RNIB Cymru supporting blind and partially sighted people

What can you see?

Supporting the social development of young people who are blind or partially sighted

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RNIB Cymru

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Contents

1 Why we need a resource like this

This book explains why some children with visual impairment may need additional support to develop their own emotional well-being and to develop and maintain friendships. More importantly it sets out practical approaches and resources and tried and tested approaches to encouraging the development of social skills. Empathetic peers are a crucial part of the friendship equation. So this book provides fun resources that enable primary school children, secondary school learners and the adults who work with them, both in and after school, to gain a better understanding of the impact of sight loss.

"What can you see?" is inspired by the experiences of children and young people with visual impairments. Their peers, teachers and family often ask them this question. From personal experience the author can vouch for the fact that blind and partially sighted adults are also frequently asked the same.

The question can be asked at inconvenient times or on a "bad day" when the person with the sight problem does not particularly want to be reminded of their "difference" or to spend time describing intimate details about their disability. If a young person is still adjusting to a diagnosis of sight loss or is experiencing a deterioration in their symptoms, it can be a challenge to reply in a way that is helpful to themselves and to others. Young people risk causing embarrassment or offending the curious person if they take the enquiry as an imposition or threat and respond brusquely.

This book is written with the intention of sharing good practice. If you have concerns about a child or young person's emotional well-being, however, it is advisable to consider their individual needs in their particular context and if necessary, to seek further guidance from your SENCo, educational psychologist or GP.

Friendships are two-way

"What can you see?" is a pivotal question, indicating that the enquirer is interested to get to know the young person with a visual impairment better. Although it may be taken as a perceived threat or a sign of ignorance about visual problems, it is, by and large, a friendly gesture and should be interpreted as such.

However, the author's experiences of supporting children and young people adjusting to sight loss indicate that many of them need pro-active approaches from professionals to help them develop the skills they need to respond confidently and positively to this type of interest and initiation of friendship. It follows that successful interventions are likely to support both parties.

Emotional support for the child with a sight impairment

Children may need practical advice about the implications of their sight loss so that they have the vocabulary to understand and explain about their eye condition. Mentoring can also help the young person devise scripts ready to respond when they get asked this question. For more on this see the later section on working with 11-19 year olds (page 28). This work is done at individual level.

Scripts enable children to have readily available responses for any number of given situations. They enable them to cope if they are in a hurry or to offer an alternative explanation if they have more time, to have a formula for when they are feeling good or something more automatic when they are feeling less strong about explaining personal circumstances.

Raising awareness of the implications of sight loss

There is a need for the family, peer group and wider school or college community to understand both the practicalities of the young person's sight loss and its emotional impact. This "Understanding sight loss training" is important if others are to truly understand the implications of sight loss rather than making assumptions. It is crucial if the young person with sight loss is to be fully included into their social group rather than simply being assimilated into a "sighted world".

Raising awareness:
- Dispels embarrassment if members of the peer group are intrigued but may be too shy to ask more about the sight problem.
- Challenges suspicion and fosters open communication. Many children with visual impairment have variable residual vision. Children and adults who do not know about different sorts of sight problems may assume that a child is "putting it on" simply because they can find their chair themselves in one room but not in another. However lighting levels, fatigue and other health factors can dramatically influence what someone with a visual impairment can see in a given

situation. People who have degenerative conditions or low vision commonly experience these fluctuations which can be daunting and may even put a child with a sight problem off from engaging in new social activities to avoid confronting this problem and the explanations and understanding they need.
- Encourages the building of trust that may lead to the establishment of new friendships.
- Dispels myths and assumptions about the young person's experiences and challenges the stigma associated with sight loss.
- Helps to enlist practical support for the blind or partially sighted child around their environment. Typically, teaching assistants may feel more confident about offering help when they know how to offer it or understand how to audio-describe a change in the surroundings.

Visual awareness raising work is done at group level through workshops. The "What's it like?" workshop (see page 32) gives practical examples of activities to use with school aged children and staff. It can also be combined with other activities designed to promote social and emotional skills or citizenship in the pastoral curriculum.

Psycho-social impact of sight loss

The psycho-social effects related to sight problems should not be underestimated and, if not addressed, can be a real threat to maintaining social inclusion and emotional well-being. This resource includes approaches to visual awareness training that go beyond the pragmatic and aim to foster meaningful, trusting friendships.

We now know that having ONE trusted friend is more strongly associated with good levels of self-esteem than being popular (Townsend et al's work, for example, 1988). How then can we help children with visual impairment to build trusting friendships? Appropriate attachments to caregivers and social and emotional literacy materials can help to provide solutions. However, it is also important for people around the child with sight loss to be able to empathise with them, if they are going to be understood and trusted also.

This resource:
- provides information about approaches to educating the peer group of children and young people with visual impairment in schools, colleges and clubs
- provides insights to help professionals working with a child with visual impairment
- promotes awareness of the adjustment issues experienced by young people with sight loss that can pose barriers to their social and emotional competence and well-being

- improves readers' empathic understanding of the psycho-social impact of sight loss, especially for young people who have previously enjoyed good sight
- offers positive and practical examples of ways to promote the development of social skills.

The question "What can you see?" is an enquiry into the world of another person. To address the vulnerability of a young person with visual impairment we need to be pro-active in offsetting the potential risks to maintaining and making new friendships. This book promotes empathy and positive ways of supporting the experiences of children and young people with sight loss.

Psycho-social burden of visual impairment

Much of the language related to visual impairment and blindness has negative associations. This has implications for the development of self-perception and self-esteem of children and young people with sight impairment. For example, terms like "blind rage", "blind corner" are associated with the negative connotation of anxiety or danger. The English language is "peppered with words and phrases like "blind" that carry with them moral and ethical considerations" (Davis, 1995).

The nature of the word, "blindness" can be burdensome from a psycho-social point of view because (as Bolt, 2004 argues), it perpetuates prejudice and therefore has psychological and social aspects. Dodds (1993) argues that the term "the blind" poses a "barrier between our ability to empathise with another human being who may just happen to be unable to see, but who is otherwise embedded in the same human condition as ourselves."

Even if a young person is fortunate enough to be brought up in a social context that is sensitive to their individual needs, they are still exposed to other people's lack of understanding about the particular implications of sight loss for them as an individual. It may be argued that other people's understanding may be influenced by cultural attributions about what it is to have a visual impairment, and false assumptions about how clearly they can see in different situations. Professionals working with children and their families have a responsibility to challenge these negative attributions in order to provide a positive social environment in which the child can thrive.

2 The VIEWS project

RNIB Cymru's work with children and young people with severe sight impairments has shown that there are particular points in their lives when there may be a need for timely and appropriate emotional support. This is in addition to the more obvious practical measures necessary to address the implications of visual loss. Children are more likely to need emotional support at the point of diagnosis, or when their eyesight starts a new period of deterioration, or during a transition such as a change of school or during adolescence (see Stockley and Brooks, 1995).

In addition there are psycho-social effects associated with visual impairment that have a direct bearing on a child's potential to experience emotional well-being. For example, it makes a huge difference whether or not a child has the ability to recognise friends in the playground and therefore feel "connected" or the ability to take part in leisure pursuits or pleasurable activities.

With funding from the Big Lottery Fund, RNIB Cymru ran VIEWS (Visual Impairment and Emotional Well-being Service) from 2004-2008 as there was a lack of information, guidance and advice for children, young people, families and professionals in Wales.

The project consisted of direct intervention work with children, young people and families but there was an emphasis on training professionals (psychologists, teachers and mobility officers) to intervene appropriately according to the implications of sight loss for the child concerned. This training was delivered by the author as a consultant to RNIB Cymru.

Training courses were devised to empower professionals to promote well-being in children with visual impairment through working at individual, family and at systems level (peer group and school curriculum approaches). The pro-active approaches were two-fold:

- **affective:** providing a listening ear
- **instrumental:** sign-posting to strategies and agencies to help with skills such as learning to guide. For example, finding alternative ways of getting from A to B, finding out what opportunities are on offer, taking part in leisure activities and social situations. Optimising the young person's sense of competence is key to the development of emotional well-being.

3 Overview

This book is about establishing and maintaining friendships. Establishing a good attachment to the primary caregiver and responsive parenting are essential before a child can move on to develop friendship skills. The early years section in this book explores these issues in relation to children with visual impairment, highlighting the need for professionals working with families to help parents tune in to their child to promote social-emotional development.

In the primary school years, children widen their circle of contacts and learn to establish and maintain friendships. Issues of social inclusion and social-emotional competence and visual awareness raising in the peer group are dealt with here.

In the secondary school phase, young people face adjustment to a much more challenging, larger community environment. At secondary school there are multiple peer groups and teaching staff who may have limited understanding of the implications of visual loss or how residual visual nevertheless causes secondary factors such as fatigue or increased frustration around independence issues. Age-appropriate measures to address such issues are discussed in this section.

This book promotes a positive problem-solving approach, focusing on finding solutions rather than dwelling on the difficulties the young person faces. However, it also contains resources to help fully-sighted people comprehend the daily barriers that a child with visual impairment faces. This is included to build empathy rather than sympathy.

4 The early years

Developing a close bond

Teachers, health visitors and psychologists are well aware of the importance of a close bond developing with a primary caregiver in early childhood. In the first instance a strong attachment provides a sense of security for a child, but is also important for the parent to be responsive. A child who has a severe visual impairment from infancy lacks, or has greatly reduced, eye contact. Potentially this places the relationship with the caregiver at risk as typically so much early communication with babies relies on looks, smiles and responding to facial expressions. An empathetic caregiver recognises the need to watch out for other pathways for making that contact. A responsive parent of a baby with visual impairment develops ways of being chatty or tactile to bring to life the smiles and looks that a sighted baby would notice and respond to.

Language, concept development and play

Responsive parenting is important not just for general development, but particularly for language development. How else is a child who is blind able to know what a ball is, unless someone explains its purpose and takes the time to provide an experience of its fun value as play? A responsive caregiver can also help a child with visual impairment to develop an understanding of generalised concepts – in other words to understand that balls come in all sorts of sizes, styles, textures and weights, but are

all still balls. The carer needs to describe the functions of such objects, tapping into the child's available developmental pathways such as hearing, touch, taste or smell. If a parent adopts these alternative ways of bonding and communicating, their child will have a better understanding of play and the social life of other children when they go to a nursery or other early years setting.

A child without early input of this nature will naturally focus on their own inner experiences and if left to this habitually, may go on to have limited social cognition or understanding.

Encouraging questions and giving quality feedback

> “Is a butterfly as big as a bird?”
> (Corley and Pring, 1996, page 5)

This quote from a biographical account of a seven-year-old, partially sighted child's interaction with their teacher illustrates the potential for misconceptions arising through lack of visual information. Of course, the teacher might need to contextualise the response to this particular question, depending on which part of the world the child is referring to. However, the quote also underlines the importance of encouraging children with visual impairments to ask questions about the world around them and about the value of the feedback they receive from family in the early years and from peers and teachers later on.

Developing empathy and a vocabulary for feelings

Responsive parenting also promotes the development of empathy for others, helping the child to gradually understand that mum or dad, brothers or sisters have feelings, wishes and wants, just as they do. Developing a “feelings vocabulary” is also key for learning to get along with others and for expressing needs and wants.

Developing a shared understanding

There is increasing support for the idea that shared understanding and theory of mind are important elements in the socialisation of children and young people with visual impairments (Webster and Roe, 1998; Rodney, 2003). For the most part, this belief is based on descriptions of case studies and qualitative comparisons of early language development and behavioural patterns of children with visual impairments. As Webster and Roe point out, it can be difficult to distinguish a very young child with severe sight impairment from a child presenting with autistic spectrum disorder.

It may be argued, and there is a shortage of research in this area, that with appropriate mediation or “scaffolding” by an attentive parent or family, and by tapping into alternative pathways of development, the lack of shared understanding (for example, of the functions of objects) may be readily addressed. It is certainly the case that these similarities diminish in the population of children with visual impairment as they get older. Recent literature searches have started to yield some support for this hypothesis.

Implications and recommendations

- **Health visitors:** encourage responsive parenting and the development of empathy. Approaches such as “floor-time” or “giggle-time”, based on Greenspan’s scale of social emotional development (2006) can be readily adapted to ensure that the parent taps into the infant’s other sensory resources and assets. Baby massage can also help communication and attachment with the primary caregiver.

- **Parents and early years practitioners:** provide explicit feedback about the world around the child with visual impairment, including the social world. For example, if another child starts smiling, laughing or crying, explain why.

- **All professionals:** need to be alert to a child who is neglected, ignored or rejected by a parent. It can be a sign that the parent has not adjusted to the consequences of having a child with a sight problem, or to some other aspect of disability or health need. It can be that the parents need to seek help for themselves, so that they can develop the close bond and skills to give sensitive feedback that will help to offset social and emotional problems in their child later on.

5 The primary phase

Addressing isolation

Academic success is not the only thing that children with visual impairments need if they are to thrive as productive, fulfilled citizens in society (Sacks and Wolfe, 1992). However, a barrier that many face is isolation and a need for social inclusion (Sacks, Wolfe and Tierney, 1998). A survey of educational provision for blind and partially sighted children in England, Scotland and Wales in 2002 (see Keil, 2003) reports that about 60 per cent (0-16 years) are educated in mainstream settings. This pattern of school placement has not changed significantly since the previous survey in 1997 (reported in Clunies-Ross et al, 1999). The majority of the remaining 40 per cent of blind and partially sighted children go to a special school, which may not be local, and for some may be residential. Even those children who go to mainstream school may not be at their local school, but travel to a school designated as having resources for learners with visual impairment. Sometimes their travel arrangements limit their involvement in after-school activities with peers.

It may be argued from this that many children with visual impairments are in some way isolated from their local peer group, especially in terms of extra curricular activities, opportunities for socialising at weekends and school holidays, unless pro-active measures have been put in place to address these issues. It cannot be assumed that because a child is at a mainstream school they are taking part in the same range of social opportunities as their fully sighted peers.

Social isolation is a marker for later adjustment problems and peer acceptance presents important opportunities for the development of social skills, promoting a sense of inclusion within groups as well as schools (Wentzel and Asher, 1995, Dunn and McGuire, 1992).

The importance of play and socialisation

Since play and socialisation present opportunities for the development of a sense of identity through social comparison (Rubin and Pepler, 1980) it is important to address any isolation experienced by children with visual impairment.

Leyden (1996) discusses the value of utilising the peer group as a collaborative learning opportunity for pupils, and Miller (1996) argues that pupils will accept and participate in individualised strategies aiming to help a member of the group. A study by D'Allura (2002), lends support for this approach as increased interactions were observed following the introduction of collaborative learning activities including young children with visual impairments.

Bearfield (2004) reports on the importance of mimicking in the development of play. Using "connection activities", she illustrates how the social competence of a child with visual impairment may be enhanced. Also, Wingfield (2003) reports on measures to increase playground accessibility for young children. These include playground mapping with friendship benches designated as meeting places. The approach counters the tendency (reported for example, by Crocker and Orr, 1996) for blind and partially sighted children to be far more likely to "hang around" the teacher in charge in the playground than their sighted peers.

Developing trust – a building block for friendship

A study by Peavey and Leff (2002) aimed to establish whether developing concepts about diversity, team-building activities and trust-creating exercises could lead to "true friendship" and a greater appreciation of differences and understanding of students with visual impairments. Barriers were reduced and increased trust developed in all the peer groupings involved in the study. Each group included a student with visual impairment who had no academic or behavioural problems and all attended a mainstream education setting.

> "…the sighted group members would ask the student with the visual impairment about his or her vision. These students often expressed a release from the fear of the unknown that can surround what is unfamiliar. They now knew why this friend was visually impaired and what they needed to do to include him or her socially. Each group member seemed to discover techniques to help him or her feel at ease with and close to the friend who was visually impaired."
>
> (Peavey and Leff, 2002, page 809)

The authors argue that open communication ensued as a result of building trust. This study demonstrates one way of establishing friendships that might alleviate social isolation for young people with visual impairment. It adds credibility to the notion that approaches like Circle of friends may be particularly effective if combined with understanding sight loss training. Anecdotal support for this approach is emerging as a result of the Birmingham social inclusion project (Gray, 2004).

Recognising the impact of visual impairment

The consequences of social exclusion can lead to long term problems. To prevent this, there is a need to tackle the impact of visual impairment on social inclusion. Schools need help to provide social and emotional learning opportunities which are relevant to the child with visual impairment. However, inclusive approaches which take into account the nature of the interactions happening between the target child and the peer group also need to be adopted. Activities that explore and raise awareness of the impact of a visual impairment may be incorporated into some models of social and emotional learning with the peer group. This approach may reduce uncertainty about social encounters all round.

Bearfield (2003) reports on a Social Inclusion Project funded by the then Department for Education and Skills, which recognised this vulnerability of children with visual impairments in terms of their social and emotional learning. Recommendations included strong support for the policies on social and emotional learning to be integrated into school policies on citizenship and PSHE (Personal Social and Health Education) as well as recommending the provision of counselling and mentoring opportunities.

Giving quality feedback

Jindal-Snape, (2004) reports the findings of a study where two young girls were encouraged to self-evaluate in combination with feedback directly from their peers. Previous studies had identified problems with generalisation and maintenance of social skills in children with visual impairments (for example, Chandler et al. 1992) beyond the training situation.

Jindal-Snape’s study found that feedback from peers was necessary to facilitate self-evaluation and enhanced the lengths of conversations and social skills of the children with visual impairments. The study supports the notion that an internal appraisal process may be going on and not just a reception of information. For most behaviours, feedback was not necessary, but where consequences were not clear to the child with visual impairments, the feedback needed to be understandable and meaningful to the child. The study suggests that self-evaluation makes the child aware of the feedback from the environment.

Jindal-Snape, (2004) also observed that significant others in the environment often fail to provide feedback on the social cues that children with visual impairments fail to pick up. So it seems essential that training and guidance is provided to parents in the early years in how to give such feedback. They may need help in recognising the need to explain some social situations with audio-description or to devise tactile cues and prompts as to when a friendly gesture is needed. Fully-sighted people may take for granted the amount of non-verbal communication that is used socially. With the right guidance though, sighted adult carers may help by “labelling” emotions experienced by their young child and those expressed by others. However, as the child matures and spends more time with peers, and depending on the success or availability of parental feedback, it may be necessary to train the child’s peer group to offer feedback in appropriate ways. Clearly, reconstructing the environment in this way requires careful monitoring, evaluation and further research.

Play, friendship and social skills

Professionals often observe children with visual impairments walking around the playground holding the hand of an adult supervisor rather than engaging in interactive play with their peers. Pinkney (2008) asked the children she worked with in her rehabilitation role about the reasons for this, which included:

- not being allowed on a climbing frame without an adult supervising
- being scared of footballs or skipping ropes
- not liking the “buddies” assigned to them
- not being able to run around and play games.

These problems all have solutions if a school is intent on promoting inclusion:

- Select play equipment that does not need adult supervision or ensure adult supervision is available at break times.
- Create “zoned” areas in the playground for different activities. Many children in the playground would welcome this – not just the child with visual impairment. Friendship benches, imaginative play areas, sensory or music gardens are common.
- Ensure that the child with a visual impairment has a say in “buddy” recruitment.

Involving the peer group

Involving peers can accelerate the success of any intervention programme and a lack of peer involvement can result in the new skill only being used in the context in which it is taught. So professionals may need to prompt or cue the child to use the new skill in unstructured situations at first and then monitor until the behaviour is maintained more generally.

Circle of friends

The “Circle of friends” approach is commonly used in primary and secondary settings to promote the inclusion of any young person who is experiencing problems in school because of a disability, social skills difficulties or emotional and behavioural difficulties. It involves setting up a group of six to eight volunteer peers to provide practical support to the focus child. Many schools are already familiar with this approach and it can be readily adapted to include information for the peer group about the implications of a young person′s sight loss.

Volunteers meet weekly and have three main tasks:

- to find out about difficulties that the child is having
- to set goals and devise strategies for reaching them
- to offer encouragement and recognition for success and progress.

Volunteers are encouraged to talk openly about the difficulties they encounter with the child′s behaviour, but the whole approach obviously needs to be well facilitated and monitored to ensure successful outcomes.

It is important that the approach is perceived as supportive by the child who has a visual impairment, and it is vital to seek their permission before setting up a circle. It is important to consider whether setting up the circle is necessary. This judgment largely depends on how isolated or friendless the child might be. It is nearly always the case that the child recognises their absence of friends and wishes to do something about it. If unsure whether it is in the child's best interests to intervene in this way, it may be advisable to seek the opinion of the SENCo or educational psychologist. Sociometric assessment methods can help to explore the nature of the child's friendship difficulties prior to starting such an intervention.

The circle may decide to choose a name for their group to reflect the nature of their task. One advantage of this approach to developing social skills is the fact that difficulties are shared and discussed with their peers and therefore the peers are involved in helping the focus child develop skills that are particularly relevant to them. Circle of friends provides the child with visual impairment with valuable feedback. The members may also have interesting views as to why the focus child is having difficulties initiating conversations in the playground for example, or is struggling at lunch time, and this insight will be invaluable for the focus child.

In terms of time commitment, some groups end up becoming largely self sufficient with only minimal input from teaching staff. In addition, some schools encourage sixth form students to volunteer to facilitate once they become skilled. Such a contribution to the school community can be reflected in their Record of Achievement.

There are existing resources that promote understanding of what it is like to have a visual impairment, such as Abdelnour, (2002). (see "What's it like?" workshop page 32.) Some require a brief re-write to make the language age-appropriate and to be sure to avoid cultural bias and disablist language. Such readily available resources for training in visual awareness can be used both at primary and secondary level.

Peer mentoring

Peer mentoring can also be used to improve social skills. Mentoring is mostly used in schools to help resolve conflicts with their peers and younger children. Peer mediators or mentors are trained in the skills of mediation, taught to facilitate communication, negotiation, understanding and problem solving and they have been used successfully in primary, secondary and special schools. Even though the primary goal of peer mediation is to resolve disputes and conflicts, schools that have introduced this have also found a general improvement in social behaviour. And some schools are using peer mediators to improve social skills.

With younger children, volunteers can be taught to model targeted behaviours and reinforce new social skills through role play with adults. They are then encouraged to act these out with targeted children with reinforcement and cuing from the adult. This is gradually faded over a period of time. Such strategies are good at increasing the number of social interactions.

Direct teaching techniques

Social and Emotional Aspects of Learning

If a child is struggling to make or retain friendships, it is important to consider where they are with their social and emotional development including their social skills. The SEAL (Social and Emotional Aspects of Learning) curriculum has been introduced to schools in England. SEAL is a voluntary programme designed to develop the social and emotional skills of all pupils from foundation stage through to age sixteen. SEAL acknowledges the opportunity for enhancing social and emotional competencies as part of the mainstream curriculum. The materials are available from www.dcsf.gov.uk

It is important that these resources are modified to remove any barriers that children with visual impairment might experience. For example, they may require audio-description of body language activities to help them understand some aspects of non-verbal communication. The specialist teacher for children with impaired vision is well-placed to assist the mainstream teacher with this.

Teachers witnessing the SEAL programme observe the wonderful natural opportunity this affords children with visual impairment to develop or extend a “feelings vocabulary” as all the children are encouraged to express their feelings in the classroom as part of conflict resolution and learning about assertiveness.

Over-learning non-verbal communication skills

Nevertheless there are occasions where more direct teaching approaches tailored specifically for a child with visual impairment are necessary.

A recent research project aiming to develop the social and communication skills of partially sighted children has resulted in sustained positive improvements in self-esteem and the ability to integrate with other children both within a resource setting and in mainstream. Statham and O’Donnell, (2003), an educational psychologist and senior teacher for visually impaired children devised a structured teaching programme called the Listening/ Talking programme. It is based on the scaffolding effects of early caregivers by targeting and developing the early non-verbal communication skills typically learned early in life. Children were taught to use prompts in class conversational activities:

Other people will know that I have listened and understood when I:

- nod or say I agree
- name my thoughts feelings and actions
- check that I have understood them.

This approach to the development of communication skills is about giving the individual the insights into the sighted world to enable them to empathise and interact with their sighted peers through a process of over-learning in context.

Using social stories

"Social stories" are commonly used in schools for reducing anxiety in a child fearful of new social situations. They are particularly useful where a child has had limited opportunity for developing empathy or social understanding of the world around them. It involves the preparation of a script enabling the child to anticipate what is expected of them in certain situations and focuses on a problem area for them, for example, busy canteens. (See Smith, 2003)

Two-way interventions

Developing and maintaining relationships is a two-way process. So where a child is having difficulty forming friendships, it is normally necessary to intervene to support both the young person with a visual impairment and to enable their peers.

Case example

Tina, a 9-year-old girl with no residual vision spent most of her playtimes on her own, twirling around apart from her peer group. Her isolation gave cause for concern as she was unhappy being friendless.

Individual level

Observation indicated that Tina gave few of the outward signs of being interested in other people. A Listening/Talking programme was put in place to encourage the use of body language and using her listening skills to tune into the direction of people's speech. By turning to people when they spoke, others began to respond by taking an interest in her. The intervention was started with teachers, broadening out to the classroom situation and reinforced diligently at home over time.

Peer level

Sociometry revealed that several peers were interested in being friends with Tina, but were at a loss as to how to break the ice.

After careful consideration of pros and cons and gaining permission from parents and Tina, a "What's it like?" workshop was set up for the peer group to raise awareness of Tina's difficulties and resources. The peer group enjoyed being taught by Tina how to braille their names.

The intervention was monitored and reviewed to include other skills that Tina needed to acquire to help her "fit in".

Outcome

Tina successfully transferred to her local comprehensive and continues to grow as a person. Her social skills are still monitored as part of her education plan.

6 The secondary phase

Developing emotional well-being is a gradual process for us all. Adults supporting young people in secondary schools need to consider whether the young person has had the opportunity to develop the social skills discussed above in the section on the primary phase. In many cases the interventions mentioned above continue to be valuable to enable secondary school students to consolidate the skills they need for making and sustaining friendships, and to enable them to feel at home in the more complex environment of a secondary school.

Self-determination issues

To receive opportunities for feed back from their peers, children need opportunities for mixing in informal situations. Ryan and Deci (2000) and other self-determination theorists draw attention to the importance of the components of self-determination. These include choice-making, decision-making, problem-solving and goal setting for the development of a person's independence.

Doss and Hatcher (1996) argue that parents play a critical role in fostering the development of these skills and Wehmeyer et al, (1998) support the importance of teaching these skills in a successful transition to adulthood. However, Doss and Hatcher (op cit) also suggest that parents of children with disabilities tend to over-protect their offspring, denying them the opportunities to develop these skills. Robinson and Lieberman (2004) support these observations, as their survey of 54 students with visual impairment aged 8-23 revealed that they had low scores on self-determination across all domains (including home, school and friends).

Developing autonomy

It is therefore important to explore how often a child with visual impairment has opportunities to travel home from school with friends, invite friends to their home, take part in sleepovers, bowling, cinema and shopping trips and so on. It may also be important to consider the young person's access to communicating in the same ways as their peers, for example, via texts, instant messaging and social networking sites such as Facebook. Lack of autonomy clearly needs to be addressed as an issue that underlies well-being and motivation.

Tolerance of diversity and relatedness

It is also important to provide awareness training for the peer group to enable them to empathise with the young person with visual impairment, who may already have a repertoire of behaviours to express emotions. For example, they may bang on the table to express appreciation of an event, rather than smiling or nodding. It is important to include programmes that address inclusion issues such as these in order to promote tolerance of diversity, otherwise the child with visual impairment is merely being assimilated into a sighted world, with little or no opportunity for reciprocity. Measures such as these would also address the need for "relatedness"– one of the important pre-requisites for well-being, according to self-determination theorists.

Visual awareness training and peer feedback

At older secondary level, the approach taken would centre much more on guided discussion in the peer group about the implications of visual impairment. Gray (2004), reports on the benefits of using the Circle of friends approach with this population. However, there is a need for a rigorous study involving the use of visual awareness training combined with the Circle of friends approach. Drawing on the implications for practice drawn from the educational psychology literature (for example, Barrett and Randall, 2004, Frederickson and Turner, 2003) it would be useful to evaluate such an intervention.

Nevertheless, Circle of friends is often used as at primary level and may be combined with a quiz to test peers' knowledge of visual impairment. A popular one with trainees at the VIEWS project is that included in the Bartimeus (2003) CD-Rom, which is challenging for both teenagers and specialist visual impairment teachers! Involving peers whenever possible in your intervention is essential to ensure carryover and maintenance of skills.

At secondary school, it is sometimes necessary to organise visual awareness training for staff, as many subject teachers and teacher assistants have limited knowledge and experience of the implications of sight loss for adolescents. It is particularly valuable to offer empathy raising workshops for staff working with a youngster. This has the added benefit of staff sharing their own teaching or understanding with others in the same school, empowering colleagues who may not have felt confident of meeting the young person's needs.

Activities such as "Tom's morning" can help prompt discussion around the issues that can arise (see page 41).

Mentoring schemes

Secondary schools may use different models of peer mentoring intervention to facilitate the same outcome. For example, some schools have started a "friendship bus stop" which is run by peer volunteers, who are trained to resolve difficulties other children may be experiencing. These volunteers encourage appropriate social interaction and model good social skills. Other similar approaches include a friendship bench and playground mentors or buddies (see page 19).

Some local authorities are now setting up peer mentoring schemes specifically for young people with visual impairment. Older teenagers with visual impairment who have successfully adapted to their learning environments visit small groups or individuals with visual impairment to share coping strategies and open up discussion.

Case example

A newly diagnosed 13-year-old who is adjusting to severe and deteriorating sight loss in a context of staff who think he is "Putting it on".

As well as mentoring the young person, reminding him to draw on his personal strengths to problem solve around the challenges faced, a voluntary lunchtime workshop was held for his subject teachers.

One member of staff had not appreciated that the environment in one classroom might pose barriers to participation that did not exist in another. The specialist teacher for children with visual impairment explained that the teenager's eye condition made it difficult to adapt to changes in lighting. In addition she helped staff to appreciate that this student found it much more difficult to use his remaining vision in classrooms where there was too much direct light, either from sun streaming in through windows, or from glare reflecting off shiny table tops. Those who came also gained a better understanding that furniture which contrasted poorly with the colour of the walls or floor was more difficult to see and navigate around.

Another teacher was upset that the newly diagnosed boy took exception to her efforts to offer help, saying "No" when she offered it. Issues of the need for autonomy in adolescence were discussed and the teacher was prompted to ask, "How can I help?" Such an indirect style of questioning puts the onus on the young person to think about how the person can help, and the teacher or parent is more likely to be given an honest, open answer.

Outcome

Two weeks later the young man explained that the workshop had helped him more than any other part of the intervention to date – his life in school being transformed. He has maintained his place in his much-valued mainstream placement.

Case example

Working with teenagers who are keen to attend their local school but who need help to develop strategies to cope with curiosity about their condition.

These young people felt anxiety about how to respond to peers when asked "What can you see?" Initially it was important to listen to feelings emerging in response to such questions. These commonly involve frustration at being "different" and pressure about feeling they should have to explain themselves. Talking things through helps young people understand that people are naturally curious and are usually trying to get to know them better.

After that staff worked with the young person to devise scripts that they felt happy with, which would help them have a response at the ready for such occasions. Sometimes a full explanation is appropriate and at other times, brief explanations like, "I have a general foggy impression of the world which helps me find my way around in good light" are preferable.

The use of the teenagers' own language is important but they may need help explaining their sight loss to someone else, if no one has ever sat down with them to explain their central or peripheral loss of vision. It is important for young people with visual impairment to develop the vocabulary needed to explain different aspects of vision, such as the ability to see detail, colour, depth, contrast, size or to detect the movement of objects. This can be easier for someone who has had good vision in the past, but a greater challenge for a young person whose vision has always been impaired to some degree.

Outcome

These young people developed greater confidence to deal with these generally friendly gestures, improved their own and other people's understanding about their sight condition and experienced less frustration about responding to such questions.

As with other age groups it is still important to provide opportunities for socialising, peer group interventions and direct instruction depending on the individual.

7 Summary and top tips

- Friendships are a two-way process so it is necessary to work with family and peer group as well as the young individual where there is concern about their social status.
- As there are barriers to enjoying sustained well-being, it is necessary to monitor and provide emotional support for a child with sight impairment. This support can be from professionals and parents if they understand the implications of sight loss for social inclusion and well-being.
- Sometimes a way forward is to raise awareness of the implications of sight loss to empower front-line practitioners to handle situations, as well as offering direct support to the individual to develop coping strategies.

The early years

- Developing a close bond is key to attachment and the ability to form lasting relationships as the child matures. Early years practitioners need to be aware that there are barriers to developing a close bond if a child has restricted sight from infancy, so that they can work with parents who are not finding alternative pathways to communicate warmth to their child. This is also important for the development of language, concept development and play.
- Encouraging children to ask questions and parents to give quality feedback about the world around the child can help to bridge the gap between the experience of the child and the fully sighted world.
- As children and young people with visual impairments miss out on non-verbal communication, it is useful to describe expressions of emotion. “Your brother is smiling because he has just seen the tub of ice cream for pudding” or “Your brother’s face looks sad because he has just waved goodbye to his friend and he’d wanted him to stay for a bit longer.”
- Developing empathy and a vocabulary for feelings is important for being able to understand and manage emotions.
- Developing a shared understanding of the world around is very important for being able to predict what is likely to happen in given social situations so reducing embarrassment and anxiety.

The primary phase

- Isolation should be addressed as social inclusion underpins emotional well-being and development.

- Play is important for socialisation and opportunities to develop these skills are sometimes limited for the child with a sight problem. If a child is isolated, play opportunities need to be proactively created.
- Understanding the impact of the eye condition helps professionals to find ways around practical problems.
- As the child grows, so does the need to trust others in the community – a building block for friendship.
- Even one trusting friendship can provide opportunities for quality feedback about what is happening in the peer group.
- The following commonly available approaches can be used to involve the peer group with some adaptation:
  - awareness raising workshops and quizzes
  - Circle of friends
  - mentoring
- Direct teaching techniques include:
  - Social and Emotional Aspects of Learning
  - over-learning non-verbal communication skills
  - the use of social stories to develop shared understanding or offset anxiety.

The secondary phase

- Some young people in this age range have limited opportunity to develop self-determination skills or independence.
- Multi-agency working is critical to help the young person develop autonomy and to empower families to adjust to this transition.
- Sometimes there is a need to promote tolerance of diversity and active strategies to provide understanding sight loss training and peer feedback. For example, mentoring schemes, Circles of friends, quizzes.
- Devising individual scripts for awkward social situations can help the young person to develop confidence and friendships.

Finally, the key to peers, parents and other adults being able to relate naturally to a child with a sight problem is to understand the nature of their eye condition and its impact on their social functioning.

8 Conclusion

In the past there has been an unmet need to provide specialist emotional support for children and young people with visual impairments. However the current emphasis on social and emotional development and citizenship in school communities means there are now real opportunities for making progress on this. The review of the limited psychological literature has been combined with the literature on visual impairment to enable the problems to be identified and tackled at three interacting levels:

- individual
- family
- school and community.

Incorporating the growing knowledge about emotional well-being into a sturdy framework for service delivery should optimise opportunities to support emotional well-being at critical points in the lives of young people with visual impairment. In so doing, the ultimate objective is to offset the isolation and social exclusion that these young people so often face. The aim is to give them the building blocks for enjoying their childhood and adolescence, making friends and growing into confident happy young adults who can manage their own emotions and empathise with other people.

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9 "What's it like?" workshops

A series of workshop activities for school aged children designed to raise their awareness about the implications of sight loss.

These resources for the workshops are also available in Welsh on request from RNIB Cymru, Trident Court, East Moors Road, Cardiff CF24 5TD Telephone 029 2045 0440.

Introduction

These workshop activities adapted from Abdelnour (2002) provide "hands on" experiences to raise awareness of visual loss and the implications for their peers who experience such difficulties.

The activities are designed to enable a group of sighted peers to develop a better understanding of a classmate who has a visual impairment.

The activities can also be useful to help teaching and learning support assistants to appreciate how taxing a visual impairment can be, both physically and emotionally.

The sections which follow explain how to set up the workshop. Information is provided for running an introductory session before the participants experience the activity stations.

Overview

Eight stations are described below. Choose the stations appropriate to the needs of the young people concerned, adding your own ideas if you wish. Preparation will be needed as there are props to be incorporated into the activities. These are listed with instructions and follow-up activity suggestions.

Students move through the selected workstations which include activities to enable them to learn about aspects of visual impairment. Information cards may be set at each station, explaining how the activity relates to that aspect of sight loss.

You may also devise questionnaires for students to complete and take home. For example, one about guide dogs or based on frequently asked questions about visual impairments. Use your judgement as to the appropriateness for the developmental level of each child taking part.

The original workshops devised by Abdelnour can be found at http://www.tsbvi.edu/Education/toronto2002/workshop.htm

Set up and preparations

Before the workshop

- Divide class into the same number of groups as there are workstations.
- Ideally groups should be 4–6 children.
- Number each group ahead of time.
- Ensure desks are cleared and arranged in workstation groups.
- Arrange for a volunteer or teaching assistant to be available for the workshop.
- Plan to start either first thing in the morning or straight after lunch. Depending on the number of stations the workshop is likely to take up to two and half hours.
- Photocopy handouts.
- Prepare station resources.
- Prepare information cards. REMEMBER to modify materials for accessibility if necessary.
- Plan timetable for day of presentation:
  - allow 15 minutes to set up station before class arrives
  - begin with introductory information session about visual impairment and what it is like
  - allow 5 minutes for questions
  - go through every station, explaining what they will be doing answering any questions
  - call out group numbers, directing to their starting station
  - allow 10 minutes per station with 3-5 minutes in between.

Introductory talk and notes

Start the session by introducing the purpose of the workshop. Talk briefly about how you found out about visual impairment and how you came to work with people who have a visual impairment. Give some examples of the ways in which young people's lives may be affected and examples of some of the technology that is used to help young people with visual impairment. You could use some of the questions below to get the participants thinking.

Examples of questions for participants and possible answers:

1. **Ask students what they think life is like for someone with a visual impairment.**

   Explain how people with sight loss are usually able to see something. That very few people see nothing at all. Their vision can range from detecting light from dark, to seeing large objects, to seeing everything but blurry. You may wish to include information about what the target child may see in different situations but avoiding direct attention (unless they thrive on this and it is appropriate!)

   Stress the difficulties encountered nevertheless. For example, explaining how the reduction in vision leads to difficulties crossing the road and how special training is required to help them with this. Training and equipment enables them to do the things that a fully sighted person can.

2. **People with visual impairment have to rely on their other senses for information. What are the five senses?**

   Smell, touch, taste, hearing and sight.

   Describe to pupils how a person with visual impairment may use smell to help them know they are passing a bakery, taste to enjoy their food, hearing to help cross the street, that some may use touch to read braille or to identify or locate objects on the desk and remaining vision to read very large print or signs.

3. **What are some causes of visual impairment?**

   For older children, explain that causes of visual loss are often different in children to adults. Cover examples such as premature birth, genetics, accidents, cancer or eye conditions such as glaucoma. As people get older, there are other eye conditions – for example, macular degeneration, diabetes, cataracts – that can cause sight loss.

   Avoid instilling fear in the children, by explaining how lost skills may be replaced. Challenge negative attributions that may arise in questions and statements.

4. **How do people with a visual impairment get around?**

   People with visual impairment can get around in a variety of ways, depending on the amount of vision they have. Most people use a white cane. Some choose to use guide dogs. Some may use only a monocular when they need to.

Stations

Station 1 – The sense of smell

Objective: to develop a better understanding of how the sense of smell provides information. Using the sense of smell, students distinguish between the samples provided.

Supplies and instructions for setup

- 10 containers filled with 10 smelly items for example, parmesan cheese, vinegar, vanilla, shampoo, cinnamon, coffee, chocolate, coconut, apple, orange.
- Label the filled containers with a number. **Be sure to check about allergies in the group beforehand.**
- Starting with container 1, open the lid and pass it to each student in the group to smell. When everyone has had an opportunity to sample the smell ask the group what they think was in the container. Continue with container 2 and so on. Adult supervision is recommended here!

Follow-up

Ask students to think about smells in their environment and how these could give clues about where they are.

Station 2 – Trust walk

Objective: For students to get an idea about what it is like to move around without their vision.

Supplies needed

- Blindfold and tissues (to put inside the blindfold in the interest of eye health). No set-up required.

Instructions

- Demonstrate the sighted guide technique. See "How to guide people with sight problems" available free from RNIB's Online shop www.rnib.org.uk/shop

- Ask students to pair up, one person wearing blindfold with clean tissues inside and the other being the guide.
- Ask students to walk somewhere, for example, to the water fountain to get a drink and then come back.
- Partners then switch roles. Use new tissues inside the blindfold.

Follow up

Ask students to discuss situations where they think it would be difficult to travel without having sight.

Station 3 – The sense of hearing

Objective: For students to use their hearing to distinguish between sounds. For the students to appreciate just how much information their hearing can provide.

Supplies and set-up

- Record 15-20 different sounds for 10 seconds onto a cassette tape or mini-disc. Examples: traffic, microwave oven, dishwasher, TV, people talking, a lorry reversing, food frying, children playing, dog barking, bath running and car starting up.
- As you record, number each sound so that students are aware of when there is a new sound starting.
- Have a cassette or MP3 player in classroom. Audio tape should be re-wound ready to play.
- Students might like paper and pens to record answers.

Instructions

- Students listen to each sound as a group, guessing what each sound is. They can rewind and listen as much as they want in the time available.
- Optional: this could be run as a competition to see which group guessed the most sounds.

Follow up

Enable the children to discuss sounds in the environment, including clues that may help them determine where they are. Emphasise the concentration required to listen for long periods, especially at first.

Station 4 – Braille station

Objective: For students to learn what braille looks like and how it is written.

Supplies needed and set-up

- One brailler loaded with paper.
- Braille paper.
- Brailled alphabet cards for every student.
- 10 silly sentences brailled.
- Paper and pens for the students to transcribe the sentences.
- Braille books.
- Examples of tactile maps and graphs.

Instructions

Students have several activities here. Ask them to:

- braille their name on the brailler
- try to transcribe silly sentences
- look at braille books, maps and graphs.

Follow up

Students can read about Louis Braille and talk about where they have seen braille used in public places.

Station 5 – Puzzle station

Objective: For children to use senses of touch and hearing to play games and solve manipulative puzzles.

Supplies needed

- A blind fold for each member of the group.
- An activity for each group member such as playing tactile dominoes, matching textures, matching sounds and a deck of braille playing cards.

Set-up

- Set up an activity and a blindfold on each desk of the station.
- Each student will have a few minutes to try to complete the task.
- In the case of braille playing cards they can use the time to explore them and feel the braille.
- When the person finishes, they pass it on to the next group member.

Follow-up

Students can discuss how different things feel such as animals, trees, streets etc.

Station 6 – Dual sensory loss

Objective: For the students (where there is a young person with dual sensory impairment in the class) to experience a temporary dual sensory loss.

Supplies needed

- 5 containers for each pair of students in a group.
- 15 beans for each pair of students.
- 1 blindfold for each pair.

Set-up

- Place chairs so that partners sit opposite each other.
- Place containers side by side in a row.
- Place the beans by the side of one of the seats.
- Put a set of instructions face downwards on the table. Note that the person who is blindfolded is not allowed to know what the task is ahead of time (see below).

Instructions

- Partners sit across from each other, one wearing the blindfold. Neither is allowed to speak.
- The sighted partner has the task of instructing the blindfolded partner to place one bean in one container, two in the second, three in the third and so on.
- All this must be done without speaking.

Follow up

Learn about sign language. Read a book about Helen Keller, the deafblind woman who became a role model for millions of people. Check out www.afb.com and www.rnib.org.uk/helenkeller for lots of inspiring information about her life.

Station 7 – Learning about tactual discrimination

Objective: For the students to use their sense of touch to describe and label objects.

Supplies needed and set-up

- A bag that cannot be seen through, such as a drawstring sports bag.
- Items to put inside the bag such as a baby sock, leaf, spoon, toothbrush, toy truck and so on.
- One blindfold and tissues.
- Place all the items into the bag.

Instructions

- One student puts on the blindfold using tissues over their eyes in the interests of eye health.
- The blindfolded student reaches into the bag, locates one item and pulls it out. The student tries to describe it to the group and to guess what it is.
- The group take it in turns to wear the blindfold, using fresh tissues until all the items have been retrieved from the bag.

Follow-up

Ask students to write a paragraph, describing in detail one object, such as a tree.

Station 8 – Using language to describe

Objective: For students to use descriptive words such as left/right, top/bottom, big/small to describe a picture or model to their classmates to draw.

Supplies needed

Note that there are two options here, the second allowing a young person with no residual vision to take part by tactual means.

- A picture of patterns or geometric shapes.
- Paper and pencil for each student.

or

- A plasticine model or other 3-D shape.
- Plasticine or play dough for copying the shape.

Set-up

- Place the picture face down on the table, with a piece of paper and pencil at each desk.

or

- Place the model on a desk accessible to the young person who is trying to recreate it.

Instructions

- The group chooses one person to look at the picture or feel the model.
- This student sits at the desk with their back to rest of the group and looks at the picture or feels the model, being careful not to show it to the others.
- The remaining students draw the picture or make the model according to the instructions given to them by the chosen student, who will do their best to describe what it looks or feels like.
- The person describing the picture or model is not allowed to show it to the others in the group until they are finished.

Follow-up

Ask the students to write directions to get from their house to a shop or school. Discuss audio-described DVDs, theatre plays, football matches, phones with talking menus and so on.

10 “Tom’s morning” – Activity

Tom’s morning

Tom is 11-years-old and has a serious sight impairment. He lives at home with his mother and little sister (9). He attends a mainstream comprehensive with a resource centre for students with visual impairments. He has to get a special bus to and from his new school (which is a long way from where he lives and where his old friends go to school now).

Tom needs to get up a lot earlier than his sister because of this, but also because it takes him a lot longer to get dressed and organised for school. He often takes the wrong books in for lessons because the colours of some of them are impossible to tell apart. His mother cannot help him with this because she has a full time job and has little time to support him by checking that he hasn′t left a book at home by accident.

Tom is anxious about this because he knows that some teachers will give him a de-merit for not bringing in his homework. Because he is busy double checking that he has everything and starts to rush, he knocks a glass tumbler flying across the kitchen. His mother gets cross with him calling him clumsy (she doesn′t understand why he can see some things sometimes and not others **and** is stressed because she will need to clear it up before she can go to work). He leaves the house tired, anxious and frustrated.

When he gets off the bus at school, Tom has time to “hang out” on the playing field where he tries to join in with chasing and play fighting games. However, he sometimes misjudges space and bumps into people unexpectedly or trips over clumps of grass. Some avoid him or call him names. This hurts.

When the bell goes and the pupils go in, Tom passes someone in the corridor that he thinks he talked to at break yesterday about football. However, as he can′t see their face and they don′t say anything, he remains quiet. At break, he gets close enough to be fairly certain that it was them after all, but they turn away from him and he thinks they don′t want to get to know him. He is insecure about forming new friendships, is losing confidence and feels like withdrawing. What is the point in trying? They probably think that he can′t enjoy football matches anymore anyway (he thinks).

The first lesson is craft, design and technology which he misses because he has to have a braille lesson (like learning to read and write all over again!!) He′d rather learn how to use tools and so on so that he can help his dad at the weekend.

At break he tries to get a can of drink from the drinks machine but cannot follow the instructions or see where to put the money in the slot. He is afraid people will look down on him if he asks for help, so he goes thirsty. Another long, lonely break.

After break it is music and the class are rehearsing songs for a school concert. Tom is good at singing but cannot follow the words. His supply teacher has forgotten Tom's need to have his words enlarged. Tom feels left out and is too embarrassed to bring this to the attention of the teacher.

Before lunch, he has a maths test and is allowed twice as long to complete it with his portable reader-magnifier. Tom struggles with the graphs – which he used to be really good at – and is disappointed that he has to go to lunch very late so that he can finish the test. He rushes a bit and doesn't bother to check his work. His motivation is suffering.

Well, you can just imagine what lunchtime must be like for Tom, starting with having to work out what the choices are on the menu today…

Questions and group discussion

1. Note down the feelings that Tom had through his morning. Are there others that may have been experienced by him?

2. How would Tom see himself in comparison with other children? Use your empathic understanding.

3. What are the implications for Tom:
   - in his relationships with other children?
   - in other school areas and competencies?
   - for his self-esteem, independence and motivation?

11 Bibliography

Abdelnour S, 2002. **Visual Impairment – What is it Like? A Hands on Workshop to Help Elementary School Children Learn About Visual Impairments.** Texas School for the Blind and Visually Impaired. Available from: www.tsbvi.edu/Education/toronto2002/workshop.htm [Accessed 21 June 2003].

Barrett W and Randall L, 2004. Investigating the Circle of Friends Approach: Adaptations and Implications for Practice. **Educational Psychology in Practice**, 20 (4), 353–366.

Bartimeus, 2003. **Stimulation of Social Competence In Children and Young People With a Visual Impairment: A Guide for Upbringing and Education.** The Netherlands. Visit www.bartimeus.nl for details of this CD-Rom which includes stories, theory, and printable observation checklists.

Bearfield A, 2003. The Hidden Curriculum. **Visability**, 39, 8–10.

Bearfield A, 2004. Inclusion in the Early Years: implications for support. **Curriculum Close-up**, 17, 2–5.

Bolt D, 2004. Terminology and the psychosocial burden of blindness. **British Journal of Visual Impairment**, 22 (2), 52–54.

Chandler LK, Lubeck RC & Fowler SA, 1992. Generalization and maintenance of pre-school children's social skills. A critical review and analysis. **Journal of Applied Behaviour Analysis**, 25, 415–428.

Clunies-Ross L, Franklin A & Keil S, 1999. **Blind and partially sighted children in Britain: their incidence and special needs at a time of change.** London: RNIB for The Nuffield Foundation.

Corley G & Pring L, 1996. **The Inner Life of Visually Impaired Children.** In: Ved Varma (Ed) The Inner Life of Children with Special Needs. Chapter 1, 1–14. London: Whurr.

Cowie H, Boardman C, Dawkins J & Dawn J, 2004. **Emotional Health and Well-being: a Practical Guide for Schools**. London: Paul Chapman.

Crocker A & Orr R, 1996. Social Behaviours of Children with Visual Impairments Enrolled in Pre-school Programmes. **Exceptional Children**, 62, 451–462.

D'Allura T, 2002. Enhancing the Social Interaction Skills of Preschoolers with Visual Impairments. **Journal of Visual Impairment and Blindness**, 96 (8), 576–584.

Davis LJ, 1995. **Enforcing Normality: Disability, Deafness and the Body.** London and New York: Verso.

Dodd LW, 2004. Supporting the siblings of young children with disabilities. **British Journal of Special Education**, 31 (1), 41–49.

Dodds A, 1993. **Rehabilitating Blind and Visually Impaired People: A Psychological Approach.** London: Chapman and Hall.

Doss B & Hatcher B, 1996. Self-determination as a family affair. Parents' perspectives on self-determination. In: Sands DJ and Wehmeyer ML (Eds) **Self-determination across the lifespan: Independence and choice for people with disabilities.** 51–63 Baltimore, MD: Paul H Brookes.

Dunn J & McGuire S, 1992. Sibling and Peer Relationships in Childhood. **Journal of Child Psychology and Psychiatry**, 33 (1), 67–105.

Frederickson N & Turner J, 2003. Utilizing the Classroom Peer Group to Address Children's Social Needs: An Evaluation of the Circle of Friends Intervention Approach. **The Journal of Special Education**, 36 (4), 234–245.

Gray C, 2004. Social Inclusion in a Mainstream Setting. **Curriculum Close-up**, 17, 12–14.

Greenspan, SI, 2006. Bayley Scale of Infant and Toddler Development 3rd Edition: Social and Emotional Scale. Harcourt Assessment: Psychological Corporation.

Jindal-Snape D, 2004. Generalization and Maintenance of Social Skills of Children with Visual Impairments: Self-evaluation and the Role of Feedback. **Journal of Visual Impairment and Blindness**, 8, 470– 483.

Keil S, 2003. Survey of Blind and Partially Sighted Children in England, Scotland and Wales in 2002. **British Journal of Visual Impairment**, 21 (3), 93–97.

Leyden G, 1996. Cheap Labour or Neglected Resource? The role of the peer group and efficient, effective support for children with Special Educational Needs. **Educational Psychology in Practice**, 11 (4), 49–55.

Miller A, 1996. But What About the Others? Teachers' experiences of the impact of individual behavioural interventions on other class members. **Educational Psychology in Practice**,11 (4), 30–34.

Newton C, Taylor G & Wilson D, 1996. Circle of Friends: an inclusive approach to meeting emotional and behavioural difficulties. **Educational Psychology in Practice**, 11 (4), 41-48.

Peavey KO & Leff D, 2002. Practice Report: Social Acceptance of Adolescent Mainstreamed Students with Visual Impairments. **Journal of Visual Impairment and Blindness**, 96, 808–811.

Pinkney E, 2009. Are we there yet? Inclusive play in mainstream schools. **Insight**, 19, 20–23.

Robinson BL & Lieberman LJ, 2004. Effects of Visual Impairment, Gender and Age on Self-determination. **Journal of Visual Impairment and Blindness**, (98) 351–366.

Rodney P, 2003. The psychological aspect of visual impairment as a central understanding in the development of inclusion. **British Journal of Visual Impairment**, 21 (1), 19–24.

Rubin KH & Pepler DJ, 1980. The relationship of child's play to development. In: Foot H, Chapman T, and Smith J (Eds.) **Friendship and Childhood Relationships.** London: Wiley.

Ryan RM & Deci EL, 2000. Self-Determination Theory and the Facilitation of Intrinsic Motivation, Social Development and Well-being. **American Psychologist**, 55, 68–77.

Sacks SZ & Wolffe K, 1992. The importance of social skills in the transition process for students with visual impairments. **Journal of Vocational Rehabilitation**, 2 (1), 46–55.

Bibliography

Sacks SZ & Wolffe K & Tierney D, 1998. Lifestyles of students with visual impairments: preliminary studies of social networks. **Exceptional Children**, 64, 463–478.

Smith C, 2003. **Writing and Developing Social Stories.** Milton Keynes: Speechmark.

Statham A & O'Donnell, 2003. The Listening/Talking Programme: Scaffolding the development of social and communication skills. **Visability**, 37, 33–35.

Stockley J & Brooks B, 1995. Perception and adjustment: self and social. **British Journal of Visual Impairment**, 13 (1), 15–18.

Townsend, MAR, McCracken HE & Wilton KM, 1988. Popularity and intimacy as determinants of psychological well-being in adolescent friendships. **Journal of Early Adolescence**, 8, 421-436.

Webster A & Roe J, 1998. **Children with Visual Impairments: Social Interaction, Language and Learning.** London: Routledge.

Wehmeyer M, Agran M & Hughes CA, 1998. **Teaching Self-determination in Students with Disabilities.** Baltimore, MD: Paul H Brookes.

Wentzel KR & Asher SR, 1995. The academic lives of neglected, rejected, popular and controversial children. **Child Development**, 66, 754–763.

Wingfield D, 2003. Successful social inclusion in the playground? **Visability**, 39, 11–13.

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