabilitation officer) employed by the education service. If the model is implemented correctly, the mobility and independence educator is managed as part of a broader *educational* team, and this enables successful collaboration within the visual impairment service and with school and home. When this model is applied attention must be given to holiday and home-area provision.
- In some circumstances the mobility and independence educator in this model may be a QTVI with appropriate additional training. This may be suitable in small education services where it is not economically feasible to employ a mobility and independence educator who works *solely* on mobility and independence education.
- In authorities where there is a suitable external agency or consultant able to provide some part of the mobility and independence service to *children*, contracts should stipulate which parts of the mobility and independence curriculum are being covered and the expected levels of communication between agencies.

Providing a coherent 'Mobility and Independence Service'

Multi-agency provision

As suggested earlier, in many authorities there is often more than one agency involved in the provision of mobility and independence support. One agency may well be the main provider, whilst another agency is involved in the delivery of particular aspects of the mobility and independence curriculum, e.g. independent living skills. Alternatively responsibilities may be divided according to the area of mobility and independence education, e.g. in/around school mobility and independence and home area/out of school mobility and independence.

Other examples might be where the QTVI does mobility and independence work with children with MDVI as it is their specialist area, or where the QTVI has the pre-school caseload. Often, provision of mobility and independence education during school holidays is provided by a different agency (usually social services) if the main provider (particularly if employed by education) is not contracted to work during school holidays.

This section describes many of the challenges and solutions which have been identified in the research. However, a key recommendation is:

Key recommendation 3

In the interests of effective, co-ordinated provision, a single agency should have responsibility for overseeing the delivery of mobility and independence education. It is recommended that the LEA should take this lead role.

Challenges of multi-agency involvement

Whether such sharing of responsibility works depends on several factors, including the effectiveness of communication between agencies.

When more than one agency or professional is involved with a child, difficulties can arise. First, it can be confusing for the family to know who to approach if more than one professional is in contact with them, particularly if the professionals are also from different agencies. There needs to be a clear point of contact for parents to use, ideally a professional who co-ordinates the services provided by different agencies.

Secondly, there needs to be co-ordination regarding the parts of the mobility and independence curriculum being taught, and consistency in how they are taught.

Liaison between agencies

The research found much evidence of poor communication and liaison between agencies and professionals.

Examples of a breakdown in communication included:

- Agencies were not aware of the services other agencies offer, e.g. a lack of referrals from a health service as it was not aware of mobility and

independence education provided by social services or the education service (see Chapter 2, Referral).

- Unclear boundaries of responsibility for different agencies leading to conflict, e.g. social services felt education matters were also part of their remit (looking at the child's needs holistically) and therefore felt pushed out by education who disagreed and felt that social services were interfering and crossing their boundaries.
- Information about a child not shared between agencies and professionals involved with the child, verbally or via written reports/records (see Chapter 2, Review).
- Information sent by one agency regarding a child's mobility and independence history had not been considered or acted upon by the receiving agency, or reciprocated once they have carried out work with the child.
- Although there is communication between management in different agencies, individual professionals often do not comply with agreed procedures so information sharing breaks down.
- In agencies where there is a high turnover of staff, liaison between individual professionals is often not continued by replacement staff.
- Within social services itself, there is a complex web of services and priorities can conflict, therefore making slow progress towards working together.

The research found that communication between different professionals who were based together or employed by the same agency was often very effective. Other cases where good communication took place were when the mobility and independence educator had trained with mobility and independence educators from the other agency or had worked for that agency in the past. This suggests that a problem with inter-agency communication in some authorities is that professionals from different agencies may not understand the philosophy (aims and *modus operandi*) adopted by other agencies.

Several factors and practices that appear to aid the process are demonstrated in the following examples, where there was effective communication:

- Social services and the education service have regular joint meetings where issues can be discussed, and keep in regular contact by telephone (CAMBRIDGESHIRE, N YORKSHIRE).

- The social services rehabilitation officer often accompanies the QTVI - mobility and independence educator on lessons so they are aware of what and how the child is taught to ensure continuity in holiday provision (*N YORKSHIRE*).
- The mobility and independence educator teaches the same cane technique with children in holidays as the technique taught by the mobility and independence educator in the special school for visually impaired pupils that they attend in term time. The MIE then writes a report for the special school's mobility and independence educator who is then aware of what has been done with the child (*COVENTRY*).
- In one authority, there has been a general move towards strategic working between health, social services, education and voluntary organisations resulting from a government initiative regarding funding for visual impairment services (*TAMESIDE*).

The following is an illustrative example of effective liaison between professionals:

Assessment by the education Mobility Nursery Nurse (MNN) is often carried out in conjunction with the social service's RO so that they can share ideas about programmes. The MNN continually informs social services of the child's progress. The education MNN works predominantly in the school environment during school time as she is based in education and this fits in with the part-time hours she works. Whereas the social service's RO works with the child during holidays and before/after school, in the home area or on routes to/from school. *ROTHERHAM*

Where there appears to be a strategic view of mobility and independence support, there seems to be successful collaboration between (and within) agencies and all that goes with it (e.g. sharing of files, consultation on programme design).

Mobility and independence policy

Chapter 1 of this report describes the different types of curriculum documents collected in the research. These varied in the breadth and depth with which they covered the mobility and independence curriculum. The same was true for the policy documents that were collected. Some, though very few, provided detailed accounts of the service offered. These were often produced by special schools for visually impaired pupils. Chapter 2

has already highlighted the importance of clear and coherent mobility and independence policy:

Key recommendation 4

LEAs, working in collaboration with other agencies, should develop and maintain policies for mobility and independence education, within and beyond school.

A clear recommendation from this research is that every education service needs to have a policy for the education of mobility and independence to children with a visual impairment (mobility and independence policy document) in place. This is a crucial guide for children and parents, and those involved in the delivery of the mobility and independence curriculum, particularly when this may be across agencies. More details about the content are described in the 'good practice' section below, but a key recommendation is:

Key recommendation 6

LEA mobility and independence policy documents should include explicit reference to the needs of, and educational provision for, pre-school children, children undergoing transition from school to post-school, children with multiple disabilities and a visual impairment, and children from a range of cultural and religious backgrounds.

The process by which education services arrive at a coherent policy and service is also vital. A related recommendation is that services must review and audit their provision of mobility and independence education. The Kelvin Mobility Education Project in Glasgow has sought to do this, and provides a useful example for other services to draw upon. A summary of this ongoing work was commissioned for this research project and is presented in Aplin (2002).

Good practice recommendations for the construction of a mobility and independence policy

Education services should review and audit their provision of mobility and independence education in order to develop a policy. It should:

- be shared with, and agreed by, all involved in mobility and independence education, including other agencies

- map the mobility and independence curriculum with delivery procedures and those involved in that delivery. It should make explicit reference to the following:
 - definitions and descriptions of all aspects of the mobility and independence curriculum.
 - referral, assessment, environmental assessment, programme design, intervention, review and completion
 - child protection policies
 - policies related to particular children and young people and their context (including pre-school and post-school/transition, children with MDVI, and issues of cultural background)
 - procedures for record keeping and how this relates to formal procedures within the SEN Code of Practice
 - key people involved in delivery and what is expected of them (e.g. mobility and independence educator, class teacher, teaching assistants, QTVIs, parents, peers). This should include clear child protection guidelines
 - procedures and contractual arrangements for working with different agencies

Special Educational Needs Code of Practice

The Special Educational Needs (SEN) Code of Practice (DfES, 2001) provides advice to LEAs, schools and others on carrying out their statutory duties to identify, assess and make provision for children's special educational needs. The first Code of Practice came into effect in 1994 and therefore had relevance to the timeframe within which this research took place. A revised SEN Code of Practice takes effect from January 2002 and includes a number of significant changes which will have some bearing on the outcomes and recommendations of this project. Although mobility and independence provision is not addressed specifically within the revised Code, it is included through reference to that support offered by 'external' agencies or services, for example an LEA Sensory Support Service.

Much of the *guidance* from the original Code is retained and a new framework is incorporated with the purpose of matching special educational provision to children's needs, schools and LEAs. Thus, the staged framework which was an important part of the old Code has been replaced by a 'graduated' approach incorporating 'School Action' and 'School Action Plus'. This approach recognises that there is a continuum of SEN and, where appropriate, brings increasing specialist expertise to support the

child's learning. Although a general summary of the model is presented below, in practice variations of this model are provided in the new Code which have particular relevance to Early Years, Primary and Secondary phases of education.

School Action

Intervention at the level of School Action involves staff in the child's school (e.g. class teachers and/or SENCO) providing additional support to help the child's progress. This may involve 'one-off or occasional advice' from LEA support services but would not require regular or ongoing input from external agencies. The Code recommends that strategies which are adopted to enable the child to progress should be recorded in the form of an Individual Education Plan (IEP), a working document which outlines support that is additional to, or different from the differentiated curriculum plan which is part of provision for all children. In comparison with statements of SEN, the Code makes a recommendation that IEPs are reviewed at least twice a year and ideally, on a termly basis.

School Action Plus

At the level of School Action Plus, a request for support will usually have been made to external services following a review of the child's IEP. At this level external support services, whether provided by the LEA or other outside agencies, will provide more specialist input and may include regular visits by professionals from a specialist service (e.g. a qualified teacher of the visually impaired from the visual impairment support service). The external specialist may act in an advisory capacity, provide additional specialist assessment or be involved in working with the child directly. A new IEP is then drawn up which sets out fresh strategies for supporting the child's progress.

Statutory assessment

For a small number of children, a statutory assessment of their SEN may be undertaken by the LEA whose staff will then consider whether or not to issue a statement of special educational needs, thereby offering a mechanism for securing the resources deemed necessary to meet the child's needs. As the new Code highlights, a critical question in deciding whether to make a statutory assessment is whether there is 'convincing evidence' that, despite the school, with the help of external specialists, taking

relevant action to meet the child's needs, these have not been remedied sufficiently, and may therefore require that the LEA determines the child's special educational provision.

In writing a statement of SEN a key issue that needs to be addressed is whether identified mobility provision should be included as 'Educational Provision' (Part 3 of the statement) or 'Non-Educational Provision' (Part 6 of the statement).

A key objective in specifying provision is to help the child to learn and develop, and the importance of mobility and independence provision to a child's learning and progression *within* the curriculum has been emphasised in this report. Although mobility and independence provision is not addressed directly in the new Code of Practice a parallel can be drawn with speech and language therapy which can be regarded as "either educational or non-educational provision, or both, depending upon the health or developmental history of each child." (DfES, 2001, p 105).

Following a recommendation of a DoH/DFEE working group on the provision of speech and language therapy services to children with special educational needs (DFEE document 0319/2000), the new Code highlights that "addressing speech and language impairment should normally be recorded as educational provision unless there are exceptional reasons for not doing so." (DfES, 2001, p105 – original emphasis).

Given the parallels with speech and language therapy, a similar recommendation is made in this report which states that in addressing a child's mobility and independence needs, input would be more appropriately recorded as educational rather than as non-educational provision. It is proposed that not only would this recommendation serve to emphasise the integral role of mobility and independence to the child's *educational* progress, it would also ensure that funding was secured alongside other provision deemed necessary to meet the child's educational needs.

Key recommendation 2

A child's mobility and independence development is integral to that child's *educational* progress. It is therefore recommended that this principle should be reflected within the statement of special educational needs (SEN) and that mobility and independence provision should normally be recorded as "educational provision".

Role of mobility and independence educator in relation to the new code of practice

The mobility and independence educator is most likely to be involved with children who are at the level of School Action Plus or with children who have a statement of SEN. Thus, at the level of School Action Plus, the mobility and independence educator may be involved in reviewing the IEP and helping to set new targets. For children who have a statement of SEN, the mobility and independence educator may be invited to contribute to the annual review to consider the progress of the child over the last 12 months in relation to the specified objectives. However, the new Code states that the involvement of external agencies need not be limited to children receiving provision through School Action Plus. For example, outside specialists can play an important part in the early identification of SEN as well as in advising schools on effective provision designed to prevent the development of more significant needs at the level of School Action. For example an MIE might undertake an environmental audit of a school, or assist with staff training.

A recommendation is made therefore that mobility and independence educators become familiar with their role in supporting children and/or schools at each of the levels outlined within the new Code of Practice (i.e. School Action, School Action Plus and statement of SEN).

Implications

There are three broad implications from the above discussion in relation to:

- School Action and School Action Plus
- Statement of SEN
- Future research

In terms of School Action and School Action Plus, mobility and independence educators need to become familiar with, and understand the implications of the new Code of Practice for their own work in offering support to children and/or schools. Although the role of the mobility and independence educator will predominantly be working with children at the level of School Action Plus, or those who have statements of SEN, a mobility and independence educator may also be required to offer input at the level of School Action. This might involve for example, providing advice

on adaptations to the school environment for a child who has a visual impairment to prevent the development of more significant needs.

In writing a statement of SEN it is recommended that any proposed mobility and independence provision would be more appropriately recorded as 'educational' provision rather than 'non -educational provision'. This should serve to highlight the integral role of mobility and independence to the child's *educational* progress, and would ensure that funding would be secured alongside other provision deemed to be necessary to meet the child's educational needs.

Given that the Code of Practice was published during the last month of this project and does not come into force until January 2002, the impact of the new Code upon SEN provision generally will need to be monitored. Future research should include any potential impact on mobility and independence provision.

A child's mobility and independence development is integral to that child's *educational* progress. It is therefore recommended that this principle should be reflected within the statement of special educational needs (SEN) and that mobility and independence provision would be more appropriately recorded as 'educational provision' rather than 'non-educational provision'. This should also be reflected in reference to mobility and independence needs in visually impaired children's Individual Education Plan, and support being provided through the mechanisms of School Action and School Action Plus.

Chapter 4 – Training and defining key people

Purpose and overview

This chapter aims to investigate the specialist standards, skills, knowledge, and understanding required of mobility and independence specialists and others, and the training options presently available for achieving these. It provides an overview of the training routes for those who are involved in mobility and independence education, in particular the Qualified Teacher of the Visually Impaired (QTVI), Rehabilitation Officer (RO), and teaching assistant. Key recommendation:

Key recommendation 9

Training courses in the area of mobility and independence education have tended to develop in different ways and the standards they adopt may not always be comparable. It is recommended that interested parties should meet to agree on common standards for training. It would be particularly helpful if the DfES could offer a grant in support of this initiative. The agenda should include issues such as programme time and content dedicated to children's mobility and independence.

This chapter also explores who (different professionals and parents) should be responsible for the different aspects of the mobility and independence curriculum. It is recommended that:

- Different aspects of mobility and independence education may require different 'lead professionals'. It is recommended that QTVIs may be best suited to leading on aspects of early and foundation mobility and independence (particularly dealing with young and developmentally delayed children), and mobility and rehabilitation officers may be best suited to leading on advance mobility and independence (including travel and independent living skills).
- Teaching assistants and parents have a particularly important role in the day-to-day support of the child's mobility and independence development through appropriate reinforcement. It is recommended that where possible these roles should be formally agreed and that 'lead professionals' give them appropriate support and that appropriate training should be provided.

A key recommendation regarding parents is made:

Key recommendation 8

Parents have a key role in the day-to-day support of their child's mobility and independence development. Their need for support and training should be recognised and appropriate provision made.

Background of current training routes

Programmes in rehabilitation

The most recent, substantial overview of the history of training rehabilitation officers working with people who are visually impaired, is provided by Franks (2000). *Separate* training programmes for independence and mobility were developed. The Northern and Southern Regional Associations for the Blind (NRAB and SRAB) began training *Technical Officers* (TO) in 1974 who were charged with developing communication and independence skills such as touch reading and home management skills. A six month course for *mobility officers* responsible for training *adults* in independent travel was also established in the 1970s at the National Mobility Centre in Birmingham.

By the 1980s providers of training in rehabilitation included Guide Dogs, SRAB, NRAB and the National Mobility Centre. Together these organisations formed a "Training Board". The Training Board devised a "Rehabilitation Worker Certificate" which combined the mobility officer and Technical Officer roles, and in 1990 the Board produced a revised syllabus to be adopted by all training agencies. This revised syllabus included greater emphasis on theories of learning, instructional techniques and the psychological aspects of sight loss, and was offered at Diploma level.

Programmes in education

Until the 1970s, children in the UK with a registered visual impairment were almost always educated in special schools (see McCall, 1997). The schools designated as schools for the blind often employed their own mobility specialists. These specialists were usually trained mobility officers or QTVIs in the schools who had been seconded for a training programme in mobility.

In the 1980s small numbers of educationally blind children began to receive their education in mainstream schools supported by visiting QTVIs employed by the education service. However there appears to have been no nationally adopted mechanism for providing mobility and independence education to these children. The number of children with a visual impairment educated in mainstream schools has since grown. A complex and diverse set of arrangements has evolved for the delivery of mobility and independence education culminating in the national picture that exists in 2001, outlined in earlier chapters of this report (see Chapter 1 and 2).

Current training routes

The current training routes are described in four sections:

- Generic programmes in rehabilitation.
- Specialised programmes for working with children in mobility and independence.
- Specialist programmes for teaching children with a visual impairment.
- Specialist training programmes in visual impairment for teaching assistants.

All of the programmes presented here are either delivered or validated by a Higher Education Institution (HEI), unless otherwise stated.

Generic programmes in rehabilitation

Training programmes exist which lead to the nationally recognised qualification of rehabilitation officer. Some providers use the term rehabilitation worker. Examples are presented in Table 6.

Table 6. Examples of programmes leading to the qualification of Rehabilitation Officer

Provider	Programme	Level*	Duration
GUIDE DOGS (Hindhead or Glasgow)	Diploma of Higher Education in Rehabilitation Studies	Level 1 and 2.	2 years full-time
Henshaw's School of Visual Impairment Studies, Harrogate **	Diploma of Higher Education in Rehabilitation Studies	Level 1 and 2.	2 years full-time or 4 years part-time
University of Central England (UCE), Birmingham ***	Diploma of Higher Education in Rehabilitation Studies (Visual Impairment)	Level 2	1 year full-time. 2 years full-time when combined with a Diploma in Social Work

Notes: *Level 1, 2 and 3 are equivalent to year one, two, and three respectively of a three year undergraduate degree. **The 2001 Henshaw's cohort is likely to be the last for some time. ***UCE plan to make radical changes to the structure of the course in 2002.

In most training programmes that lead to the nationally recognised qualification of rehabilitation officer (or rehabilitation worker) there is no direct focus on children – the courses are generic. Students leaving the courses go on to work in a range of settings which include voluntary organisations and some social services departments. However, a number of students do go on to work exclusively with children.

Specialised programmes for working with children in mobility and independence

A variety of training programmes exist which are specific to working with children, leading to a range of qualifications. Examples are presented in Table 7.

Table 7. Examples of training programmes for working with children in mobility and independence

Provider	Programme	Level*	Duration
Guide Dogs (Hindhead or Glasgow)	Advanced Certificate of Education in Working with Children and Young People with a Visual Impairment	Level 3	6 months full-time
Henshaw's School of Visual Impairment Studies	Vocational Certificate in Mobility Training in Educational Settings	Level 1	10 day workshops, plus 6 months work-based study
Royal London Society for the Blind, Dorton House School, Kent	Programme for people working with children.	NA **	1 week, plus 15 days (observation visits and case study)
West of England School and College (WoE), Exeter	Certificate of Higher Education in Mobility and Independence Education for Children and Young Adults with a Visual Impairment	Level 1 and 2	2 years part-time study

Notes: *Level 1, 2 and 3 are equivalent to year one, two, and three respectively of a three year undergraduate degree. ** The RLSB programme is not validated by an institute of higher education.

All these programmes appear to focus more attention upon aspects of 'mobility and travel' rather than the broader mobility and independence curriculum as defined in this report.

The programmes all claim to be suitable for qualified teachers and teaching assistants. However, there are differences in outcomes for each programme. For example, in the case of Guide Dogs, preference is given to candidates who already have a rehabilitation officer qualification. In exceptional cases people who are not rehabilitation officers but who have an equivalent qualification are accepted on the programme, but such candidates are considered only qualified to support mobility programmes under the

supervision of a rehabilitation officer and not to devise and teach them. This can be contrasted with the West of England programme whose advertising information states its target students are “mature persons with a relevant experience who wish to gain a professional qualification in mobility education for children and young people”.

Specialist programmes for teaching children with a visual impairment

In December 1999 the Teacher Training Agency (TTA) issued National SEN Specialist Standards to help identify training needs. The extension standards featured in this document specifically reflected the specific knowledge, understanding and skills needed by teachers in contact with pupils with visual impairment. In addition, between November of that year and February 2000, the Agency also embarked on a review of mandatory qualifications (MQs) for specialist teachers of classes of pupils with visual impairment, hearing impairment and multi-sensory impairment. Training establishments were then invited to bid against a new MQ specification. Following receipt of the Agency's recommendations, the then DfEE approved providers in England for 5 years from September 2001. There are currently two providers in England whose programmes are recognised by the DfES – the London Institute of Education and the University of Birmingham (see Table 8). New providers are expected to begin delivering recognised programmes in the near future.

The standards that most relate to mobility and independence are:

- Skills in using developmental scales and/or orientation and mobility checklists to assess the needs of pupils.
- Skills in using specialised aids to support mobility and independence.
- Working with mobility specialists in the design and implementation of mobility programmes and provide professional direction . . . so that others may understand or use specialist assessment communication, ICT, and mobility systems.

It is important to note that the standards do not make reference to the areas of the proposed mobility and independence curriculum beyond what they broadly call ‘mobility’. However, courses for QTVIs tend to have built into their programmes extensive elements relevant to early foundation mobility and independence, e.g. social/emotional development and sensory/motor development.

In Birmingham, elements relevant to advanced mobility and independence include a written unit on the teaching of independent living skills and practical tuition in pre-cane skills such as body protection, room familiarisation, sighted guide technique, and environmental awareness. None of the QTVI programmes claim to produce teachers able to design and deliver instruction in long-cane travel.

Table 8. Examples of programmes for teaching children with a visual impairment

Provider	Programme	Level*	Duration
RNIB in conjunction with: (a) Queen's University, Belfast (b) University of Wales College Newport, or (c) University of London, Institute of Education	Various titles, e.g. Advanced Diploma in the Education of Children with Disabilities of Sight, Certificate Diploma in Masters, etc	Level 3 and Level M	Various, e.g. 1 year full-time. 2-5 years part-time
University of Birmingham	BPhil or PG Diploma in Special Education (Visual Impairment)	Level 3 or M	2 years part-time

Notes: *Level 3 and M are equivalent to year three of a three-year undergraduate degree, or Master level.

All specialist programmes contain an element of training in mobility skills delivered by external mobility officers. The University of Birmingham has an option of more in-depth study of mobility as part of its fourth module, but does not include instruction in long-cane technique which is seen as the preserve of the mobility officer.

The courses recognise that aspects of the early and foundation mobility and independence curriculum are part of the remit of a QTVI (while also recognising that many services, and hence QTVIs, do not always provide this – see Chapter 1).

Specialist training programmes in visual impairment for teaching assistants

There are a number of programmes of study in the area of visual impairment designed for teaching assistants. Some examples are presented in Table 9.

Table 9. Examples of programmes in visual impairment for teaching assistants

Provider	Programme	Level*	Duration
City College Manchester	Working with Learners with a Visual Impairment	NVQ Level 2 and Level 3	2 terms, 20 sessions
RNIB, using RNIB's network of Regional Centres**	Professional Studies Certificate in Education: Facilitating Independence	Level 1	Six days, and work-based activities. 6 modules
RNIB, using RNIB's network of Regional Centres	Post Experience Certificate: Team Works	Level 1	Six days, and work-based activities. 6 modules

Notes: *Level 1 is equivalent to year one of a three-year undergraduate degree. **RNIB Facilitating Independence is geared towards supporting children in mainstream schools, RNIB Team Works is geared towards children with MDVI.

Most of the programmes have an element of mobility and independence education. For example, module six of the RNIB Facilitating Independence programme examines independence in learning mobility, daily living skills and leisure. While these programmes do not necessarily have a high mobility and independence content, the principle of developing the *specialist* skills of teaching assistants is an important and useful one.

In all these programmes LEAs can claim support for fees and expenses from the DfES Standards fund. In the case of the City College Manchester programme, the LEA has to provide a base for the taught sessions which are delivered by a QTVI, ideally the base should be a school which is specially resourced for children with a visual impairment. At the time of writing, over 60 staff have undergone training through this programme (Clamp, 2001).

Challenges regarding training

The role of the mobility and independence educator is a complex one. As previously described, the factors that determine which professional takes on this role include the area of the mobility and independence curriculum being considered, the level and type of training that the professional has received, and his/her experience.

Identified differences in the needs of children and the needs of adults

Most mobility and independence educators believe that children have needs that are quite different from those of adults and that targeted training must address these needs. In particular:

- Children require an appropriately modified instructional/teaching style.
- Children may take longer to acquire skills and the pace of their learning may be slower than that of adults.
- They may have a shorter concentration span.
- Children may lack many of the basic concepts possessed by adults who have previously had sight, e.g. understanding of terms such as “kerb”, “post box”, etc.
- Children may need to further develop physical skills such as balance and co-ordination before they are able to perform long cane techniques.
- Children need different assessment procedures from those used with adults.
- The routes a child needs to learn change constantly as the child develops, while adults’ routes tend to be more established.
- Negotiation over goal setting is more difficult with children; adults tend to know what they want to achieve and why.
- Motivation can be more difficult because some children find it harder to appreciate the longer-term benefit of their training.
- Some mobility officers consider counselling skills as an important preparation for working with children.

Generic rehabilitation officer training content

Many qualified rehabilitation officers feel ill equipped to work with children and this is particularly so if the children's needs are complex. Many interviewees commented that the rehabilitation officer training programmes were geared towards working with adults in social services and they were described as "very much adult oriented", "paying lip-service to children and education" and that in general rehabilitation officer training establishments tended to "associate themselves with social work not education". Several respondents said they had to learn "on the job" when working with children. This is not surprising since most of the training is based in a rehabilitation context rather than an educational one.

Some respondents who had expressed a wish to work with children early in the rehabilitation officer training were given placements in education settings and allowed to incorporate work into their assignments on children, but this was often seen as an "add on".

Viability of some training programmes

Interviews revealed that there were serious doubts about the future of a number of the current programmes, e.g. those offered by Henshaws, and the RLSB. An Opsis-run programme for teaching assistants ceased to run in 2001. Funding appears to be an important issue, as many students on rehabilitation officer programmes are self-funded and another concern is the apparent shortage of staff with the expertise to deliver training. This will lead to a problem where some vital short courses are not available in some parts of the country. Additionally, as some organisations no longer provide courses the field is becoming reliant on a few main providers, which may make the future of training provision vulnerable.

Consistency of programme outcomes

There is a lack of clarity about the comparative 'academic' status of the different programmes. For example, do all programmes specific to working with children enable the trainee to design and deliver programmes related to the advanced mobility and independence curriculum? Similarly, do generic rehabilitation officer programmes enable the trainee to work on all aspects of the early and foundation mobility and independence curriculum? There appears to be no consensus about the ideal duration, design and depth of mobility and independence programmes.

Key recommendation 9

Training courses in the area of mobility and independence education have tended to develop in different ways and the standards they adopt may not always be comparable. It is recommended that interested parties should meet to agree on common standards for training. It would be particularly helpful if the DfES could offer a grant in support of this initiative. The agenda should include issues such as programme time and content dedicated to children's mobility and independence.

Funding of programmes

Some students on programmes offered by Guide Dogs were provided with bursaries by the organisation to help fund their studies. Students on other rehabilitation officer training programmes were more likely to be self-funding. Detailed data relating to sources of funding were not collected, however there were *ad hoc* sources of funding reported including the European Social Fund, and Residential Training Unit. This is discussed further in the next chapter.

Defining the mobility and independence educator and identifying other professionals involved in delivery

Throughout this report we have used the generic term 'mobility and independence educators' (MIE) to represent those who lead mobility and independence education of children with a visual impairment. This term was used because it has emerged that different professionals take on this mobility and independence educator role depending upon a number of important factors, which include:

- the part of the mobility and independence curriculum being covered (see Chapter 1)
- the aspect of delivery being considered, i.e. referral through to completion (see Chapter 2)
- the role being adopted, i.e. tutor, advisory tutor, advisor (see Chapter 2, section Intervention)
- local decisions made by the LEA regarding what they consider to be the most efficient way to provide a mobility and independence curriculum. (Dependent factors here include – size of the LEA, service offered by

local social services departments, local presence of a voluntary organisation which can offer a service - see Chapter 3)

- the *training* and *experience* of the professional (this chapter).

This section aims to map professionals/people to different responsibilities in the delivery of the mobility and independence curriculum. Inevitably, there is no single correct way. The research has demonstrated that diverse models of provision involving a variety of different professionals are adopted across the country, and many examples of good practice have been identified in each. This is also a sensitive topic as it draws boundaries around different professions, in particular those of the mobility officer/rehabilitation officer, QTVI, and teaching assistant.

Mobility and independence educator and mobility and independence curriculum area

Chapter 1 proposed a mobility and independence framework that divides the mobility and independence curriculum into four overlapping areas. Each of these areas requires a lead mobility and independence educator who is able to co-ordinate the teaching of the curriculum. Proposed options for lead mobility and independence educators are given in Table 10.

Table 10. Options for lead mobility and independence educator for different areas of the mobility and independence curriculum

CURRICULUM AREA	OPTIONS FOR THE LEAD MIE
Early and Foundation Mobility and Independence	
<i>Body and spatial awareness</i> e.g. early sensory-motor development, spatial language, mobility and orientation in different settings	<ul style="list-style-type: none"> • MO / RO with appropriate experience or additional qualification • QTVI
<i>Social and emotional development</i> e.g. asking for assistance, social conventions, manners, confidence and motivation	<ul style="list-style-type: none"> • MO / RO with appropriate experience or additional qualification • QTVI

Advanced Mobility and Independence	
<i>Travel skills</i> e.g. routes and technical aspects of travel, mobility and orientation, road safety, cane techniques	<ul style="list-style-type: none"> • MO / RO • QTVI with additional qualification
<i>Independent living skills (ILS)</i> e.g. kitchen skills, eating, hygiene, money handling, dressing.	<ul style="list-style-type: none"> • MO with appropriate experience or additional qualification • QTVI • RO • Technical Officer

It is felt that QTVI training (particularly when their initial teacher training is in primary or early years teaching) equips them best for the teaching of early and foundation mobility skills. Training for mobility and rehabilitation officers tends to focus upon adults, although many have additional qualifications or experience which enables them to teach early and foundation mobility education. In terms of advanced mobility and independence skills, mobility and rehabilitation officers have appropriate training, and are often best placed, to lead this work.

The process of teaching is a complex one involving all aspects of the delivery cycle described in Chapter 2. In terms of referral, while the report recommends anyone can initiate a referral (parent, class teacher, SENCO, etc), in our view the QTVI should co-ordinate this process. The QTVI works closely with the child and is best placed to initiate a required intervention (which may be ongoing). In terms of assessment, programme design, review (and potential completion), the lead mobility and independence educator as defined in Table 10 should co-ordinate and lead this process.

Importantly, many others must be involved in this process, in particular those who are directly involved in the intervention process which is described below. The interviews revealed a large array of professionals and others who are usefully involved in these processes, some of whom may take a central role for some aspects of the mobility and independence curriculum with some children. These professionals are listed in Table 11.

Table 11. Professionals and others to be drawn upon for delivery of different areas of the mobility and independence curriculum

CURRICULUM AREA	THOSE INVOLVED IN DELIVERY
Early and Foundation Mobility and Independence	
<i>Body and spatial awareness</i>	<ul style="list-style-type: none"> • Class teacher • MO / RO • Nursery nurse • Occupational therapist • Parents / carers • Peers • Physiotherapist • Portage worker • QTVI • Teaching assistant
<i>Social and emotional development</i>	<ul style="list-style-type: none"> • Class teacher • MO / RO • Nursery nurse • Parents / carers • QTVI • Teaching assistant
Advanced Mobility and Independence	
<i>Travel skills</i>	<ul style="list-style-type: none"> • Class teacher • MO / RO • Parents / carers • Peers • Physiotherapist • QTVI • Teaching assistant
<i>Independent living skills (ILS)</i>	<ul style="list-style-type: none"> • Class teacher • MO / RO • Nursery nurse • Occupational therapist • Parents / carers • Physiotherapist • Peers • QTVI • Teaching assistant

Key people supporting mobility and independence intervention

A final mapping is required of roles adopted during intervention (i.e. implementation of a designed mobility and independence programme) and key people involved. Chapter 2 described the different roles adopted by mobility and independence educators; tutor, advisory tutor, and advisor. As already described above, it is recommended that the mobility and independence educator should be either a rehabilitation officer/mobility officer or QTVI. However, there are important other roles implicit in this model of delivery, i.e. those who are to implement the advice given. The research has found evidence that the people involved most directly in this are the teaching assistants in school and the parents or carers out of school. Of course, this does not exclude others such as other staff in the school, and to some extent the child's peers.

Education services appear to use teaching assistants in mobility and independence education in a variety of ways. Many recognise the importance of ensuring that the teaching assistant reinforces skills and concepts introduced by the mobility and independence educator. This demands that the teaching assistant is familiar with what has been taught and is able to offer consistent support to the child. Some examples are reported which give the teaching assistant a greater role in the actual tutoring of the mobility and independence curriculum itself. The expectations made of the teaching assistant should be formally identified, particularly when the teaching assistant is expected to tutor the child. This is such an important role that it must not be left to chance. This role demands specialist knowledge of the teaching assistant and some formal training is recommended. Some of the training routes identified in this chapter could be followed.

The role of parents is similarly important out of school. Parents need a full understanding of the issues, and how best they can help. Their role must be clearly defined so that they, too, feel confident about what is expected of them, and well supported in their role. Formal expectations should be made. While it cannot be expected that parents have formal training in the area of mobility and independence, support should be given through training from the mobility and independence educator.

Key recommendation 8

Parents have a key role in the day-to-day support of their child's mobility and independence development. Their need for support and training should be recognised and appropriate provision made.

Summary

The section above identifies the key people who should be involved in the teaching of mobility and independence. Of particular importance is:

- The mobility and independence educator who had the role of leading and co-ordinating the teaching of mobility and independence should be either the QTVI or the rehabilitation officer
- Teaching assistants and parents have a particularly important role in direct intervention with the child
- Many other professionals have a variety of roles in mobility and independence education.

There are training implications for those who take on these roles. These are discussed later in this chapter.

Good practice and potential developments for training**Training for teaching assistants in mainstream schools**

As efficient and effective mobility and independence education requires the mobility and independence educator to work in co-operation with other professionals, those most often with the child (teaching assistant and class teacher at school, parents at home) should be advised by the mobility and independence educator.

The team gives awareness raising sessions where QTVIs talk about what the child needs in the classroom, and the MO does a session on mobility. This includes sighted guide work with the staff working with the child and also with families if they need or request it. *CAMBRIDGESHIRE*

LSAs are encouraged to observe any mobility lessons carried out in the school by the MO and then discuss with the MO and the QTVI how to support. *COVENTRY*

The research found few examples of formal training of teaching assistants. However, time invested in giving them some formal training to help deliver a mobility programme is valuable. One interviewee used the expression ‘mobility assistant’:

The education service employs an MO who has four ‘mobility assistants’ so that they can deliver the programmes, that the MO draws up, under his guidance. Each mobility assistant has been trained by the MO to enable them to teach a child up to the first module of cane training. The assistants are insured to work ‘off-site’ as well as on school premises, and are always accompanied by a third person. Blind children are still taught one-to-one by the MO.

Solutions

Formal routes through accredited training pathways should be identified and incorporated into teaching assistant standards developed by the Local Government National Training Organisations (LGNTO). The training path should allow for the possibility of a teaching assistant using credits accrued in training to eventually qualify as an mobility officer / rehabilitation officer.

My background was as a teaching assistant in a secondary school with a student with a visual impairment. The Head of Service asked me to stay on as an assistant and when the MO left I trained on a mobility course to work with children. The Head of Service was very supportive and allowed me to develop my role and go on training courses, etc. *DUDLEY*

Difficulties arise in determining the areas of the mobility and independence curriculum that should be taken on by teaching assistants with a specialist qualification and the level of responsibility they should hold. The following demarcation of roles is recommended:

- Teaching assistants *without* a specialist mobility and independence qualification should take on roles of reinforcing programmes and teaching that have been implemented by the mobility and independence educator.
- Teaching assistants *with* a specialist mobility and independence qualification should take on the role of implementing programmes designed by the mobility and independence educator. The areas of the

mobility and independence curriculum to be delegated should be identified by the mobility and independence educator.

Training for rehabilitation officers

The breadth of rehabilitation officer training means that they are vulnerable to being isolated within an education setting because they may apply adult models of 'rehabilitation' to the children they work with. For example, there are examples of those interviewed saying that they could not work with children until the children's mobility skills were 'better'. This suggests that training does not always equip rehabilitation officers to deliver early and foundation mobility and independence education. There are many examples of these difficulties being overcome, and the following rehabilitation officer characteristics are likely to be contributory factors:

- Rehabilitation officer has a clear appreciation of the differences between working with children and adults.
- Rehabilitation officer has a background in working with children before their training.
- Rehabilitation officer is able to work in collaboration with (or be part of) the education service.
- Rehabilitation officer sees him/herself as having a responsibility for advising and training others to implement programmes and is comfortable collaborating with other key people, e.g. QTVIs, teaching assistants, class teachers and parents.
- Rehabilitation officer has additional formal training qualification in working with children.

Solutions

As part of their basic two-year training programme all rehabilitation officers should receive:

- a sense that they have a responsibility for the whole age range of people with a visual impairment
- a grounding which develops an awareness of the differences between working with children and adults
- an opportunity to work with children in their practical placements
- an understanding of the role of a rehabilitation officer working with an education service

- an understanding of inclusion and experience of inclusive practices
- an introduction to the mobility and independence curriculum.

To achieve this aim the training providers should make more use of tutors who have a background in working with children. Programmes should establish better links with education services and QTVIs.

It is clear that some rehabilitation officers have a wish to work specifically with children who have a visual impairment. A second level training programme should be available with a child-specific focus for those working in schools, which require staff to be based in education establishments for much of their registration.

Training for QTVIs

QTVIs are most effective when they:

- give a high priority in their work to facilitating the delivery of mobility and independence education to children
- have an additional qualification in *mobility* beyond their specialist training
- work in partnership with a rehabilitation officer
- encourage the training of teaching assistants in mobility and independence
- understand the roles of rehabilitation officers working in social services.

Solutions

In some cases second level training for QTVIs should be available to allow them to teach advanced mobility and independence travel skills in the absence of a qualified rehabilitation officer. However the use of QTVIs to deliver this aspect of the curriculum is acknowledged as expensive.

Their role in the delivery of mobility and independence education is likely to be one of supervising and advising other key people who have a role in the delivery of the mobility and independence curriculum. Training (possibly including second level programmes) which prepares QTVIs for managing and delivering mobility and independence programmes in mainstream settings would be more appropriate than training in long-cane skills.

Good practice recommendations for identifying staff to deliver mobility and independence

Role of the mobility and independence educator. This is dependent upon which part of the mobility and independence curriculum is being taught but is summarised as follows:

- early and foundation mobility and independence, body and spatial awareness – mobility and independence educator should be a QTVI or rehabilitation officer with appropriate experience or additional training
- early and foundation mobility and independence, social and emotional development – mobility and independence educator should be a QTVI or rehabilitation officer with appropriate experience or additional training
- advanced mobility and independence, travel skills – mobility and independence educator should be a rehabilitation officer or QTVI with additional mobility qualification
- advanced mobility and independence, independent living skills – mobility and independence educator should be a rehabilitation officer or QTVI.

Other key people who should be involved by the mobility and independence educator include: class teacher, mobility officer / rehabilitation officer, nursery nurse, occupational therapists, parents, physiotherapist, peers, Portage worker, QTVI, teaching assistant.

Supporting mobility and independence education. Teaching assistants and parents have a particularly important role in direct intervention with the child. These roles should be formalised:

- The role of the teaching assistant in the delivery of mobility and independence should be formally specified and agreed.
- Teaching assistants *without* a specialist mobility and independence qualification should take on the role of reinforcing programmes and teaching that have been implemented by the mobility and independence educator. This will require awareness training from the mobility and independence educator.
- Teaching assistants *with* a specialist mobility and independence qualification should take on the role of implementing programmes designed by the mobility and independence educator. The areas of the

mobility and independence curriculum is at the mobility and independence educators discretion.

- The role of the parents in the delivery of mobility and independence should be formally specified and agreed.
- Support should be given to parents through training from the mobility and independence educator and contacts for more formal courses provided.

Implications and good practice recommendations for those training key staff

The findings have several implications for the training of those supporting mobility and independence education. Some of these implications can be thought of as good practice recommendations for training providers that can be implemented within existing programmes. These are listed in turn below. However, there is also an implication regarding training standards which is of significance to all training courses. Training courses in the area of mobility and independence education (for QTVIs, mobility / rehabilitation officers, and teaching assistants) have tended to develop in different ways and the standards they adopt may not always be comparable. For this reason it is recommended that interested parties should agree on common standards for training.

(1) Implications for training of QTVIs. In some cases second level training (top up/extension courses) for QTVIs should be available to allow them to teach advanced mobility and independence travel skills to children in the absence of a qualified rehabilitation officer. However the use of QTVIs to deliver this aspect of the curriculum is expensive. Their role in the delivery of mobility and independence is likely to be one of supervising and advising other key people who have a role in the delivery of the mobility and independence curriculum. Training (including possibly second level programmes) which prepare QTVIs for managing and delivering mobility and independence programmes in mainstream settings would be more appropriate.

(2) Implications for first-level training of rehabilitation officers. As part of their basic two-year training programme all rehabilitation officers should receive:

- A sense that they have a responsibility for the whole age range of people with a visual impairment.
- A grounding which develops an awareness of the differences between working with children and adults.
- An opportunity to work with children in their practical placements.
- An understanding of the role of an rehabilitation officer working with an education service.
- An understanding of inclusion and inclusive practices.
- An introduction to the mobility and independence curriculum.

To achieve this aim the training providers might make use of tutors who have a background in working with children. Programmes should establish better links with education services and QTVIs.

(3) Implications for second-level training of rehabilitation officers. More training programmes should be available with a child-specific focus for those working in schools. Training programmes should allow staff to be based in education establishments for much of their registration. Such training would enable the rehabilitation officer to be the mobility and independence educator for a broader part of the mobility and independence curriculum (specifically early and foundation mobility and independence).

(4) Implications for training of those supporting mobility and independence education. Formal routes through accredited training pathways should be identified and incorporated into teaching assistant standards developed by the Local Government National Training Organisations (LGNTO). The training path should allow for the possibility of a teaching assistant using credits in training and eventually train as a mobility officer / rehabilitation officer.

(5) Training programme location. Any training programme focused upon mobility and independence education should afford access to placements in educational settings because of the opportunities this allows for working directly with children and allowing trainees to make immediate links between theory and practice. Special schools and schools with large visual impairment resource bases, especially those which cater for children across the full range of ages and abilities, make ideal locations for the training of mobility and independence educators either as stand-alone courses or in association with regional voluntary or statutory organisations (see Chapter 3, section Special Schools for Visually Impaired Pupils). Such programmes

could be regionally co-ordinated in line with the recommendations of the 1997 Green Paper (DfEE, 1997).

(6) A professional forum for mobility and independence educators. A professional forum for those supporting mobility and independence education is a useful mechanism to enable support and development of, and communication between, mobility and independence educators. Within this project the 'Mobility and Independence Specialists in Education' group (MISE), a group which is part of the RNIB/VIEW Curriculum structure, have proved an excellent source of expertise. The work of this group should continue, and interested voluntary organisations should seek ways to support their work further.

Good practice recommendations for training and defining key people

- Different aspects of mobility and independence education may require different 'lead professionals'. It is recommended that QTVIs may be best suited to leading on aspects of early and foundation mobility and independence (particularly dealing with young and developmentally delayed children), and mobility and rehabilitation officers may be best suited to leading on advanced mobility and independence (including travel and independent living skills).
- Teaching assistants and parents have a particularly important role in the day-to-day support of the child's mobility and independence development through appropriate reinforcement. It is recommended that where possible these roles should be formally agreed and 'lead professionals' give them appropriate support and that appropriate training should be provided.
- It is recommended that training routes for the QTVI and mobility/rehabilitation officers should ensure that appropriate programme time and content be dedicated to children's mobility and independence education. Second level training in the area of mobility and independence education for mobility/rehabilitation workers and teaching assistants in particular requires development. The DfES and the Local Government National Training Organisation (LGNTO) should encourage potential providers to offer such training.

- Training courses in the area of mobility and independence education (for QTVIs, mobility/rehabilitation workers, and teaching assistants) have tended to develop in different ways and the standards they adopt may not always be comparable. It is recommended that interested parties should agree on common standards for training. It would be particularly helpful if the DfES could offer a grant in support of this process.

Chapter 5 – Funding implications

Purpose and overview

This chapter aims to explore funding options and implications for the provision of training and the establishment of posts designed to provide mobility education to children with a visual impairment. The chapter overviews the current funding arrangements for mobility and independence education which vary depending upon where the child is educated, and which aspect of the mobility and independence curriculum is being taught. In line with other recommendations, it is re-emphasised that education should be the lead organisation in the provision of mobility and independence education, and that formal contracts should exist between agencies (Key recommendation 3).

In terms of training, it appears to be difficult to secure funds for the training of professionals in mobility and independence education. Key recommendation:

Key recommendation 10

DfES should give consideration to making specific mention of training for mobility and independence education in guidance relating to the training and development component of the SEN category of the Standards Fund. It would also be helpful if any future DfES grant schemes could make provision for encouraging the creation of fresh training opportunities in this area.

Funding of mobility and independence posts

Current arrangements and overview

The current arrangements for funding mobility and independence posts are very complex. Our investigation revealed that education funding *appears* to be the most common, though social services funding is widely used. Joint funding between both education and social services was also much in evidence, the rationale being that the social services fund out of school mobility and independence support whilst education fund in school. There were further examples of social services and education sub-contracting work to voluntary organisations. An added consideration is that voluntary organisations sometimes provide support beyond the level that is funded. A

further complication is that different aspects of the mobility and independence curriculum may be subject to different funding arrangements, e.g. some of the early and foundation mobility and independence curriculum may be supported by the education funded QTVI, while travel skills may be supported by another agency.

A key recommendation from this research is that the provision of mobility and independence education should be the responsibility of education. This is reflected in Recommendation 2 related to the SEN Code of Practice (see Chapter 3, section SEN Code of Practice). It is recommended that mobility and independence provision should fall under School Action, School Action Plus, or in the case of a statement of SEN it would be more appropriately recorded as 'educational' provision rather than 'non-educational provision'. This has significant implications for funding.

SEN funding and the new Code of Practice

There is currently a lack of clarity about where the responsibility for funding mobility and independence education lies. Feedback from Heads of Support Services suggests that there is a need for a consistent approach to funding nationally, across all involved agencies. This view is supported by the new Code of Practice:

"[. . .] support for children with special educational needs requires a concerted approach from healthcare professionals, social service departments, specialist LEA support services and other providers of support services. All these services should aim to provide an integrated service for the child so that parents perceive the provision to be 'seamless'. " (DFES 2001, p 49)

The new Code of Practice suggests that at both the School Action and School Action Plus levels (see Chapter 3, section SEN Code of Practice) funding should be devolved to maintained schools to provide for pupils' special educational needs. Funding is devolved to schools through a funding formula that reflects the incidence of SEN within the school (DFES 2001, p 95). From April 2002 LEAs will be required to publish details of the kinds of support arrangements maintained schools might 'normally' provide from their budgets under School Action and School Action Plus. They will also be required to publish their own plans for providing appropriate SEN support, particularly under School Action Plus.

Where a child has a statement of special educational needs specifying that additional resources are essential, for example, it may be deemed necessary that regular and frequent direct input by a specialist teacher is required. The LEA may provide these additional resources either:

- directly from central provision.
- through devolved additional resources to the school.
- through devolved additional resources to the school on an 'earmarked' basis.

At the time of writing, the implications of these changes in funding on the provision of mobility and independence education are uncertain. However, there may be tensions regarding implementing some of the recommendations outlined in this report and the financial implications for the school. This is further compounded by the fact that the school may be unfamiliar with some of the needs of a child with a visual impairment and not recognise the importance of mobility and independence, e.g. an initial assessment or environmental audit of the school building (see Chapter 2, Assessment). Related to this is the development of a coherent mobility and independence service (explored in Chapter 3, sections Different Agencies and Providing a Coherent 'Mobility and Independence Service'). The research suggests that different models of provision will be appropriate in different circumstances, although the employment of a mobility and independence educator by the education service is the ideal model for many LEAs. Such a model may be difficult to implement in authorities that adopt a devolved model because available funds (i.e. income from schools) will be difficult to predict at the beginning of a year. Clearly this is something that must be monitored carefully, though it appears (from evidence collected from Heads of Services) that some of the LEAs are not devolving budgets for the reasons described above. Evidence presented in an earlier chapter (Chapter 2, Referral) highlights the importance of decisions regarding mobility and independence education being taken by informed specialists. The report's key recommendation that *all* children with a visual impairment should be assessed for mobility and independence needs would, at least in part, act as an essential safeguard.

It is our view that *ideally* education services should hold the budget for providing mobility and independence education (in line with **Key recommendations 2 and 3**). This is in keeping with arguments and recommendations made elsewhere in this report, i.e. because mobility and

independence should be identified as an educational need, it logically follows that this should be the case. We urge that this model be adopted wherever possible. However, we accept that there are contrary points of view which would argue that some aspects of mobility and independence would fall naturally under health or social services responsibility, e.g. some pre-school work. A comparison was made with the case of children with speech and language difficulties in an earlier section of this report. This demonstrates how speech and language services have evolved, and continue to evolve in different ways – examples of education managing their own service, education contracting to health, *and* health providing the service exist across England. For this reason a more pragmatic approach is to consider which agency takes a *lead* role. Reiterating the key recommendation already made, in the interests of effective, co-ordinated provision, a single agency should have responsibility for overseeing mobility and independence education. It is recommended that education have this lead role.

Following from this it is recommended that a formal contract is made between education and other agencies involved in mobility and independence education. The research has found examples of cases where education departments contract social services departments to carry out mobility and independence education, and sometimes these costs are shared. Similarly, most cases of voluntary organisations providing mobility and independence education involved a formalised contractual agreement. In some cases the support provided by the voluntary organisations went beyond their contractual obligations. If this provision falls within the mobility and independence curriculum then ideally it should be captured within some formal agreement, reviewed at least annually. While this may appear bureaucratic, it is important if a coherent, well-planned, service is to be guaranteed.

In some cases voluntary organisations may have formal mechanisms for providing matched funding or similar. This is being explored by Guide Dogs through their Guide Dogs Mobility Service (GDMS) pilot projects. However, it is likely that relatively few services will be able to benefit from such projects because of the enormous cost it would incur to the voluntary sector.

This is a rapidly changing area and it is recommended that further research should monitor how it evolves and make recommendations accordingly.

Funding of training needs of the mobility and independence educator

There is a relatively well defined route for teachers to secure funding for specialist training through the DfES Standards Fund. However feedback from Heads of Support Services suggests that access to the fund can sometimes be difficult, especially when budgets have been delegated to schools. It is particularly difficult to obtain funding for the training of teaching assistants. Funding routes for those employed by social services is often less well defined and it was found that some students were dependent on bursaries from voluntary bodies, such as Guide Dogs, and some students were self funding.

Funding may also be available from the Department of Health for courses in visual impairment and dual sensory loss (see Department of Health, 2001). However, none of those interviewed in this study referred to this source of funding.

Key recommendation 10

DfES should give consideration to making specific mention of training for mobility and independence education in guidance relating to the training and development component of the SEN category of the Standards Fund. It would also be helpful if any future DfES grant schemes could make provision for encouraging the creation of fresh training opportunities in this area.

Relevant staff employed by others, eg voluntary organisations, should have access to this funding where they are working closely with LEA staff to meet mobility and independence needs of young people.

Chapter 6 – Further research

Recommendations for further research

This final short chapter aims to bring together areas within the report which require further research.

A number of areas have been identified which require further research and development: It is recommended that the following are given particular attention:

- the mobility and independence needs of children with multiple disabilities and a visual impairment;
- training standards and training routes for professionals carrying out mobility and independence education;
- those who will be evaluating the SEN Code of Practice should also monitor its impact upon mobility and independence provision; and
- the evolution of contractual arrangements between education and other agencies providing mobility and independence education should be monitored.

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Appendix 1 – MISE Checklists

Screening Checklist A

M. I. S. E. – Mobility and Independence Specialists in Education

Screening Checklist for Visually Impaired Children in **Nursery and Infant School** who may be referred for Mobility Education.

Completed by: _____ Designation: _____
Date: _____ Name: _____ DOB: _____

Can the child:	YES	NO	COMMENTS
Walk up stairs, steps and kerbs holding onto an adults hand or rail, safely with confidence?			
Walk down stairs, steps and kerbs holding onto an adults hand or rail, safely and with confidence?			
Avoid obstacles within the school environment?			
Locate and retrieve a dropped toy or object?			
Turn towards a noise or voice accurately?			
Walk without exhibiting an unusual gait/posture?			
Participate in physical education lessons?			
Run without stumbling?			
Walk on rough ground/surfaces? (Age 5 years plus)			
Detect changes of floor surfaces? (Age 5 years plus)			
Cope with fluctuating lighting conditions indoors?			
Cope with fluctuating lighting conditions outdoors?			
Go independently to selected destinations in a familiar room when requested to e.g. own seat? Go independently to other rooms in the building as necessary?			

Follow instructions to a destination in a known area?			
Move independently around the outdoor play area?			
Participate in playground activities?			
Function/move with safety in unfamiliar environments e.g. school outings, supermarket.			

Any further comments? (Please continue overleaf if necessary)

Screening Checklist B

M. I. S. E. – Mobility and Independence Specialists in Education

Screening Checklist for Visually Impaired Children in **Junior School** who may be referred for Mobility Education.

Completed by: _____ Designation: _____
Date: _____ Name: _____ DOB: _____

Can the child:	YES	NO	COMMENTS
Walk up stairs, steps and kerbs independently, safely and with confidence?			
Walk down stairs, steps and kerbs independently, safely and with confidence?			
Avoid obstacles within the school environment?			
Walk without exhibiting an unusual gait/posture?			
Participate in physical education lessons?			
Run without stumbling?			
Walk on rough ground/surfaces?			
Detect changes of floor surfaces/levels gradients?			
Cope with fluctuating lighting conditions indoors?			
Cope with fluctuating lighting conditions outdoors?			
Go independently to selected destinations in a familiar room when requested to e.g. own seat?			
Go independently to other rooms in the building as necessary?			
Follow instructions to a destination in a known area?			
Move independently around the outdoor play area?			
Protect his/her body in anticipation of obstacles/other children?			
Participate in playground activities?			
Participate in activities involving movement i.e. PE, Drama, Games, Other?			
Learn the layout of an unfamiliar room?			
Find their friends in the playground?			
Find their way when left in a large open space?			
- do they display distress?			
Function/move with safety in unfamiliar environments e.g. school outings, supermarkets?			
Request and pay for goods in a shop?			

When accompanied, cross quiet roads safely, does he/she know crossing procedures?			
Understand the procedures at pedestrian crossings?			

Any further comments?
(Please continue overleaf if necessary)

Screening Checklist C

M. I. S. E. – Mobility and Independence Specialists in Education

Screening Checklist for Visually Impaired Children in **Secondary School** who may be referred for Mobility Education.

Completed by: _____ Designation: _____
 Date: _____ Name: _____ DOB: _____

	YES	NO	COMMENTS
Has the student had any previous mobility education?			
Specify any form of mobility/low vision aid used.			
Can the student:	YES	NO	COMMENTS
Walk up stairs/steps/kerbs safely and with confidence?			
Walk down stairs/steps/kerbs safely and with confidence?			
Cope with fluctuating lighting conditions indoors?			
Cope with fluctuating lighting conditions outdoors?			
Find their way across a large open space?			
do they display distress?			
Move independently and not show dependency on others?			
- in a crowded environment?			
- in known environment?			
- in unknown environments?			
Socialise with peers with acceptable behaviour?			
Identify adults and peers when moving about?			
Participate fully in activities involving movement e.g. PE, Drama, Games, Other?			
Familiarise themselves with a new environment?			
Be motivated to use routes independently?			

Travel independently within the school environment?			
Travel to school independently?			
Use routes required for work experience?			
Request and pay for goods in a shop independently?			
Use leisure centre facilities independently if required?			
Use public transport independently?			
Seek help/information when in difficulties?			
Travel independently outside the school environment?			
Present themselves appropriately i.e. dress, manners?			

Any further comments?
(Please continue overleaf if necessary)

Appendix 2 – Useful resources

The project identified a number of useful sources of information during the project. Some of these were published documents and others were those produced by mobility and independence services.

References

Mobility and independence educators who were interviewed identified the following resources as very helpful in informing their practice, particularly for carrying out assessments.

Brown D, Simmons V, Methvin J, Anderson S, Boigon S and Davis K (1991) *The Oregon Project for Visually Impaired and Blind Preschool Children*. 5th Edition. Medford, Oregon: Jackson County Education Service District.

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Mobility and independence policy and curriculum documents

The following organisations provided the team with policy documents and curriculum materials that were particularly useful throughout the project.

Birmingham, Priestley Smith School and the Visiting Teacher Service.

Coventry Sensory Support Service

Dorton House School, Kent

Hull, Humberside Educational Service for the Visually Impaired

Kelvin School, Glasgow

Leicester and Leicestershire – Leicester Special Needs Teaching Service and Royal Leicestershire Rutland and Wycliffe Society for the Blind (now known as 'Vista')

Newham Service for the Visually Impaired

North Yorkshire, Vision Support Team

Porth, Rhondda Cynon Taff SEN Support Service

Rotherham – Sensory Disability Team (Social Services) and Service for Visually Impaired Children (Education)

Temple Bank School, Bradford

The Royal Blind School, Edinburgh

The Royal School for the Blind, Liverpool

West of England School, Exeter

Appendix 3 – Good practice recommendations for service delivery

A number of 'Good Practice Recommendations' were identified in this report (particularly in Chapters 2 and 3). These provide a useful summary of procedures and policies that a mobility and independence service should have in place. These have been gathered together in an appendix to provide easy access to these more practical recommendations.

Good practice recommendations for referral

- All children with a visual impairment should have a basic assessment to determine whether they require mobility and independence support immediately or potentially in the future.
- Children should be referred at key times. These should include:
 - after initial diagnosis of the visual impairment (this would include pre-school children).
 - on entry to nursery/reception if child attends.
 - on entry to compulsory state education (at age 5).
 - at transition periods of moving to a new school e.g. from primary to secondary, relocation.
 - on leaving secondary school or the education system, in liaison with other agencies if they will take over responsibility for mobility and independence support.
- Ideally an assessment should be carried out within each key stage of their school career.
- Responsibility for making referrals needs to be clarified with all key people. Awareness raising should play a part in this, not only by the mobility and independence educator but in conjunction with the broader education service:
 - Parents need to understand what mobility and independence is all about, and their role throughout the process (not just in referral). The QTVI/mobility and independence educator should take a lead in communicating with the family, preferably in person. Obtaining parental consent presents an ideal opportunity to do this.
 - QTVIs need to have a level of awareness about possible mobility and independence issues so they can correctly identify them. INSET should play a key role here, along with ongoing liaison between them

- and the mobility and independence educator, and the use of referral forms and checklists.
- Class teachers and teaching assistants who have contact with a child who is visually impaired should also undergo some form of training from the mobility and independence educator to raise their awareness of mobility and independence issues.
- Health professionals including consultants, community paediatricians and health visitors should also receive awareness training (possibly in the form of literature), along with liaison with the mobility and independence educator/QTVI.
- Referral routes should be clear; one person within the education service should be designated as the receiver and co-ordinator of all referrals.
- The referral route should be clearly defined and described in the mobility and independence policy held by the education service, which should be made available to all concerned agencies (social services, health service, voluntary organisation, etc).

Good practice recommendations for assessment

Assessments can take a number of forms and specific recommendations regarding the form they should take are presented below. However, all assessments should identify clear action points and associated responsibilities. Copies should be held by the school, the parents, and the service. The mobility and independence educator should be responsible for carrying out all assessments.

Initial assessment

- Initial assessments should be holistic in nature covering the broad mobility and independence curriculum.
- If more than one agency or professional is involved with the child, procedures for co-ordination and collaboration be in place.
- Assessment must be carried out in relevant locations (e.g. home, school, both familiar and unfamiliar), and involve people who are closely involved with the child.
- A variety of methods should be used, including observation, discussion with the child and key people, use of games and relevant tasks, as well as consulting records and reports about the child.
- Formal record keeping methods should be used (e.g. checklists).

Environmental risk assessments

- For pre-school children, the environmental assessment must include the home environment, to provide the parents with advice on ensuring that their home is as safe and mobility and independence-friendly as possible.
- An environmental assessment should take place before school entry and at times of transition.
- Minimum levels of adaptation should be specified.

Good practice recommendations for programme design

- Programmes should have directly relevant/useful outcomes for the child.
- The background of the child should be taken into account, to ensure they are equipped with life skills that are relevant and necessary.
- The child should have some input into the type of skills or activities included in a programme.
- Mobility and independence should reinforce and relate to other curricular subjects where possible.
- The integration of age-appropriate activities into the programme is a useful 'rule of thumb' for children in mainstream, though may not be appropriate for all.
- There should be short-term targets which are achievable.
- Individual sessions should not be too long, and should be made as enjoyable for the child as possible.
- Programmes should promote inclusion.

Good practice recommendations for intervention

Responsibility for mobility and independence education

Many people have responsibilities in the delivery of mobility and independence education. The key dimensions in deciding who is responsible, and when, are

- the roles being adopted (i.e. tutor, advisory tutor, advisor)
- the part of the mobility and independence curriculum being covered, and

- the aspect of the delivery being considered (i.e. referral through to completion).

Potential options for allocating professionals/people to different responsibilities is given elsewhere in the report (see Chapter 4, Defining the Mobility and Independence Educator). However, recommendations for good practice can be summarised as follows:

- The education service for visual impairment should be responsible for clearly defining roles and responsibilities for delivering the mobility and independence curriculum (even if some of it is provided by other agencies).
- Many aspects of mobility and independence education require intensive one-to-one tutoring requiring specialist professionals (i.e. QTVI, mobility officer, rehabilitation officer).
- Reinforcement of mobility and independence skills which the mobility and independence educator introduces is important; key people to reinforce aspects of mobility and independence under the instruction of the mobility and independence educator are teaching assistants in the school environment, and parents in the home environment.
- The important role of mobility and independence awareness raising and 'recruitment' of those working most closely with the child should be recognised when managing provision.
- Some aspects of mobility and independence intervention may be suitable for teaching assistants with appropriate specialist training – the notion of a 'mobility and independence assistant'.
- Provision of all aspects of the mobility and independence curriculum (including independent living skills, and early and foundation mobility and independence for pre-school children) should be recognised and should involve close liaison with professionals and parents.
- Health and safety aspects of mobility and independence curriculum delivery must be considered, and the necessary insurance cover taken out by the employer of the staff involved.

Time for mobility and independence

- There should be one person responsible for negotiating time for mobility and independence sessions, with the key contact in a given school. The mobility and independence policy should clearly identify these people by job title (and name if possible).

- Time allocated for mobility and independence should be considered on each case's individual circumstances; e.g. the age of the child, the type of mobility and independence need they have been referred for, the appropriate time of day for the mobility and independence skill, the benefits and disadvantages of missing certain lessons if it has to be in school time.
- If children have to be taken from lessons, different times should be negotiated to ensure the same lesson is not consistently missed.
- Children should have access to mobility and independence support in the school holidays if required.
- Continuity of provision between school and home (and school holidays) should be demonstrated.
- It must be recognised by all involved that mobility and independence education takes time. It may be appropriate to offer some children with visual impairment (and their families) time-tabling options so that they can make appropriate choices, e.g. reducing non-core foundation subjects to allow for more mobility and independence time, or vice-versa.
- Time should also be available for the mobility and independence educator to advise others working with the child.

Good practice recommendations for review

Services must adopt a long-term perspective when organising mobility and independence provision which is reflected in long-term educational goals regarding mobility and independence, rather than a series of *ad hoc* interventions. To achieve this, the following is recommended:

- The mobility and independence policy document should detail the procedures adopted for monitoring children.
- Children must be monitored whether they receive one-off support or are on a rolling programme. Responsibility for this monitoring should be allocated to a person or persons who have a good awareness of mobility and independence issues (likely to be the QTVI).
- The mobility and independence educator must be involved in educational planning and reviewing processes, including IEPs, statements and annual reviews for all children where mobility and independence is a concern.

- Formal record keeping mechanisms should be in place to record the child's progress. This should be linked to other formal educational planning and reviewing processes.
- Reports should detail what has been achieved with the child and any areas needing further input, with recommendations about when further assessment/intervention should take place, if appropriate.
- Copies of reports must be given to parents and agencies involved with the child so that everyone is kept informed and duplication of effort is avoided.
- Accreditation should be considered to reward children for their achievements, and raise the profile of mobility and independence with school staff, the child's peers and with their family. It also builds up the child's own self-esteem.

Good practice recommendations for completion

- Agencies should liaise and share information to enable a smooth transition from one agency/authority to another. This relies upon clear mechanisms for transfer of information being in place, and appropriate record keeping as described in the Good Practice Recommendations for Review.

Good practice recommendations for pre-school services

- A pre-school service for children with a visual impairment should include support for the mobility and independence curriculum.
- In addition to working directly with the child, emphasis should be placed upon empowering and involving parents in their child's development.
- A qualified teacher of the visually impaired is often ideally placed to be the mobility and independence educator.
- Pre-school mobility and independence work should link with other agencies, e.g. Portage.

Good practice recommendations for post-school and FE provision

- Periods of transition from statutory education to adulthood need careful planning by the LEA in partnership with the new provider of mobility and independence. Education should take the lead role.

- Reports detailing the mobility and independence education received during the child's school career should be passed on to the new agency responsible for providing mobility and independence support. This should link up with other policies and procedures (e.g. Connexions).
- Mobility and independence educators who have previously worked with children throughout their school career should be directly involved in the transition of young people especially to local colleges where there is no mobility and independence provision. This may have funding implications.
- Social services departments should establish contact with children who are visually impaired during the later stages of their education and to be aware of arrangements made for the transition period, i.e. contact should be made prior to the child leaving school. This is essential where another agency, rather than a social services department, has been the main provider of mobility and independence education to children at school.

Additional implications of mobility and independence upon the work/policies of the DfES and LSC may also require further attention:

- The DfES need to ensure that the planning guidance issued to Connexions partnerships includes a requirement that they address the mobility and independence needs of young people and to work with all appropriate agencies to ensure that these needs are met.
- The DfES need to develop training modules for Connexions personal advisers that enable them to recognise and respond effectively to clients with mobility and independence needs.
- The national LSC and all local LSCs across England should ensure that their contracts with learning/training providers include a requirement that the mobility and independence needs of post-16 learners are addressed effectively.
- Opportunities should be provided for support staff in mainstream sector colleges to receive specialist training to support mobility and independence.
- The effects of the revised SEN Disability Act on young people's access to mobility and independence support in FE and schools should be monitored.

Good practice recommendations for MDVI provision

- Many of the recommendations developed from this research can be applied to the provision of mobility and independence to children with MDVI, in particular those relating to policies and procedures. However these must be sensitive to the particular needs of children with MDVI.
- Many aspects of the mobility and independence curriculum recommended in this report are relevant to children with MDVI, in particular aspects of the curriculum relating to early and foundation mobility and independence. However, it is important to modify teaching methods and activities so that these are relevant and meaningful to children with MDVI. This may involve teaching idiosyncratic and unique techniques to enable children to achieve some level of independence in a functionally equivalent manner.
- Further detailed research is required in this area.

Good practice recommendations for culturally sensitive provision

- The mobility and independence policy should make reference to the needs of children and families from ethnic minority groups. The specific content of this will depend upon the location of the service. In particular, there should be policies in place for the following:
 - Ensuring that any professionals employed by the service are aware of and sensitive towards cultural differences that may affect mobility and independence education content and delivery.
 - A willingness to work with members of the extended family where appropriate.
 - Written information provided to all families should be clear. This is particularly important for parents or carers who are not familiar with the English education system and/or for whom English is an additional language.
 - Services need to have in place arrangements for professional interpreters should a family require the facility.
 - The mobility and independence policy needs to address how the service will respond to a request for the mobility and independence educator to be the same gender as the child.

Good practice recommendations for the role of special schools for visually impaired pupils

- There are opportunities for special schools for visually impaired pupils to support mainstream mobility and independence provision through outreach work. Particular areas include mobility and independence curriculum development, awareness training of staff, delivery of some aspects of the mobility and independence curriculum, demonstration of environmental adaptations, and carrying out environmental assessments. Beacon school status and regionalisation are mechanisms that encourage/support this collaboration.

Good practice recommendations when considering the role of different agencies

When proposing the ideal model of provision for a particular authority, several factors have to be taken into consideration, including:

- The number of children with a visual impairment in the authority and any additional needs they may have.
- The geographical size and location of the authority.
- The presence of a voluntary organisation or social services department in the authority area that is equipped to provide a suitable mobility and independence service to children.

With this in mind the following recommendations are made:

- For many authorities the ideal model is to have one (or more) mobility and independence educator (usually a mobility officer/rehabilitation officer) employed by the education service. If the model is implemented correctly, the mobility and independence educator is managed as part of a broader *educational* team, and this enables successful collaboration within the visual impairment service and with school and home. When this model is applied attention must be given to holiday and home-area provision.
- In some circumstances the mobility and independence educator in this model may be a QTVI with appropriate additional training. This may be suitable in small education services where it is not economically feasible

to employ a mobility and independence educator who works *solely* on mobility and independence education.

- In authorities where there is a suitable external agency or consultant able to provide some part of the mobility and independence service to *children*, contracts should stipulate which parts of the mobility and independence curriculum are being covered and the expected levels of communication between agencies.

Good practice recommendations for the construction of a mobility and independence policy

Education services should review and audit their provision of mobility and independence education in order to develop a policy. It should:

- be shared with, and agreed by, all involved in mobility and independence education, including other agencies
- map the mobility and independence curriculum with delivery procedures and those involved in that delivery. It should make explicit reference to the following:
 - definitions and descriptions of all aspects of the mobility and independence curriculum
 - referral, assessment, environmental assessment, programme design, intervention, review and completion
 - child protection policies
 - policies related to particular children and young people and their context (including pre-school and post-school/transition, children with MDVI, and issues of cultural background)
 - procedures for record keeping and how this relates to formal procedures within the SEN Code of Practice
 - key people involved in delivery and what is expected of them (e.g. mobility and independence educator, class teacher, teaching assistants, QTVIs, parents, peers). This should include clear child protection guidelines
 - procedures and contractual arrangements for working with different agencies.

Good practice recommendations for identifying staff to deliver mobility and independence

Role of the mobility and independence educator. This is dependent upon which part of the mobility and independence curriculum is being taught but is summarised as follows:

- Early and foundation mobility and independence, body and spatial awareness – mobility and independence educator should be a QTVI or rehabilitation officer with appropriate experience or additional training.
- Early and foundation mobility and independence, social and emotional development – mobility and independence educator should be a QTVI or rehabilitation officer with appropriate experience or additional training.
- Advanced mobility and independence, travel skills – mobility and independence educator should be a rehabilitation officer or QTVI with additional mobility qualification.
- Advanced mobility and independence, independent living skills – mobility and independence educator should be a rehabilitation officer or QTVI.

Other key people who should be involved by the mobility and independence educator include: class teacher, mobility officer / rehabilitation officer, nursery nurse, occupational therapists, parents, physiotherapist, peers, Portage worker, QTVI, teaching assistant.

Supporting mobility and independence education. Teaching assistants and parents have a particularly important role in direct intervention with the child. These roles should be formalised:

- The role of the teaching assistant in the delivery of mobility and independence should be formally specified and agreed.
- Teaching assistants *without* a specialist mobility and independence qualification should take on the role of reinforcing programmes and teaching that have been implemented by the mobility and independence educator. This will require awareness training from the mobility and independence educator.
- Teaching assistants *with* a specialist mobility and independence qualification should take on the role of implementing programmes designed by the mobility and independence educator. The areas of the

mobility and independence curriculum is at the mobility and independence educators discretion.

- The role of the parents in the delivery of mobility and independence should be formally specified and agreed.
- Support should be given to parents through training from the mobility and independence educator and contacts for more formal courses provided.

Implications and good practice recommendations for those training key staff

The findings have several implications for the training of those supporting mobility and independence education. Some of these implications can be thought of as good practice recommendations for training providers which can be implemented within existing programmes. These are listed in turn below. However, there is also an implication regarding training standards which is of significance to all training courses. Training courses in the area of mobility and independence education (for QTVIs, mobility / rehabilitation officers, and teaching assistants) have tended to develop in different ways and the standards they adopt may not always be comparable. For this reason it is recommended that interested parties should agree on common standards for training.

(1) Implications for training of QTVIs. In some cases second level training (top up/extension courses) for QTVIs should be available to allow them to teach advanced mobility and independence travel skills to children in the absence of a qualified rehabilitation officer. However the use of QTVIs to deliver this aspect of the curriculum is expensive. Their role in the delivery of mobility and independence is likely to be one of supervising and advising other key people who have a role in the delivery of the mobility and independence curriculum. Training (including possibly second level programmes) which prepare QTVIs for managing and delivering mobility and independence programmes in mainstream settings would be more appropriate.

(2) Implications for first-level training of rehabilitation officers. As part of their basic two-year training programme all rehabilitation officers should receive:

- A sense that they have a responsibility for the whole age range of people with a visual impairment.
- A grounding which develops an awareness of the differences between working with children and adults.
- An opportunity to work with children in their practical placements.
- An understanding of the role of a rehabilitation officer working with an education service.
- An understanding of inclusion and inclusive practices.
- An introduction to the mobility and independence curriculum.

To achieve this aim the training providers might make use of tutors who have a background in working with children. Programmes should establish better links with education services and QTVIs.

(3) Implications for second-level training of rehabilitation officers. More training programmes should be available with a child-specific focus for those working in schools. Training programmes should allow staff to be based in education establishments for much of their registration. Such training would enable the rehabilitation officer to be the mobility and independence educator for a broader part of the mobility and independence curriculum (specifically early and foundation mobility and independence).

(4) Implications for training of those supporting mobility and independence education. Formal routes through accredited training pathways should be identified and incorporated into teaching assistant standards developed by the Local Government National Training Organisations (LGNTO). The training path should allow for the possibility of a teaching assistant using credits in training and eventually train as a mobility officer / rehabilitation officer.

(5) Training programme location. Any training programme focused upon mobility and independence education should afford access to placements in educational settings because of the opportunities this allows for working directly with children and allowing trainees to make immediate links between theory and practice. Special schools and schools with large visual impairment resource bases, especially those which cater for children across the full range of ages and abilities, make ideal locations for the training of mobility and independence educators either as stand-alone courses or in association with regional voluntary or statutory organisations (see Chapter 3, section Special Schools for Visually Impaired Pupils). Such programmes

could be regionally co-ordinated in line with the recommendations of the 1997 Green Paper (DfEE, 1997).

(6) A professional forum for mobility and independence educators. A professional forum for those supporting mobility and independence education is a useful mechanism to enable support and development of, and communication between, mobility and independence educators. Within this project the 'Mobility and Independence Specialists in Education' group (MISE), a group which is part of the RNIB/VIEW Curriculum structure, have proved an excellent source of expertise. The work of this group should continue, and interested voluntary organisations should seek ways to support their work further.