

## Integrated education of visually handicapped children: lines of communication between the professionals in charge

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**SUMMARY** The local teacher has the immediate responsibility for the integrated education of the visually handicapped child. He gets frequent information and assistance from the county special teacher who is responsible to the public for the educational progress. When the child has his annual ophthalmological examination, his medical history is explained and related to the performance of the child at an informal meeting. At this meeting, the ophthalmologist learns to understand the educational problems and the teachers learn what the pupil can see and the conditions under which he functions.

All parties take great interest in the pupil's life after school hours, both as to leisure and to his relations in the family group. The parents are continually informed both by the teachers and the ophthalmologist, and a report of the medico-educational meeting is sent to the child's local physician and local ophthalmologist as well as to the National Registry of Blindness.

The diagnosis of blindness or severe visual handicap in childhood is more than a medical diagnosis, but it is primarily the result of the medical assessment that brings the children to the attention of all the people who are specially trained to look after their needs. The ophthalmologist is expected to explain to the parents and the professionals how much the child is handicapped, and in which way he uses his residual vision, and the ophthalmologist who knows that a congenital visual handicap will influence every factor of the child's development will find it of vital importance to inform all those who are to treat the child. The group involved is a diverse one, comprising parents, kindergarten teachers, school teachers, speech therapists, rehabilitation workers and government agencies.

## PURPOSES OF COMMUNICATION

Communication within such a heterogeneous group obviously calls for distribution of hard facts concerning visual acuity and developmental milestones. It is of equal importance that those who approach the child and the family have the same attitude and expectations of the child and his development. If some of the members of the group concerned feel uneasy at carrying out the expected part of their work, they must be allowed to explain their feelings, and only if all members of the group are satisfied that the best treatment is offered and the most profitable environment created will the group be able to work without friction. It is also important that each member of the group accepts the part he is going to play and the limits of his responsibility to the patient and the family so that the family is not submitted to rivalry between the persons visiting it.

## TYPE OF COMMUNICATION

Such communication of experience, expectation and feelings can be given in written form only to a minor extent. Even the usual information of the results of an ophthalmological examination is often without meaning to those concerned with the child. Take, for instance, a note such as:

Peter Smith, 10 y  
V.OD,S 6/24-2.0  
V.F. 10° (4/III)  
D. ret. pig.

Few teachers will read the depressing history of a small boy who, though he can read ordinary print and usually follows the writing on the blackboard, has no friends at home because he cannot play football, is constantly scolded for being clumsy and who cannot find his way to the toilet at night when he joins the school summer camp.

Or consider the voluminous reports we may get back from the psychologists which we all too often just file unread because the language used tells us too little. If the boy comes back for a second consultation, we may easily talk of just such matters that we should have omitted.

It is thus clear that the communication will have to be mainly a face-to-face situation, the language must be simple and intelligible, and the atmosphere kind enough to let everybody present their experience and vocalize their doubts. With this in mind, let me tell you how we work within the group

responsible for integrated education of the visually handicapped in two Danish counties.

#### PRESCHOOL ORGANIZATION

When a blind or severely visually handicapped infant or child is detected, the patient is notified to the Blind Registry at the National Institute for the Blind, medical information is collected and a specially trained kindergarten teacher is sent to the home to help the parents rear the infant. These teachers meet regularly and discuss their actions and the problems of the children under their care.

#### PARENT-STAFF INTERACTION

Parents are invited to join a weekend seminar together with their infants or children. The seminar is mainly intended to give the parents an opportunity to discuss their problems with others in the same situation, but a number of lectures are given by the staff. Several discussion groups are encouraged, and parents are shown how to play with their blind children and are given some instruction in developmental child psychology. The ophthalmologist to the National Institute for the Blind is present, and parents are given detailed explanations of the background of the disablement of their children. Children can be admitted for shorter periods to the kindergarten home at the blind school if, for social or other reasons, this is desired by the parents. Here the individual child is assessed both ophthalmologically and developmentally, and the results are taken down in the case record following each child. When at home, the child is under the care of his local ophthalmologist, and supervised by the kindergarten teacher from the National Institute.

#### TEACHERS' INTRODUCTION TO THE PROBLEM

When the child reaches school age, the parents are asked to decide whether or not they want him educated at the boarding school for the blind or at the local school. If they opt for the latter, a notice is sent to the local teacher and to the specially trained teacher responsible for the visually handicapped in the area. A copy of the case record accompanies this notice. This specially trained teacher will then visit the home and later the school which the child is

expected to attend. He will tell the local teacher that he will be invited to a short course in teaching visually handicapped children at the blind school, and that he will have frequent visits from the special teacher who will provide the necessary teaching material. There will be several follow-up courses for teachers having handicapped children in their class, and if there are many children in the class the teacher may be allowed to divide it or to have a second teacher with him while teaching.

The specially trained teacher in the county will teach Braille and abacus, when needed and the child will follow the same syllabus as the others, only in Braille. This special teacher will give instruction in the use of tape recorders and provide the equipment. If the child needs extra instruction, or instruction that the rest of the children do not get, this rests with the special teacher. Each summer a 1-week camp is open to the blind and severely visually handicapped children from all over the country. Here they can play and make friends without their usual burden of concomitantly overcoming their handicap. After the camp, a brief report on the children's practical, behavioural and emotional development is submitted to their special teacher.

#### DECISION-MAKING PROCESS DURING SCHOOL-LIFE

While the child goes to school, a large number of people are concerned with his education and thriving—teachers at the school, teachers at the children's centre, parents, school nurses, school physicians, ophthalmologist and optometrist—and it is of crucial importance that all concerned should have equal access to full and clear information of the child's position and all should participate in the decisions relating to the child. We find that such clear and mutual information can be spread only through an informal talk.

Each child is examined by the ophthalmologist at least once a year, and we use this opportunity to invite all parties concerned. Before the examination, the special teacher gives a brief report to the ophthalmologist on each child. We borrow the eye clinic at the local hospital so that both parents are often able to come together with the child. The examination is followed by a detailed explanation of the disease, even if the child comes for the second or third time. If it is a hereditary condition, the heredity is explained. Low-vision aids are tried, and if glasses, loupes, binoculars or other visual aids may improve the condition, the child is sent with a note to the local optometrist for fitting. We examine 6–8 children consecutively; afterwards their teachers meet the special teacher, the school physician, school psychologist, the local optometrist and the ophthalmologist. A secretary takes minutes of the

meeting. At the meeting, the medical history and the aetiology are explained in plain words, and it is told what the child can see at near and distance, and where his deficiency will present an educational handicap. If there is a field defect, colour-vision deficiency or hemi-anopia, the educational implications are discussed. On the basis of the ophthalmic report it is decided if the child will need daily transport to school.

The local teacher then reports his impression of the child, his milieu and the teaching situation, and the special teacher comments on the present educational situation and the child's situation outside school hours. This often leads to a discussion of the educational procedures as, for instance, print or Braille, and to discussions of the type of leisure the child needs.

The optometrist and the ophthalmologist together decide what special aids should be given, and the teacher gets an orientation of how to use this and of the opportunity of widening the child's visual experience if he is encouraged to use it. When the visual, intellectual and emotional situation of the child has been described to the satisfaction of the group, it is usually quite simple to arrive at a decision that we all share concerning the educational, medical and environmental treatment over the next period. After the meeting a report of the medical examination and of the discussion is sent to all present; copies are sent to the National Institute for the Blind, the local physician and to the child's ophthalmologist.

#### VOCATIONAL TRAINING

Vocational training is discussed with the pupils during the last years at school. If they cannot decide by the end of school, we have found it profitable to send them to a youth school where they are introduced to cultural and social problems; some children continue in higher education and get the same supervision as before. The special teacher can request a teacher from the National Institute for the Blind to give a few lessons in difficult topics. The National Institute also gives an introduction in study techniques, particularly for the Braille readers. If the pupil wants vocational training after the end of primary school, the local rehabilitation centre is informed. The young person is entitled to financial support whether or not he needs assistance from the rehabilitation centre for his training.

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