
Early Intervention Orientation and Mobility: A Western Australian Perspective

Bronwen Scott

Early intervention Orientation & Mobility (O&M) training is a key component of the Western Australian Department of Education's Vision Education Service. Children who are blind or have vision impairments are introduced to O&M skills, including the long cane, as soon as they are able to walk. A description of the service is provided, with some basic concepts and ideas for O&M specialists working with very young children. A key factor in the success of this program is collaboration between professionals, and allowing children to take control over their own mobility.

In Western Australia, children who are blind or have vision impairment start Orientation & Mobility (O&M) training as soon as they begin to walk. This means children learn how to use a human guide, basic body protection skills, and are introduced to the long cane from around 14 – 18 months of age. Collaboration between team members is essential in providing successful intervention with this age group (Correa, Fazzi, & Pogrud, 2002), and forms an essential component of this program.

The Department of Education and Training's Vision Education Service (VES) is a team of visiting teachers, including an O&M instructor/visiting teacher, who work with children from birth until they leave school (usually around 17 or 18 years old). Part of the service is an Early Intervention/Early Childhood Service that works with children aged 0 to 6 years. O&M is an integral part of the Early Childhood Service, and is an important aspect in a weekly group called "Braille Nest". This group helps foster the

development of social skills, social competence, independence, Braille literacy, life skills and concept development. Braille Nest also provides children with peer support and role models for using the long cane.

How do we start?

Once a very young child is referred to the Vision Education Service, a visiting teacher (who is qualified in vision impairment as well as early intervention) will make home visits, and let the family know of other services that may be appropriate for the child. If O&M is required, the child is referred to the O&M instructor/visiting teacher and O&M training commences as soon as the child is walking. Human guiding is introduced with the child holding on to the adult's ring and little fingers while walking. Much of this early work is based on building trust and a rapport between the O&M instructor and the child. This will assist to develop the child's confidence in moving through the environment. As the child's balance improves, a

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lot of time is spent encouraging the child to walk freely toward sound sources and "cruising". Cruising involves the child using two hands while walking sideways around furniture and along walls. Over time, children become confident in themselves and with moving. As soon as the child is able to balance and move independently then the long cane is introduced.

Using the cane

The long cane technique differs when used by a small child compared to that used by an older child or adult. Teaching specific cane techniques such as the touch technique are not introduced to a child until around 6 years of age. At this age, the child is starting to develop the strength and motor skills required to learn these techniques. When working with a young child, developmental levels must be considered. For example, when first introducing the long cane to a child, the child must be allowed to 'explore' and play with the cane. Exploration and play often include biting the cane, banging it on the ground or walls and feeling it from tip to grip. A name for the cane is often chosen by the child and their siblings or the family. This helps to 'personalise' the cane so that it becomes another member of the family that accompanies them wherever they go.

Poggrund and Rosen (1989) summarised the traditional arguments against early long cane use in children. These include lack of motor control and coordination, reduced need for the cane in familiar environments, lack of maturity and fear of injury to others, and the development of poor cane habits. However, none of these issues have been observed with any children that began using the cane at a very young age in Western Australia.

After the initial 'exploration' of the cane, children are encouraged to keep the cane tip close to the ground. This rule is strongly reinforced by families, teachers, and others who work with the child while they are using their cane. Children learn quickly that the cane is most useful when it is on the ground as they observe that the cane can detect objects on their path of travel. On some occasions, children will use the cane to reach out or up to gather information about the environment. This should be seen as a positive use of the cane as it is an object from which to gather information.

Young children also learn to use a basic diagonal technique with the correct grip. If children walk with the cane independently then they are closely supervised to ensure safe contact with obstacles. Children can then be shown how to explore the environment and move around obstacles. O&M at this stage does not emphasise route travel. Rather, O&M is focused on developing age appropriate concepts and motor skills. The early introduction of the long cane improves a child's development of basic independence skills and concepts as they are able to move through and explore their environment confidently. Because the long cane is used in one hand, unlike most of the alternative mobility devices, skills such as using a human guide and trailing are easy to use in conjunction with the cane. The cane becomes an extension of the child's body that can be used any time they are moving through space, with or without another person. Cutter (2004) states that "the independence of these (blind) children are likely to achieve depends a good deal upon our expectations of them. Do we see children with limitations, or children with possibilities?" (p. 53).

A child may choose to use a human guide while using the cane once families are taught this skill. If a child decides not to use the cane, then this is acceptable as long as they use 'safe hands.' 'Safe hands' is a modified body protection technique, which involves the child clasping both hands together, palms facing in, with their arms extended in front of their body. At a developmentally appropriate age, more formal body protection techniques can then be taught. By allowing children to choose the means by which they want to move through the environment, they learn that independent mobility skills are empowering.

"The goal of O&M is the independent movement and travel in blind children at an age/stage appropriated time so that children develop the perception of themselves as active movers and independent travellers" (Cutter, 2007, p. 2).

References

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Bronwen Scott, Grad. Cert. Vision Impairment (O&M), Course Coordinator, Vision Australia, 4 Mitchell Street, Enfield, NSW 2136, Australia; e-mail: <Bronwen.Scott@visionaustralia.org>.

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