THE PROVISION OF
MOBILITY AND INDEPENDENCE
EDUCATION TO CHILDREN WITH
VISUAL IMPAIRMENT
IN MAINSTREAM SCHOOLS

by

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ABSTRACT

This two-phase study investigates the provision of mobility and independence (M&I) education for children with visual impairment in mainstream schools in the United Kingdom (UK).   Phase I collected data (through questionnaires and interviews) from professionals involved in M&I education in order to obtain a UK-wide picture of provision and service delivery. The analysis particularly noted that many different professionals and agencies were found to be involved in M&I education and the scope and organisation of services differed across the country. It is argued that this complexity resulted in an inconsistent and patchy level of provision across the UK. Given the range of professionals involved in M&I education, Phase II explored whether distinct ideologies were observable when different professionals described their practice. Techniques of discourse analysis were applied to transcripts from interviews with six participants from a range of professional backgrounds. Findings include evidence of administrative, charitable/philanthropic, rights, professional and educational discourses, as well as discourses linked to the social and individualistic models of disability, and diverse categorisation of children. The key finding that different professionals have different ways of talking about what they do has implications for the type and nature of services that children receive.

DEDICATION

This thesis is dedicated to my Mum who has supported me in my every endeavour, and to my daughter Abigail who is the inspiration for all that I do.

ACKNOWLEDGEMENTS

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GLOSSARY

Agencies   These include Education Services (LA), Social Services Departments (SSD), Voluntary Organisations (VO), Health Service

BERA   British Educational Research Association

DfES   Department for Education and Skills (now known as the Department for Education)

DA   Discourse analysis

ECM   Every Child Matters

FE   Further Education

Guide Dogs   The Guide Dogs for the Blind Association

HI   Hearing impairment/impaired

IEP   Individual Education Plan

ILS   Independent living skills; also known as daily living skills

INSET   In Service Educational Training

LA   Local Authority, also referred to as 'Education' throughout thesis (previously known as Local Education Authority or LEA at time of data collection)

LSA   Learning Support Assistant

LSC   Learning and Skills Council

LVA   Low Vision Aid

M&I   Mobility and independence

M&I service   A mobility and independence service, which may provide mobility and independence education to a child who is visually impaired, provided by one or a number of different professionals/agencies

MDVI   Children with multiple disabilities and a visual impairment

MIE   Mobility and Independence Educator – generic term for any professional taking the lead role in the delivery of mobility and independence education

MISE   Mobility and Independence Specialists in Education.

MO	Mobility Officer. Other titles may include 'Teacher of Orientation & Mobility', 'Mobility Specialist in Education', 'Mobility Nursery Nurse' and 'Mobility Instructor'. Can be employed by a variety of different agencies
Opsis	National Association for the Education, Training and Support of Blind and Partially Sighted People
OT	Occupational therapist
Parents	As defined by the DfES, 'parents' should be taken to include all those with parental responsibility including corporate parents and carers
QTVI	Qualified teacher of visually impaired children; in some cases these professionals hold an additional qualification in mobility skills for children with visual impairment and are referred to as a QTVI-MIE (mobility and independence educator)
RO/RW	Rehabilitation officer or worker (often employed by social services departments or voluntary organisations, and usually with adult caseloads)
RNIB	Royal National Institute of the Blind
SATs	Educational assessments used to assess the attainment of children in English maintained schools, known colloquially as SATs
SEN	Special Educational Needs
SENCO	Special Educational Needs Co-ordinator
SENDA	Special Educational Needs and Disability Act 2001
SSD	Social Services Department
Statement	Statement of Special Educational Needs
TA	Teaching assistant as defined by the DfES
VI	Visual impairment/visually impaired
VO	Voluntary organisation

CHAPTER 1: INTRODUCTION

OVERVIEW

This thesis is based upon a one year research project (hereafter referred to as the 'sponsored study') that was carried out by researchers in the Visual Impairment Centre for Teaching and Research (VICTAR) at the University of Birmingham (UoB) in 2001. The author of this thesis was employed as the lead researcher on the project.

The Guide Dogs for the Blind Association (GDBA), OPSIS, the Royal National Institute of the Blind (RNIB) and the Department for Education and Employment (DfEE) jointly funded and commissioned the UoB to carry out research into the mobility and independence (M&I) needs of children with visual impairment and the provision of appropriately trained mobility specialists.

The thesis contains two parts or 'phases'; the first phase is based upon data collection and analysis that was carried out by the author of this thesis for the sponsored study, whilst the second phase describes a more in-depth data analysis process undertaken on a sample of the data, using techniques of discourse analysis. The two phases are largely presented separately as they describe a 'journey' in which Phase II was formulated and emerged from the findings of Phase I.

This chapter will provide a description of the sponsored study and how this two part thesis was based upon the data collected in the study. It will then provide an overview of the thesis chapter by chapter.

DESCRIPTION OF THE SPONSORED STUDY

Overview of the research proposal

The UoB research team responded to an 'invitation to tender' from the GDBA, Opsis, RNIB and the DfEE which outlined a research proposal investigating the mobility and independence needs of children with a visual impairment and the provision of appropriately trained specialists. The invitation to tender provided a broad research framework for those applying to carry out the research, and also provided a background as to why the research was being commissioned. It outlined the importance of M&I education in providing children with visual impairment with:

> "the knowledge, skills and confidence to organise themselves and to get about safely. Orientation, mobility and independence training supports children's development from early childhood, enabling blind and partially sighted children to play an active part in school, home and social environments with their sighted peers" (Clunies-Ross, Evans, Talbot, Peacock, and Gallagher, 2000: p1).

Although research by the RNIB and anecdotal evidence had indicated that the provision of M&I education to children was patchy and inconsistent within the UK, there had been little research investigating how M&I education should ideally be provided (see Chapter 2: Literature Review for a detailed description of the literature). The proposal outlined the key research aim, as follows:

> "To explore the orientation, mobility and independence needs of visually impaired children and young people, to identify the specialist standards, skills and attributes required of those who teach them and recommend pathways of professional education and training with dedicated sources of funding" (Clunies-Ross, Evans, Talbot, Peacock, and Gallagher, 2000: p1).

This aim was accompanied by seven objectives that related to establishing an M&I curriculum, recommending ways that this curriculum could be delivered, identifying core and specialist standards, skills and knowledge of those involved in delivery, recommending a series of training pathways for professionals, recommendations related to funding training and posts for delivering M&I education, and finally, setting out an agenda for future research and action. Whilst the topic and focus of the research were presented to the research team,

autonomy was given in choosing methods and conceptualising the research questions to be explored. To this end, the seven objectives outlined in the research proposal were restructured into the following four broad objectives by the research team (see Pavey, Douglas, McCall, McLinden and Arter, 2002a: p7):

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

Timetable and management of the sponsored study

The timetable of the sponsored study was divided into five overlapping periods of work, with project funding spanning a 12 month period from January 2001 – December 2001. The author of this thesis was employed in February 2001 as the lead researcher; duties included overseeing the day to day running of the project, undertaking the majority of the data collection and analysis (described in Chapter 3: Methodology (Phase I)), and co-authoring the final project reports (see Pavey, Douglas, McCall, McLinden and Arter, 2002a and 2002b). A decision to base a thesis upon the data collected in the sponsored study was made after the study was completed, in early 2002.

An advisory group was established to advise on and monitor the progress of the sponsored project. This consisted of 13 professionals with expertise and others with an interest in the field of M&I education for children, including:

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

- Four professionals involved in the delivery of M&I education; two QTVIs with an additional qualification in mobility and two Mobility Officers, one employed by education services, the other by a voluntary organisation.
- A representative of the Mobility and Independence Specialists in Education (MISE) group (see below).
- A parent of a child in secondary education who was receiving M&I support.
- A training representative from a voluntary organisation.
- A representative of non-maintained schools.
- An ethnic minority development officer employed by one of the sponsoring organisations.

The management group consisted of representatives of the four funding bodies of the project, including DfEE (Stephen Dance), GDBA (Lynda Bowen), Opsis (Peter Talbot), and RNIB (Louise Clunies-Ross).

Through the steering group, the research team were afforded access to a number of specialist workers in the field; in particular, the 'Mobility and Independence Specialists in Education' (MISE) group which is part of the RNIB/VIEW Curriculum structure, provided much assistance to the research team. This is described in 'Chapter 3: Methodology (Phase I)'.

Following commencement of the sponsored study, it was clear that the initial remit of the study was too large for the relatively short time frame of the project, therefore the management group of the sponsored study steered the research team towards a focus on children and young people in *mainstream* education. Inevitably however, issues surrounding the provision of M&I education to children who are not educated in mainstream schools due to additional disabilities(i.e. children with MDVI), their age (i.e. children of pre-school age and those on the verge of leaving full-time education), or placement policies in a given LA), were discussed in the interviews. Findings related to these children are presented in 'Chapter 4: Findings and discussion (Phase I)'.

BASING A THESIS UPON THE SPONSORED STUDY: RATIONALE

As described in 'Chapter 3: Methodology (Phase I)' and 'Chapter 4: Findings and discussion (Phase I)', a large amount of data was collected in both stages of data collection, but particularly Stage 2 which involved semi-structured interviews with over 70 professionals involved in the delivery of M&I education around the UK. This data provided a detailed picture regarding the processes and people involved in delivering M&I education around the UK. However, as the sponsored study aimed to establish broad recommendations for the provision of M&I education within the field, it demonstrated breadth rather than depth of understanding; whilst it provided an indication of what was happening in the field, it did not attempt to explain why it was happening.

This was seen as a unique opportunity for exploring and explaining the complexities involved in delivering M&I education in a more in-depth and focused way, as part of a doctoral study. The focus of the thesis is therefore much narrower than that of the sponsored study, looking primarily at the factors and complexities involved in the delivery of M&I education rather than the broader areas of developing an M&I curriculum, establishing training routes and exploring funding for training and posts. However, due to the inevitable relevance of this context, these issues are also explored.

AIMS OF THE THESIS

In terms of the research questions that the doctoral study set out to explore, Phase I of the thesis set out to answer a fundamental question raised by the both the management and steering groups of the sponsored project and the literature review: if children with visual impairment in mainstream education are not receiving adequate support in mobility and independence, what are the reasons for this? An analysis of the data collected led to a detailed description of how M&I education is delivered in mainstream schools (e.g. who is involved, how they are involved and when, and challenges that are faced).

From this analysis, distinct professional identities were emerging, in that different professionals appeared to have competing ideologies about their work. Further analysis was therefore undertaken in a second phase of the doctoral study ("Phase II") that explored whether these ideologies were observable in how and what the interviewees talked about when describing their practice. Techniques of discourse analysis were applied to the interview data of a sample of six participants in order to explore the following aims of Phase II:

- How did professionals construct 'mobility and independence'? Is there evidence to suggest that professionals from different backgrounds constructed it differently in the interviews?

- How did professionals describe their approach to their work, for example did they talk about 'rehabilitating' children or 'developing' children's skills? This could enable stronger conclusions to be made as to whether this was related to their background or training and the context within which they work;

- Could the tensions between different agencies/professionals working together be explained by these differing approaches and 'views of the world'?

SINGULAR CONTRIBUTION

One of the criteria of successful doctoral study is to demonstrate that the author has made a singular contribution to the work and field of study. This is particularly important when the thesis draws upon a sponsored study that involved several members of a research team. As described earlier, the author of this thesis was employed as the lead researcher on the sponsored project. Whilst undoubtedly many decisions regarding issues such as sampling and areas to explore were discussed and agreed by the team (particularly the principal investigator, who was also the PhD supervisor), the author of this thesis can claim ownership of particular aspects of the work that was carried out. In particular: producing, sending and analysing replies received from the letters sent to local authorities in Stage 1 of the data collection (see Chapter 3: Methodology, Phase I); the design of the interview schedules used in Stage 2 of the data collection; recruiting participants, arranging and carrying out the large number of face to face and telephone interviews with professionals; the analysis of the vast amount of qualitative data collected which was analysed using NVivo; and a significant

contribution to authorship of the research reports and papers, particularly sections that related to the delivery of the M&I curriculum that this thesis is based upon (reflected in the first-author status).

Phase II of the doctoral study was conceived after the sponsored study was completed, and can be attributed wholly to the author of the thesis, notwithstanding the usual support and advice obtained from one's supervisor.

OVERVIEW OF THE THESIS

The following section outlines the structure of the remainder of this thesis, by describing each chapter in Phase I and Phase II, and the concluding chapter.

<u>Phase I - An overview of M&I education provision for children with visual impairment</u>

Chapter 2: Literature review. This chapter describes the literature searching process. It reviews evidence regarding the importance of M&I for children with visual impairment in terms of their education, potential for independent living, and inclusion in wider society. The historical development of M&I support to the visually impaired population in the UK is then described, particularly how it has been shaped by developments in the rehabilitation field which has an adult tradition, as well as trends towards mainstream education for children with visual impairment. It then assesses evidence detailing the current state of the provision of M&I education to children of preschool age and in mainstream schools, noting in particular how it is reportedly patchy and inconsistent around the UK in terms of the curriculum that is covered and the agencies and professionals involved in its delivery. It then presents the theoretical framework for the study, outlining the research questions that were raised by the review of literature and the way that they were conceptualised.

Chapter 3: Methodology (Phase I). This chapter describes the general approach to undertaking the sponsored research project, which was to tap into the expertise of professionals working in the field of M&I education. The rationale for the research is described, looking in particular at the philosophical underpinnings of the study which were predominantly interpretivist.

Decisions regarding the choice of methods are then discussed, including epistemological concerns but also pragmatic considerations which led to a mixed model approach. This is followed by a detailed description of both Stage 1 and Stage 2 of the data collection, including sampling techniques. The aim of Stage 1 data collection was to obtain a UK wide picture of provision of M&I education, whilst Stage 2 data collection used qualitative semi-structured interviews in order to elicit rich, detailed data from professionals about the delivery of M&I education. The analysis process is then described, which involved a qualitative data analysis technique known as 'thematic coding', with the aid of a qualitative data analysis software package called NVivo.

Chapter 4: Findings and discussion (Phase I). This chapter describes and discusses the findings from both stages of data collection described in the Methodology chapter that were carried out primarily for the sponsored study but which also constitute the main data collection for Phase I of this two-phase thesis. The analysis of data pertaining to the delivery of M&I education revealed an extremely complex set of processes in operation, which are outlined and discussed in relation to the three conceptual areas introduced in the Literature Review:

- First, a summary of the findings relating to the establishment of an M&I curriculum framework is presented in the section entitled 'Context of the child and the M&I curriculum'.
- This is followed by a presentation of data relating to the second level of the 'Context of delivery', which describes the delivery process including the people and procedures involved, with a particular emphasis placed upon the effect of the provider.
- These themes are then drawn out and developed further in the following section entitled 'Context of policy & service'; this describes the training and background experience of professionals involved in service delivery, the nature of the agencies by which they are employed, and contractual issues relating to M&I services.

Recommendations from the sponsored study are then described in relation to who should be the main provider for different areas of the M&I curriculum, followed by a discussion of the implications for the curriculum areas.

A 'Bridging' section links Phase I and Phase II of the thesis, by rationalising the need for further analysis of the data collected in Phase I. The techniques of discourse analysis are proposed to explore the language and discourses drawn upon by professionals when describing the work that they do with children. The analysis in Phase I suggested that distinct professional identities were emerging, in that different professionals appeared to have competing ideologies about their work. Further analysis could explore whether these ideologies are observable in how and what the interviewees talk about when describing their practice.

Phase II - An exploratory discourse analysis

Chapter 5: Discourse analysis of the interview data. This chapter describes the secondary, more in-depth process of analysis that was undertaken on a selection of the interview data collected in Stage 2 of the research using a discourse analysis (DA) method. Firstly, an overview of discourse analysis is provided, followed by a number of different definitions of what constitutes a discourse including Foucault's definition that 'discourse is about identifying systems of language, a process of making sense of the world', which appears to have most relevance to this study. Epistemology is revisited, followed by a discussion of the importance of 'context' as language simultaneously reflects reality and constructs it to be a certain way, a property of language commonly referred to as 'reflexivity'. A description of the methods used and the sample of interviews selected for further discourse analysis are then presented. This describes the six interviews that were chosen and why, how the interviews were transcribed, and the use and development of a discursive framework to aid the identification of discourses in the interviews. A review of literature is then carried out relating to rehabilitation, special education and disability which provided an indication of the discourses that the professionals may have drawn upon in the interviews. Finally, various techniques of carrying out a discourse analysis are described, before the methods employed in the DA of the six interviews are presented. The analysis involved two stages; the first was at a micro-analysis at the level of the *word*, whilst the second was a macro-analysis which involved looking for broad discourses that the participants drew upon when talking about their work with children.

Chapter 6: Findings and discussion from Phase II – an exploratory discourse analysis. This chapter describes and discusses the findings from the two steps involved in the discourse analysis, before drawing conclusions. Findings from Stage 1, the micro-analysis of the interview data identified words associated with broad discourses identified in the literature review of special education, rehabilitation and disability discourses. This leads on to a description of the findings from Stage 2 of the discourse analysis, that identified the eight broad themes and discourses that participants drew upon in the interviews. These findings are then discussed, including a critique of the DA method, a reflection of this application of DA, and a detailed discussion of the findings. The discussion of the findings summarises and discuss a number of themes, including: evidence of both shared and contrasting language and world views between the participants; commonly used discourses amongst the participants; a discussion of whether seemingly opposing discourses can co-exist; discourses in the interviews that were less prevalent; followed by a description of policy and national developments that relate to the findings. Finally, this Chapter summarises the findings and discussion from the discourse analysis, drawing out higher level themes and relating these to policy and practice out in the field.

Final conclusions: bringing Phase I and Phase II together

Chapter 7: Conclusions. This final Chapter provides an overview of Phases I and II of the thesis, describing how successfully the initial aims and research questions of the sponsored study, as well as the additional research questions relating to the world views and approaches of a sample of professionals involved in delivering M&I education to children (Phase II) were met. It reflects upon the implications of the findings for the field of M&I education, particularly in relation to how policy and practice have changed since the original study was carried out in 2001. This includes a discussion of the impact of the original sponsored study's recommendations, but also the relevance that this research has today and further research that could be carried out. Finally, the chapter presents a more personal reflection upon the journey undertaken in completing this thesis.

A list of references used throughout the thesis and appendices are presented at the end of the thesis.

Phase I:

An overview of mobility and independence education provision for children with visual impairment

CHAPTER 2: LITERATURE REVIEW

OVERVIEW

This chapter will begin by describing the literature searching process, which was challenging since there is very little research based literature relating to the processes and stages involved in the delivery of mobility and independence (M&I) support in the UK.

It will review the literary evidence regarding the importance of M&I for children with visual impairment not only in terms of their education but as a foundation for their independent living and inclusion in wider society.

The literature detailing the historical development of M&I support to the visually impaired population in the UK is then described; in particular, how the development of M&I support for children with visual impairment has been affected and shaped both by developments in the rehabilitation field which focuses mainly upon the needs of adults along with trends towards mainstream education for children with visual impairment.

It will then assess evidence detailing the current state of the provision of M&I support to children of preschool age and in mainstream schools, noting in particular how it is reportedly patchy and inconsistent around the UK in terms of the curriculum that is covered and the agencies and professionals involved in its delivery.

Finally, it will detail the theoretical framework for the study, by outlining the research questions that were raised by the review of literature and the way that they were conceptualised.

THE LITERATURE SEARCH AND REVIEW PROCESS

Conducting a literature search for literature regarding the delivery of M&I services posed a challenge, since there is a relative dearth of literature on the actual processes and stages involved in the delivery of such a service in the UK. Searches were made of several online databases, and of the entire extensive collection of books and journals relating to visual impairment held in the Visual Impairment Centre for Teaching and Research (VICTAR) at the University of Birmingham. A search was also made of the collection held by the RNIB library in London.

A significant proportion of the literature found relates to the pedagogy involved in teaching such skills, which was not the focus of the sponsored study or indeed this thesis. Additionally, much of the literature found relating to the delivery of services is based on anecdotal accounts by practitioners working in the field of visual impairment education, which mainly express concern over the current state or lack of M&I services in their area. Several writers have pointed to the relative dearth of research-based literature in the area of social support for people with visual impairment; Bruce (1996: pp120-122) argues that "policy, education, training and practice need to be informed by research findings" and concludes that there is a need for more research into the social needs of people who are visually impaired and the services and structures in which they live, in order to clarify the "confused picture of inadequate service provision" that has emerged in recent years. In particular, there has been a lack of research into the ways that M&I services both are and should be provided for children in the UK, and the little that *is* known about present services has come about largely as a result of research looking at more general issues (e.g. Franklin, Keil, Crofts, et al. 2001, Clunies-Ross, Franklin and Keil, 1999 and Walker, Tobin, McKennell, 1992), and thus has only 'scratched the surface'. Many of the established texts on mobility and independence focus on aspects of adult provision, or are concerned with provision overseas, particularly in the USA.

Importantly, due to the absence of information about the delivery of M&I services for children in the UK, much of the literature relevant to this study was not identified at the outset. As the research for the sponsored study was carried out, additional literature was

sought to compare with the unanticipated findings stemming from the research. Therefore, the literature review has been an ongoing process, with much of the literature being identified for the purposes of this thesis rather than for the sponsored study. For this reason, much of the literature will be referred to throughout the rest of the thesis, rather than in this chapter which serves as an introduction to the nature and context of the research problem.

One of the main purposes of the literature review is to provide information regarding the topic to be studied, and then demonstrate how the proposed area of study will fill any identified gaps in existing research. In particular, gaps identified by a review of the literature that this research could contribute to include the following:

- there has been no study that has comprehensively described how M&I education is presently delivered in mainstream schools (e.g. who is involved, how they are involved and when, challenges that are faced)
- nor has there been a study that has put forward recommendations as to how M&I education *should* be delivered in mainstream settings, based upon examples of good practice evidenced in the field.

Farrell (1997) states that "there is insufficient interaction between research and practice in special education" (p138), and insists that the results of research need to be effectively conveyed to practitioners in the field. It is intended that recommendations will be drawn and developed from the findings of this research, which will aid service providers and practitioners in the field to deliver M&I services to children as effectively as possible.

The literature search also uncovered a lot of literature about the types of skills that might be included under the definition of 'mobility', which helped the research team to put together a curriculum framework, the first aim of the sponsored project (see Chapter 4: Findings and discussion (Phase I)). Interestingly, the definition that appears to be in use in the literature is somewhat narrower than that eventually defined and adopted within the study. Initially, the key word used in the literature search was the term 'mobility', but this did not yield much literature about independent living skills or social and emotional development, as these have not traditionally been associated with the rather narrow, popular definition of 'mobility', which seems to relate largely to 'travel' aspects of mobility. Thus, to look for information

regarding the delivery of these aspects of the curriculum, different key words were used, including 'independent living skills', 'daily living skills', and 'independence', and 'social / emotional development / skills'.

THE IMPORTANCE OF MOBILITY AND INDEPENDENCE

It is widely held within the field of visual impairment education that M&I education for children who are visually impaired is essential to enable them to participate safely and confidently in activities within and beyond school. The invitation to tender for the sponsored project stated that:

> "For children and young people who are visually impaired M&I education is essential to give them the knowledge, skills, and confidence to organise themselves and to get about safely. Orientation, mobility and independence training supports children's development from early childhood, enabling blind and partially sighted children to play an active part in school, home and social environments with their sighted peers. " (Clunies-Ross, Evans, Talbot, et al., 2000: p1).

Research in North America suggests that visually impaired people who have competent social and independent living skills are more likely to be successfully integrated into their community and have larger social networks. Emery (1984), a Canadian O&M instructor who had worked 10 years in the field, believed that mobility skills are key to the education, socialisation, recreation and vocation of blind children. Mobility has been described in the literature as "a skill of primary importance in the development of each individual" and is a skill that most sighted people take for granted (Welsh and Blasch, 1980).

Stone (1997) states that children who are congenitally blind face many difficulties in acquiring orientation and mobility skills, particularly in forming body concepts, mental maps of their surroundings and the wider world, and concepts of distance. Children with partial sight may face a number of difficulties depending on their visual impairment, but may find it difficult adapting to light and dark conditions, lack distance vision or visual acuity. Stone concludes that all of these conditions require the support and attention from trained specialists to enable them to travel safely and independently.

In a comparative study, Lewis and Iselin (2002) found that visually impaired children did not achieve the same range or level of competence in the mastery of independent living skills as their sighted peers. Both Lewis and Iselin (ibid.) and Hatlen and Curry (1987) believe that independent living skills are learnt incidentally by children with sight, through the observation of others doing them, thus they argue that specific instruction is required to replace the role of vision in children with visual impairment.

Lewis and Iselin (ibid.) argue that visually impaired children who do not have competent social and daily living skills will not have the same opportunities to participate in the adult world of employment and contribute to their community's wider life. Thus, M&I education has a crucial role to play in the 'inclusion' of children with special needs not only in mainstream education, but also in our wider society.

PROVISION OF MOBILITY AND INDEPENDENCE SUPPORT

In order to understand and establish the context of a research problem, the research needs to be placed in a historical context (Pagliano, 1999). In the first section entitled 'History of M&I services in the UK', a review of the literature will demonstrate that M&I services for children developed from models of provision that were aimed at adults who had adventitiously lost their sight after being sighted, the focus therefore being upon 'rehabilitation' rather than formative 'education'. This section will look at the following:

- The history of training for professionals
- Concept of rehabilitation in mobility and independence provision
- Summary

In the second section entitled 'Provision of mobility and independence support to children', the effects of the general move towards the 'integration', or later termed 'inclusion', of children with visual impairment from special schools into mainstream education must be considered, since this has also affected the provision of specialist services peculiar to children with visual impairment. This section will look at the following:

- Definitions of 'mobility' and 'independence'

- History of provision to preschool children
- History of provision in special schools for the visually impaired
- Trend towards inclusion in mainstream
- Delivery of the 'special curriculum' in mainstream settings
- Summary
- Difficulties associated with provision in mainstream
- Mobility and independence key for successful inclusion
- Guidelines for the provision of services

HISTORY OF MOBILITY AND INDEPENDENCE SERVICES IN THE UK

The history of training for professionals

Models of provision that have developed have been inextricably linked with the development of training for professionals involved in the delivery of services for people with visual impairment. Dodds (1988) argues that mobility training as it stands today came about via processes of trial and error rather than being underpinned by any body of theory, and has now emerged as a body of practical knowledge practised throughout the world.

Franks (2000a) provides one of the most comprehensive descriptions ever written of the history of social welfare provision to visually impaired people within the UK, particularly the development of the home teacher, mobility officer (MO), technical officer (TO) and rehabilitation worker / officer (RW/RO) roles. The home teacher role was established by voluntary organisations in the mid nineteenth century, and their remit developed into looking after the "spiritual, intellectual and material well-being" of poor blind people in particular (p11). A great number of newly-blinded casualties of the First World War raised the profile and public perception of the blind in the UK, and contributed to service development. The blurred boundaries of the role of the home teacher however, were hotly debated during the early twentieth century, and no agreement ever appeared to be reached within the field.

Casualties of the Second World War further impacted upon the work of the home teacher, leading to more demand on their services, and concern over the low status and lack of definition of the profession continued unabated throughout this period. The role was then further developed in the 1940s and 1950s, with new course content that would include "instruction in braille, Moon, practical and theoretical knowledge of blind welfare, legislation… social science and home occupations" (ibid. p27), which one could consider to be the origins of the TO role. The home teacher role was officially renamed as Social Welfare Officer for the Blind, "in order to reflect their expanding role" (ibid. p36) in 1963. Around the same period, the MO role began to emerge with the introduction of long cane training in the mid 1960s from the USA where it had been used to enable ex-servicemen blinded in the Korean War to regain independence (Dodds, 1988). According to Franks, the "subject of orientation and mobility… revolved essentially around training in the use and teaching of the long cane system" (ibid., p36-7), and interestingly, Franks notes that this is still at the core of orientation and mobility syllabuses in use today, over thirty years later. The TO role emerged in the early 1970s following increasing awareness of the need to "establish a new pattern of training for specialist workers" (ibid. p40), and daily living skills (also known as independent living skills or ILS) emerged as a core component of training courses.

The two roles of TO and MO were eventually combined to become the rehabilitation worker / officer (RO), incorporating what were thought to be the best elements of each role, but with a greater emphasis on theory relating to the rehabilitation of visually impaired people. It is interesting to note that with the change of name came a change of emphasis and philosophy about the work of visual impairment workers, from the early emphasis upon the welfare of the visually impaired, to rehabilitation (Dodds, 1993). Despite these developments however, the profession today still seems to be beleaguered by uncertainty over its identity, and concerns about status and pay continue (Franks, 2000a). In the years leading up to the sponsored study, there was some debate over the relevance of the work that the RO does in relation to the actual needs of the visually impaired population in the UK (for example, see Franks 2000a and 2000b, Dodds 1996 and Crossland 1996); there have been doubts as to whether the preoccupation with teaching long cane training and Braille, for example, actually reflect the needs of the majority of the visually impaired population, that is elderly people.

Concept of rehabilitation in mobility and independence provision

What is interesting about the history of the RO role then is that it has always been based around the needs of the adult population of the visually impaired, predominantly composed of those who have adventitiously lost their sight, rather than congenitally blind children. This is most likely due to the fact that adults, in particular elderly people, constitute the majority of the visually impaired population in the UK; figures collected by the Department of Health indicate that in 2000, only 2% of people registered as blind and 3% of those registered as partially sighted were aged between 0-17 years of age, compared to 69% of people registered as blind and 55% of people registered as partially sighted that were aged 75 or older (Department of Health, 2001). The focus of the work of the RO has therefore been based upon the aim of rehabilitating visually impaired people.

It is interesting to note however, that some texts that deal specifically with the rehabilitation of visually impaired people do not explicitly define the term 'rehabilitation', as if the definition should be implicitly known by the reader (see for example Dodds, 1993 and Moore, Graves and Patterson, 1997). The general meaning of the term 'rehabilitation' is to help someone *readapt* to normal life (Chambers, 2002), and the term is used in many contexts other than visual impairment, including the rehabilitation of those who have suffered cancer, head injuries, and drug or alcohol abuse, amongst many others. In each case, it is in the context of helping people who have experienced life changing events to readapt to those changes. Of note is the emphasis on the '*re'* part of the term 'rehabilitation'; 'habilitate' is the Medieval Latin word for 'enable', thus to '*re*habilitate' is to re-enable one to do whatever they did before.

Ponchillia and Ponchillia (1996) wrote that rehabilitation professionals, or 'teachers' according to their definition of the role, are those "who provide a variety of adaptive skills that are designed to return the individual to full independence" (p.xiv), a description that leans towards working with adventitiously visually impaired people in order to rehabilitate them, yet later they suggest that rehabilitation teachers can also work with congenitally blind individuals. However, they appear to assume that these adults will have already acquired basic M&I skills, and the crux of the text is about working with adults, whether or not they

are adventitiously or congenitally visually impaired. They suggest that adults are distinctly different learners than children, but do not go into detail regarding how children learn or the mechanisms required to teach children M&I skills as this is not the focus of the text and, by implication, rehabilitation work is therefore that which is done with adults, not children.

Franks (2000a) states that government reports have called for a stronger rehabilitation focus in the work and professional training of the RO. Yet this does not account for the needs of congenitally visually impaired children who require formative education rather than rehabilitation, as they would not previously have developed mobility skills or knowledge that would need to be adapted to any sudden or gradual onset of visual impairment. Historical reviews of the RO role cited by Franks have arguably never included an appreciation of working with children, particularly those who are congenitally visually impaired. A number of practitioners who were involved in teaching mobility to children were concerned that current training did not adequately prepare professionals for working with children, and that the growth in the number of professionals working with children has not been accompanied by a review of training courses offered in the UK (MSIE, 1997). They formed the Mobility and Independence Specialists in Education group (MISE, formerly known as MSIE – Mobility Specialists In Education - before 'Independence' was added to the title), which provides a forum for professionals to share experiences and to develop areas of expertise in working with children.

The American text edited by Blasch, Wiener and Welsh entitled "The Foundations of Orientation and Mobility", is probably one of the key texts in the area of mobility, as the first edition (Welsh and Blasch, 1980) drew together information regarding the practice of the orientation and mobility profession for the first time (see Foreword of the 2nd edition, 1997). Although some information, particularly relating to delivery, is relevant only to contexts within the USA, much is relevant to the teaching of orientation and mobility regardless of location. In one chapter, Skellenger and Hill (1997) write about the very different needs of pre-school children compared to adults:

> "Because of the complexity of early development, the O&M process with preschool children is very different from that faced by O&M specialists who work with the elderly, adventitiously impaired adults… For these individuals, O&M is primarily a process of building onto the O&M related strengths and needs the individual already has. With preschool children, the

process is entirely the opposite. With these children the process is the initial *development* of skills both directly and indirectly related to O&M and the interweaving of these skills into the overall latticework of development" (1997: p407, original emphasis).

The processes involved with congenitally visually impaired children are so different than those used with adults that they refer to it as "developmental O&M" rather than "O&M instruction" (ibid. p408). Skellenger and Hill describe the teaching of mobility to young children as a process of ensuring they are aware of and able to use the 'building blocks' upon which are built later mobility skills. These might include sensory awareness, body image and concept, gross and fine motor activities, and conceptual awareness, 'building blocks' that were built into the curriculum framework developed as the first aim of the sponsored project.

Summary

This section has detailed how the RO role has developed historically, and that it has been based predominantly around the needs of adults with visual impairment rather than the needs of children. The next section goes on to review the development of M&I services provided to children, and the effect of changing educational settings.

PROVISION OF MOBILITY AND INDEPENDENCE SUPPORT TO CHILDREN

Definitions of 'mobility' and 'independence'

The literature reviewed regarding the history of the RO role discusses both mobility skills and independent living skills (ILS) together, presumably because they are both aspects of the RO role. In other literature however, mobility (or O&M as it is often called, meaning orientation and mobility) is often discussed independently of broader independent living skills.

For example, the aforementioned text by Blasch, Weiner and Welsh (1997) provides one of the most comprehensive overviews of the field of O&M, yet independent living skills are not

discussed. Similarly, the curriculum offered by the British Columbia Ministry of Education (1999) focuses solely on O&M. Other literature which describes a broader curriculum including independent living skills *and* O&M tends to simply list these two areas of the curriculum as though they can be treated separately (e.g. Dodson-Burk and Hill, 1989; Stone, 1997). Therefore, it appears that these two areas are brought together out of convenience. This is presumably because both independent living skills and O&M are areas of development with which children with a visual impairment tend to require additional support, and because the same 'rehabilitation' professionals often provide this support.

However, this grouping of convenience is over-simplistic. A close inspection of these areas reveals that many of the foundation skills required for both independent living skills and O&M are shared. Aplin (2001), a practitioner working in the field of M&I education for children, argues that the same concepts underpin both mobility skills and independent living skills:

> "in both situations the activity is invariably divided into a series of steps and teaching involves the following: learning the layout and content of the space in which the activity is taking place, learning to recognise and work with significant objects, learning the names relating to space, objects and movements, [and] exploring, refining and practising the sequences of movements in each step and building them into the entire activity" (p11).

While there may be some debate as to the precise task breakdown which Aplin presents, of particular significance is the recognition that different 'mobility and independence' tasks require common concepts and understanding. This is reinforced by mainstream psychological literature. For example in an overview, Gregory (1987, p.727) describes "almost everything that a human being does involves the perception of the spatial locations of objects", and goes on to describe the importance of the overlapping processes of sensory integration, inter-sensory co-ordination, and sensorimotor co-ordination in underpinning this ability. Despite the overlap between the two areas, much of the literature discusses them in isolation from one another which suggests that many authors did not perceive there to be any underpinning links between the areas.

Additionally, there is little literature to assist in building a description of the historical development of the provision of independent living skills support within the education

system. The reason for this is unclear, since it was an area identified in early literature as being of importance to children with visual impairment (for example, Tooze, 1981). Therefore, much of the following review of literature relating to the historical development of M&I support to children within the education system is concerned solely with the provision of O&M support. Where possible, the development of both of these areas will be discussed.

One of the difficulties encountered in the sponsored project was that due to time restrictions, research investigating the boundaries and content of an M&I curriculum was carried out simultaneously with research looking into the best ways of delivering such a curriculum. Therefore, aspects that were eventually built into the final curriculum were not necessarily apparent at the outset or in the early stages of the research. Mobility was always an aspect that would be included in any curriculum, and at a fairly early stage, it was acknowledged that independent living skills would also be an aspect of the curriculum. Therefore it is these areas that were more fully investigated. Other areas however, such as early and foundation skills and social and emotional aspects of the curriculum were defined and included later. Thus much of the early literature search that is described in this chapter, and research carried out by the research team, was focused primarily on the provision of mobility support, and then to a lesser extent on the provision of ILS support. Unfortunately, this approach meant that the provision of education in other aspects of the curriculum was investigated in much less detail as they were not acknowledged in the early stages.

History of provision to preschool children

Many authors have argued the importance of early intervention in orientation and mobility support for children with visual impairment, and many believe that support should begin before formal education commences (see Leong, 1996). In a review of mainly North American literature, O'Donnell and Livingston (1991) reported that limited movement and exploration, due to a lack of motivation or opportunities to explore their environment, were the root causes of many problems associated with visual impairment, in particular difficulties with children's performances in ILS and O&M. They found that this was often a more acute problem for children with low vision than for blind children, since blind children were more

likely to receive specialist support (in the USA) to compensate for the visual clues that they cannot see.

A study by Olson (1981) compared the exploratory behaviour of legally blind preschool children to a matched group of sighted peers when playing with toys, and found no significant differences between the two groups' interactions. He concluded that this was due to the fact that the visually impaired children had, on average, received more years of formal education than the sighted children. According to Olson this suggested that early intervention in encouraging exploratory behaviour is key to placing children with visual impairment on the same level as their sighted peers.

Emery (1984) also highlighted the importance of early intervention, and in particular highlighted the role that parents should play. He argued that parents often have negative attitudes and expectations attributable to a lack of active, mobile blind role models in society, and as a result mobility training is often neglected in the child's home. Parents can be over-protective of their children, by doing everything for them and restricting the development of their child's independence. Although he was writing specifically about mobility, the same would apply to ILS in the home.

Whilst services for preschool children in the USA have reportedly expanded and developed rapidly in recent years (Leong 1996), the history and present level of preschool service provision for children with visual impairment in the UK are less clear and have not been documented in such detail.

As early as 1972, the Department for Education and Science compiled a report entitled 'The Education of the Visually Handicapped' (known as the Vernon report) which recommended that nursery provision should be available for preschool children with visual impairment. However, Chapman (1978) noted that such recommendations were difficult to put into practice due to the low incidence of visual impairment in the UK. Other than placement in ordinary nursery settings, placements were recommended in special nursery groups for children with a variety of disabilities, or placements in special units for blind and partially sighted children. Unfortunately according to Chapman, these specialist types of nursery

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provision were few and far between. However, at the time of writing pre-school advisory services were beginning to emerge, where LAs appointed peripatetic teachers with responsibility for children with visual impairment. They were described as having a very wide remit, covering children with visual impairment in mainstream education by supporting the teachers who would be likely to have little knowledge or experience of the needs of the child. This responsibility, along with the travelling time involved between schools, would mean that little time was available for making home visits to preschool children and their parents, and Chapman foresaw that there would be inherent difficulties in trying to cover so many ranges of provision. Interestingly, at this early stage Chapman noted the need for interdisciplinary cooperation between professionals in social services, health and education, in order to pool the required expertise necessary to work with children and carry out home visits. This would prevent the home from being 'over-visited' and given contradictory advice from different professionals that were involved.

History of provision in special schools for the visually impaired

Despite the differences outlined earlier in the 'developmental O&M' process to be used with young and congenitally visually impaired children compared with that for adults, Stone (1995) claims that for some time (the author does not provide any dates), *formal* mobility training was not considered necessary for children in the UK, and that even in cases where it was provided, the same curriculum used with adults was employed. She claims that pressure from schools, colleges and visually impaired people eventually led to the increasing availability of mobility provision to children, initially in special schools for the visually impaired where the majority of children who were blind or partially sighted were educated before the trend towards the integration of children into mainstream education began.

According to Kirkwood and McCall (1997), there has been a range of special educational provision available for children with visual impairment since the 1930s. Due to an absence of national and regional planning, special schools for the visually impaired were founded in an uncoordinated fashion, and as a result, there is an uneven regional distribution of special schools for the visually impaired. Special schools for the visually impaired are either maintained by a LA or are non-maintained schools, run by charitable trusts such as the RNIB.

Historically, different schools were set up with the aim of providing for a particular sub-set of the population of children, for example partially sighted children only or blind children only, and some catered only for children who were considered to be academically 'able', whilst others catered only for children with additional disabilities. As the dynamics of the visually impaired population changed, the roles of many of the schools changed to meet changing need. A significant feature of many schools was the provision of residential accommodation for some or all of the pupils, and in many schools this is still the case. As discussed later, this has consequences for the delivery of M&I support.

Although there are few detailed and descriptive accounts of the early provision of M&I support in special schools for the visually impaired, there appears to be some evidence that in many schools for the visually impaired, M&I support has in the past been available to pupils. For example, in a historical review of the Worcester College for the Blind, Fletcher (1984), a former Head at the school, made passing reference to the teaching of mobility in the school, though the nature and quality of provision was not described in any detail.

According to Stone (1995) the mobility specialists employed by special schools varied in their approaches, many refusing to work with children less than 12 years of age when the introduction of long cane training was considered appropriate, whilst others argued for much earlier intervention. The majority of these early mobility officers only worked with blind children (Stone, ibid. and Lee, 1988), as the needs of partially sighted children were not widely recognised or accepted until recently. This is surprising, since the mobility needs of partially sighted children were acknowledged as early as the 1970s, in particular by Chapman (1978) writing about observations made within the 1972 Vernon report. Chapman did note however, that despite this report the mobility needs of partially sighted children had "been less clearly defined both in research and practical teaching programmes" than for those children considered to be blind (p107).

Stone (ibid.) claims that in some areas the needs of partially sighted children are still not fully accepted even today. Stone does not however, provide sources or illustrative examples to support many of her claims; therefore they should be treated with caution.

Perhaps one of the most descriptive accounts of the early provision of M&I education provided in special schools for the visually impaired is that by Chapman (1978), which according to the preface written by the series editor Ron Gulliford, was the first British book to be written about educational provision for children with visual impairment. It is not clear whether the observations and recommendations made by Chapman were based upon comprehensive research, or simply on personal experience and knowledge gained from her background as a teacher of the visually impaired, though in the absence of any description of methods or methodology, it is most likely based upon the latter. She devoted a significant section to the importance of "mobility orientation and movement training" (p101), commenting on the wide range of sporting and physical activities that children in special schools for the visually impaired undertake as part of their educational experience, and that mobility had developed into a distinct and "essential" school subject (p104).

According to Chapman (ibid.) the teaching of mobility had its roots in the teaching of long cane training, introduced into two Liverpool schools for the blind by an American expert in mobility. This initiative was followed by the foundation of a specialist training centre for instructors in 1968 (eventually known as the National Mobility Centre), where both school teachers and social workers were to receive training in the instruction of the long cane technique. Chapman explained that teachers were concerned that the teaching of long cane techniques should only be a part of a more basic course in orientation and movement training, with regular individual instruction. In order to achieve this, Chapman argued that the teacher of mobility should instruct not only pupils, but also other staff so that they could play a part in the teaching of mobility skills, particularly "pre-cane skills" (p105). This then, suggests that the teaching of mobility should be a shared responsibility, between many professionals in education. However, Chapman takes this concept a step further, commenting upon the potential role that parents could play. She reported that in some schools for the blind, there had been developments where parents underwent training with the mobility teacher, often under blindfold, to enable an appreciation of the challenges faced by their child. Chapman suggested that this might encourage parents to encourage their child to continue practising mobility skills during school holidays.

Following on from her discussion of mobility, Chapman (ibid.) turns to "training in personal independence" or "self-help skills", which according to Childs in 1974 (cited by Chapman, 1978: p109), was provided by most schools for the visually impaired at that time. Such support would often involve not only teaching staff but also care staff, and this is where the residential care provided in many schools for the visually impaired offers an advantage over day schools, since these after-school staff and the additional time available enable M&I related activities to take place that would have been difficult to cover in school hours.

However, Chapman believed that in school time, other curriculum subjects could be an opportunity to practise or reinforce essential self-help skills, particularly 'home economics'. Chapman noted that ideally parents should teach many self-help skills to their child at home, but argued that many would need support to do so.

More recent accounts suggest that support in M&I is still provided in many special schools for the visually impaired. Ellis (1991), a mobility specialist working in a special school for the visually impaired, described the mobility programme provided at the special school for the visually impaired in which he was employed. There were a number of striking features; in particular three full-time and qualified 'instructors' were employed by and based at the school; all new pupils had their mobility needs assessed upon enrolment and again at various stages throughout their school career; pupils were released from classes to attend mobility sessions that could range between 20 minutes to two hours long as necessary; and all staff at the school, both teaching and non-teaching staff, attended mobility awareness sessions, and helped to reinforce mobility skills with children in between their mobility sessions. Parents were also involved in developing their child's mobility skills, and were invited to mobility awareness days to increase their understanding about mobility.

Similarly, Kear and Smith (1997) described the very rich programme of ILS and social skills development provided at another special school for the visually impaired, where all students in years 7-9 follow the programme. Once more, the support given in developing basic living skills by staff in the 'Design for Living' Department, that has the specific function of teaching various aspects of ILS, is then reinforced by other staff in the school at other times, particularly staff working in the residential accommodation.

Of course, one should note that the writers of these more recent accounts were working in the schools that they were describing, so their descriptions are possibly not very objective. Although any account is subjective to a degree (see Methodology chapter for further discussion), an independent researcher might have given a more objective, balanced account of the provision in these schools, by outlining possible disadvantages or deficiencies in the provision. Nevertheless, such anecdotal accounts suggest that in many schools for the visually impaired the provision of M&I support has both historically and more recently been given time and attention, and been considered an educational priority.

Trend towards inclusion in mainstream

Stone (ibid.) states that mobility support for children in mainstream only really emerged in the 1980s in some areas of the country, which parallels the integration of many children with visual impairment into mainstream education. According to McCall (1997) the number of placements of children with visual impairment into mainstream schools began to increase during the late 1970's and 1980s, following small-scale 'experiments' carried out with pupils from residential schools for the blind and recommendations stemming from an investigation into the education of the visually handicapped commissioned by the government. Eventually by the 1980s, the majority of children with partial sight were being educated in mainstream education rather than special schools, supported by peri-teachers employed by emerging LA services set up to support children with visual impairment. Many of these early peri-teachers were QTVIs who had previously worked for special schools for the visually impaired.

McCall does not provide figures to illustrate the increase of children with visual impairment being educated in mainstream education, and figures on this particular phenomenon have never been comprehensively compiled over the years. However, there have been 'snapshot' surveys that give an idea of the number of children educated in different educational settings at various times, that give some idea of the trend towards inclusion into mainstream. For example, Best (1992) quotes DES figures from 1982 that indicated that 90% of blind children and 75% of partially sighted children who had no additional major disabilities, were being educated in special schools for the visually impaired at that time. This contrasts with the

results of a RNIB survey carried out in 1995, described by Clunies-Ross and Franklin (1997) that suggest that 59% of children with a visual impairment were being educated in mainstream schools in 1995. Unsurprisingly, this trend has been accompanied by the closure of a number of schools for the visually impaired over recent years; writing in 1981, Hegarty, Pocklington and Lucas calculated that there were 35 special schools for visually impaired children around the country, down by three from 38 in 1972. By 1997, this number had decreased further to just 22 (Clunies-Ross, Franklin and Keil, 1999).

With the growth of inclusion, two main types of mainstream educational provision for children with visual impairment have developed over the years, including placement in local mainstream schools with support from the LA advisory teaching service for the visually impaired and placement in mainstream schools that have a resource base (McCall 1997). According to McCall (ibid.), the success of mainstream placements depends on a number of factors including "the level and effectiveness of the support available… [and] the personality and wishes of the pupil and their family and the attitude of the staff at the school" (p15). This has been supported by findings from case studies carried out by Dawkins (1991), looking into the experiences of 14 children who were integrated into mainstream education

There are a number of advantages and disadvantages associated with both types of mainstream provision. A particular disadvantage for some children placed in their local mainstream school is the fact that there are many variations in the ways that LA advisory services around the country are structured, which can affect the quality of support offered to children (McCall, ibid.). Indeed, evidence from Dawkins' (1991) study of eight LAs suggests that some children who were placed in mainstream schools received little or no support at all, and mobility and ILS appeared to be areas of need that were too often neglected.

In some authorities, children with visual impairment are often educated together in one school that has a resource base attached, concentrating human expertise and material resources in one place in order to achieve the best economic efficiency possible. Dawkins (ibid.) claims that this type of setting can be advantageous since non-specialist staff in the school are more likely to want to develop their knowledge and skill in visual impairment issues since they are likely to work with children with visual impairment in the future. Another advantage is that the

children themselves have contact with other children with similar disabilities / experiences and are therefore less likely to feel isolated. On the other hand, the school may not be local to children's homes, therefore children may be isolated from their local community and in some cases may have to travel long distances to get to school, affecting after-school activities.

Delivery of the 'special curriculum' in mainstream settings

Earlier sections have so far demonstrated that M&I support has been and is provided to some extent in many special schools for the visually impaired around the country. The trend towards educating children with visual impairment in mainstream schools has had far reaching implications for the delivery of specialist skills areas that have been referred to as the 'special curriculum'. This section will consider the available evidence of how effective the provision of M&I support has been for children in mainstream settings, looking in particular at some of the challenges that might be faced in this delivery.

There has, however, been some debate over whether the term 'special curriculum' should be acknowledged or used at all with children who are educated in mainstream settings. Hatlen (1997), a practitioner working in the USA, argued that for many years the integration or inclusion of blind children was believed to be achievable simply by adapting the core (mainstream) curriculum so that it was accessible to blind children. Thus the one, core curriculum was simply adapted to the needs of the child, for example the provision of adapted media and materials used for learning. This acknowledges that children with visual impairment should be provided with the opportunity to be equal to their sighted peers, but fails to acknowledge that children with visual impairment should also have the right to be *different*. This, he argues, "clearly implies that there is more to the education of visually impaired students than the exact same curriculum provided to sighted students" (Hatlen, 1997: p61). By implication then, he means that whilst children with visual impairment should be given the *same* opportunities as their sighted peers, they may require *different* approaches in order to achieve this, since they have additional needs due to their visual impairment. These needs should be met via what Hatlen calls an 'expanded core curriculum' that has traditionally been termed the 'special' or 'supplementary' curriculum in the UK (e.g. Mason, McCall, Arter, et al. 1997 and Dawkins 1991).

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According to Hatlen (ibid.), the expanded core curriculum should include instruction in a number of areas for which the existing core (mainstream) curriculum does not include adequate provision; these areas include "compensatory academic skills including communication modes, social interaction skills, recreation and leisure skills, use of assistive technology, orientation and mobility, independent living skills, career education, and visual efficiency skills" (1997, p63). Similarly, Dawkins (1991) explains that the supplementary curriculum should include specialist skills that are specific to children with visual impairment, which she groups into three main areas, including specialist communication skills, mobility and orientation, and living skills.

Hatlen (ibid.) argues that many educators have found it difficult to accept that children with visual impairment have additional educational needs than their sighted peers that require different educational approaches and teaching strategies, whilst others have not accepted that it is part of the responsibility of education, or have not been able to meet the additional time required to provide this additional curriculum. Due to these factors, he believes that in many cases in the USA the needs of children with visual impairment have not been met.

Early literature by Chapman (1978) reflecting on the needs of children with visual impairment in the UK, included commentary on many aspects of the 'special curriculum', including the need for the provision of 'mobility orientation and movement training' and for 'self-help skills', but description was confined to that offered within special schools for the visually impaired. When noting the early integration of some children into 'ordinary' schools, the need for M&I support was mentioned as an area in which children would possibly need support, but this was not elaborated upon in any detail.

Some 10 years later, Chapman and Stone (1988) revisited the need for M&I support within mainstream schools, but focused on the pedagogy involved in teaching these skills, rather than the procedures and stages to be followed in order to deliver any programme. Interestingly at this early stage in the provision of M&I services in mainstream education, they noted the potential role that class teachers could play in the delivery of M&I education, by promoting the independence of children with visual impairment in their class. However,

the text appears to assume that this aspect of the 'special curriculum' both could and would in practice be delivered to children in mainstream schools, and did not consider any possible difficulties that might be faced.

However, a number of professionals working in the field of visual impairment were beginning to express concern over the provision of M&I support in mainstream schools. As early as 1985, Fagan, Mabert and Cowen (1985) were concerned over how additional skills required by children with visual impairment would be delivered to children in mainstream schools since they were not a feature of the mainstream curriculum. Their summary of these skills included concept development, social skills, environmental awareness and formal mobility, personal management skills, occupational therapy and physiotherapy, low vision training, and communication skills such as braille. As practitioners working in the field of M&I support, they argued that no one professional could provide all of these skills to children in mainstream settings, and that therefore a team approach would be necessary. Team members might include a MO, TO, specialist teacher, and an OT and physiotherapist where appropriate, and in order to avoid confusing the family, a key worker should be allocated to make all contact with the family. They were also concerned about the funding for such services, and of the inappropriateness of training for professionals that did not equip them to work with children.

Their writing was certainly visionary, since many of their concerns have come to pass. Some five years later, their concerns that many children in mainstream education were receiving either no M&I support, or very ad hoc provision from social services departments, were being echoed (Raffle 1990 and 1991). A survey (Walker, Tobin and McKennell 1992) conducted in 1988 involving interviews with the parents of 285 children with visual impairment suggested that a significant proportion were not receiving and had never received any mobility support, and that the majority of these children were educated in mainstream settings. Of course, it is possible that many of them did not need such support, but within the boundaries of the survey this was impossible to establish. The survey also reported that a number of children could not perform various daily living tasks. Interestingly, although the survey acknowledged that daily living skills are one of the most difficult aspects of the "hidden" or "additional curriculum"

required by children with visual impairment that schools could provide, they did not enquire whether the children received any support at school in developing such skills.

A paper written by Lee in 1988 highlighted a number of concerns about the quality of mobility support provided for children in mainstream education in Scotland. These concerns were based upon findings obtained from questionnaires sent out to an undisclosed number of respondents, who were personally known to Lee. The respondents seem to have included head teachers of special schools, support teachers (type of employer not disclosed), and five mobility officers from a voluntary organisation involved in providing mobility support to children in one region. There were five aims of the study, three of which seem relevant to this thesis. They included an investigation into the extent of need for mobility support in different authorities (though the paper did not provide a satisfactory answer), to briefly examine how authorities address the meeting of this need, and the collection of views of how provision may be made and delivered most efficiently.

Although the findings from the research are somewhat intermixed and difficult to disassociate with the personal views of the author in the text, the following appear to be relevant:
- provision of mobility support was found to be 'patchy' according to location
- if a mobility officer was available at all, they tended to work in isolation from other professionals except in one particular area where a local voluntary organisation MO worked with the child's carer so that they could support the child
- some SSD mobility officers tried to "help" whenever they could, but when they did, they were only allowed to work with children out-of-school hours, so as not to "encroach" upon the school day
- assessments tended to be "piecemeal".

This suggests that mobility support was not given a high priority in mainstream education in Scotland, since it was not built into the school day and was often ad hoc. It also suggests that contrary to recommendations put forward by the author, responsibility for providing mobility was not shared, but instead provided solely by the MO in isolation from others.

A study by Dawkins (1991) investigated the provision of services for pupils with visual impairment in 8 different LAs within the UK, the selection of which was based upon a wide range of "geographical and social environments, size, policy framework, nature of services and length of experience in the field of visual impairment" (p2). Findings from the study suggest that the provision of M&I support within these authorities was similarly 'patchy', and that provision was met in very different ways within each of the authorities. A particular gap in provision was for outdoor mobility, often because it was not considered to be an educational responsibility. As Dawkins and others (e.g. Anderson 1995) point out, the reasoning behind this is both debatable and absurd, since all children in primary schools receive road safety training (e.g. the Green Cross Code), and outdoor mobility training can be seen as a form of road safety training specifically for children with visual impairment, though many would argue it involves many more important skills. Dawkins notes that in some areas there was occasionally input from social services personnel, but points out that they rarely had the time or training required for working with children. This point has been echoed more recently by Aplin (1997), a practitioner in the field who believes that there should be practitioners who work solely with children. He argued that social services personnel lack the training necessary to work with children, and their predominantly adult case loads meant that any time allocated specifically to working with children was limited, and close links with the school were rarely established.

Dawkins (ibid.) also found that the teaching of ILS, normally built into the curriculum of special schools for the visually impaired, was often inadequate in secondary mainstream schools. In contrast, it was often provided in nursery and primary education by class teachers under the guidance of a teacher of the visually impaired. She argues that this is because "the gradual development of self-care and independence skills is an inherent part of the [nursery and primary] curriculum" (p179), but this overlap is not continued into the curriculum in secondary schools. Therefore in practice, pupils were often either extracted from other classes in order to receive support in the development of these skills, or they were seen as 'extra-curricular' activities.

Ellis (1991) expressed concern over the apparent inconsistency of provision of mobility support for children in mainstream education around the country. He argued that regional

variations in policy and available resources regarding the provision of mobility education were exacerbating the situation, and that many LAs did not have a definite policy in place, though unfortunately he did not provide any illustrative examples. Nevertheless, the picture detailed earlier in this chapter of provision in the special school for the visually impaired in which Ellis worked is very different to that described by practitioners working in mainstream education, commenting on the inadequacy of much provision.

Summary

In summary then, the anecdotal evidence available suggests that many writers perceive that the provision of M&I support to children in mainstream settings has developed in a haphazard fashion, varying widely between authority areas. According to the experiences of practitioners working in the field:

- M&I provision or particular aspects of it have not always been seen as an educational responsibility or been given any priority in the school day,
- M&I support has been provided in an ad hoc fashion by SSD employees who do not have the requisite training or time to work with children, since no other specialist has been available to work with children, and
- professionals providing M&I support have worked in isolation from other professionals, since there was no sense of shared responsibility between professionals / agencies.

Difficulties associated with provision in mainstream

There are a number of opinions as to why M&I support may be more difficult to deliver in mainstream settings than in special schools for the visually impaired. The reasons put forward in the literature can be grouped into three distinct areas:

- different aims and set-up of the two educational settings
- the increasingly crowded state of the mainstream curriculum, and
- a possible philosophical barrier existing within mainstream education.

The first postulated reason is that the very purpose of special schools for the visually impaired is to provide for the needs of children who are visually impaired, and they are designed with the aim of meeting these additional, specialist needs as effectively as possible. Jenkinson (1997) states that many arguments put forward in support of special school placement for children with special needs are that all of the requisite services are often centralised within the school. In mainstream schools however, any additional service provision or specialist input would need to be brought in. She explains that in a special school, the teachers and other staff have specialist training and expertise in particular disabilities and therefore understand the impact that these can have on a child's education, whereas for a mainstream teacher it would be "impractical… to develop the degree of expertise needed to teach an individual child with a severe… [for example] visual impairment, when the teacher may only have the student for a year" (p92). Furthermore, professionals employed by and based in one school are more likely to work together as a team, rather than in isolation from one another.

Another reason may be that the mainstream curriculum (National Curriculum) is already very full, and thus any additional, specialist curricula areas are pushed outside of school hours or overlooked. Tobin, an academic in the field of visual impairment and education, believed that specialist services traditionally provided in specials schools for the visually impaired were not being adequately addressed in mainstream education (1990 and 1993). In relation to M&I, he highlighted a tension in fitting M&I support into the already crowded timetable, and concluded that "time must be found for regular and systematic mobility training and for the development of daily living skills […] if integration is to be meaningful" (1990 p137-8). Interestingly though, Dawkins (1991) feels that often the delivery of ILS to children in special educational settings has sometimes been at the expense of other subject areas, which demonstrates that it is difficult to include everything in a school timetable no matter what the educational setting, and that decisions and priorities on an individual basis will often be necessary. As early as 1971, the difficulties of timetabling mobility even in special schools for the visually impaired were acknowledged in a report by the College of Teachers of the Blind (Chapman 1978).

A third reason is that there may be a philosophical barrier within education, to accepting the special curricula areas of mobility and ILS as an educational responsibility, since they are

perhaps more difficult to relate to traditional mainstream subjects. Braille and large print, for example, could be considered to be more 'academic', directly relating to literacy and reading and are therefore seen as more important areas. Particularly in the case of basic ILS, there may be a prevailing belief that it is not part of education's remit, but rather the responsibility of parents as it is for sighted children. However, unfortunately for many children with visual impairment, skills which are normally considered to be relatively easy can become complex, with many parents finding it difficult to support their children in their development, and as a result they may restrict or overprotect their child so that they become dependent on others' help (Chatterton, 1997). In these circumstances, additional support from professionals is needed, but as we have seen this is not always available throughout a child's school career, particularly once they reach secondary mainstream schooling. Furthermore, the very involvement of SSD employees in the provision of M&I support suggests that some LAs do not believe it is part of their remit, but that of social services.

Mobility and independence key for successful inclusion

The evidence suggesting that M&I provision may be inadequate for many children in mainstream settings is worrying, since many writers have argued that M&I support is essential in order for children with visual impairment to be fully integrated into mainstream education. Raffle (1990), a practitioner in the field, argued that children with visual impairment have a right to mobility support if they are to have equality of opportunity alongside other children, whilst Lockett (1997) believed that mobility education is the foundation for integration, enabling the child to achieve full access to the curriculum. Throughout his career as a teacher of the visually impaired and a MO, he had observed the difficulties faced by many children because of their lack of M&I skills, and felt that "without the social interaction that independent mobility brings, a visually impaired student is often isolated and restricted in experiences that are commonplace with their sighted peers" (p10).

Nott (1991) claimed that her years of experience as a teacher of the visually impaired in both special school and mainstream settings have convinced her that children's social development is essential for their successful integration. Findings from a pilot study by Kalabula (1991) investigating the friendship patterns of children in an integrated secondary school in Zambia,

support this notion; the study found that children with visual impairment were not socially integrated with their sighted peers despite being educated alongside them, and Kalabula concluded therefore that functional interaction does not guarantee social interaction.

Anderson, a SEN Tribunals Officer, has argued in a number of papers (1995, 1996, 1997a and 1997b) that the meaning of integration is not purely the physical location of children with their sighted peers in mainstream schools, but the acceptance of visually impaired children by their sighted peers and adults, as full members of the school community. He claims to have attended many tribunals in his career where the mainstream schools' failure to address issues regarding mobility and independence have been significant factors in supporting parents' wishes for their children to move to a special school.

Anderson's meaning of 'integration' is closely aligned with that of the more recent concept of 'inclusion'. According to Talbot (2002), the change in emphasis from 'integration' to the 'inclusion' of children with SEN in the mid 1990s has had 'profound' consequences on the provision of services to such children. He cites the definition used by the DfEE in the 1997 Green Paper 'Excellence for all Children':

> "By inclusion, we mean not only that pupils with SEN should, whenever possible, receive their education in a mainstream school, but also that they should join fully with their peers in the curriculum and life of the school" (cited in Talbot, 2002: p58)

Using this definition, one could argue that the provision of M&I support is essential if children with visual impairment are to be fully included. Upon this basis, some practitioners in the field (for example, Anderson 1997a) have argued that the provision of M&I support as defined on a child's statement of SEN should be seen as an *educational* need, rather than a non-educational one, so that it is given greater priority. Furthermore, Stone (1995) claims that unless a child has a statement, mobility support may be difficult to secure for the child, due to the resource-led funding strategy in operation that means schools have to make decisions over which specialist services to buy in.

Guidelines for the provision of services

Although anecdotal evidence suggests that M&I provision has not historically been given the attention and priority it deserves in many mainstream settings, there have been a number of guidelines produced aimed at agencies involved in providing education to visually impaired children. This section describes these guidelines and considers whether they too have given M&I provision adequate attention.

In 1989 the RNIB produced guidelines aimed at LAs who were setting up or improving visual impairment services. This document drew on the experiences of its own officers and the contact made by the RNIB with an undisclosed number of authorities and organisations, in order to "establish a framework of issues which need to be considered in providing for the educational needs of visually impaired children" (Dawkins, 1989: p1). The document outlined a number of areas that services should consider, depending on the type of school placement under consideration, yet the provision of M&I support was mentioned surprisingly briefly throughout the document. For example, in the section on financing services, there is no mention of the cost of employing mobility specialists or buying in appropriate provision. In another section, the possible need for inter-disciplinary working within and between agencies in the provision of mobility support was acknowledged; the author intimated that support provided by rehabilitation workers from SSDs was often inadequate due to a lack of resources or experience/training in working with children, yet no alternative or preferable solution was suggested.

This lack of attention regarding M&I support within the report would mean that the reader would accordingly fail to place much importance on the need to provide M&I support. The lack of detail may be a reflection of the sample of professionals who were consulted, which may not have drawn upon the experiences and recommendations of a variety of different professionals involved in providing services to visually impaired children. Since the number of and type of respondents were not disclosed, this is difficult to establish. Alternatively, it may be because M&I support was yet to be recognised by many as a significant need.

In much of the early literature, some aspects of mobility and independence, particularly long cane skills, were not recognised as being prerequisite skills for competence in academic subjects such as science or mathematics (for example, Tobin, 1993). Therefore mobility and independence was perhaps interpreted by some service developers as a secondary concern, less of a priority than other aspects of the 'special curriculum' that are more closely associated with academic needs. Such perceptions may well be the reason why services did not develop this particular type of provision.

Possibly in response to the growing concern regarding the integration of children with visual impairment into mainstream education, further guidelines aimed at LAs were compiled and published respectively by Tobin & Pitchers and the North West Support Services for the Visually Impaired in 1994. Interestingly, both of the reports were aimed at any 'body' involved in providing services to children with visual impairment, which included those working within special or mainstream educational settings. This in itself suggests that the authors believed that a particular level of entitlement could and should be available to all children with visual impairment regardless of their educational placement.

Tobin and Pitcher's report (ibid.) focuses on the needs of children who are *blind*, stating in the preface that further consideration should also be given to children with residual vision, suggesting that the needs of partially sighted children are significantly different to children who are blind. The guidelines were based upon consultation with many experienced professionals (including a conference), and therefore "reflect the views of many workers in the field of education for visually impaired children" (in preface). The report referred to the necessity of support in M&I, and recommended that organisations should have teachers specialising in the teaching of daily living and social skills, and teachers specialising in the teaching of mobility skills that they describe as consisting of 'long-cane' skills. It is interesting to note this rather narrow definition of mobility used in the report, and that mobility and independent living skills are discussed as if separate topics. It is also unclear which professionals are recommended to take on these teaching roles.

The North West Support Services report was also based on discussions that took place within a conference attended by 50 teachers of the visually impaired representing some 30 LAs and

special schools in the North West of England. Interestingly, a child's entitlement to provision of M&I services at every stage of their childhood including preschool, primary and secondary education is acknowledged in detail and given much importance. In particular, the report highlights the entitlement of pupils to the teaching of mobility and orientation, daily living, personal and social skills, and opportunities for sport and leisure activities. The role of the teacher of the visually impaired is given much importance, particularly in the assessment of children's needs. In relation to mobility and independence, their role is described particularly in the development of pre-mobility skills and ILS with preschool children. The RO or MO who has experience in working with children is also stated as having an important role to play in the ongoing assessment of O&M needs.

What all of the reports lack, however, is any description of the means by which such services could be provided, possibly due to the wide breadth of areas that the reports cover. Rather, they were statements of what *should* be offered to pupils who are visually impaired. They were not intended to identify potential or actual challenges faced in achieving this level of provision, and therefore do not offer any solutions regarding the difficulties faced in the delivery of M&I support.

Current provision

This chapter then, has so far outlined how the history of training and practice of professionals traditionally involved in teaching M&I skills to people with visual impairment, has been tailored to the needs of the adult population of people with visual impairment, and that research has never been carried out into the ways that provision specifically aimed at children should be delivered. Despite the development of guidelines for services involved in providing educational services for children with visual impairment, the anecdotal accounts by practitioners working in the field described earlier in this chapter suggest that historically, the development of M&I provision within mainstream education has been patchy and in many cases inadequate.

Although there has never been a comprehensive study looking exclusively and in detail at the provision of M&I education around the UK, recent surveys looking generally at service

provision for children with visual impairment suggest that the picture of provision today remains inconsistent.

In 1997, the RNIB carried out a survey of LA visual impairment services (Clunies-Ross, Franklin and Keil 1999), seeking information on the number of children with visual impairment known to LAs. Questionnaires were sent to 188 LAs, and 155 (82%) were returned. Although the provision of M&I support was not one of the main foci in the study, the findings indicated that 19 mobility officers and 3 rehabilitation officers were employed by VI services, which they conclude is "clearly insufficient to meet the needs of all visually impaired children" (p10). It should be noted that since this survey was looking at the structure and provision of education-based services, it would not give any indication of the number of authorities where M&I support was provided by a non-education agency, for example by social services personnel. According to many practitioners, rehabilitation officers employed by social services have often been involved in the provision of M&I support to children (see Dawkins 1989 and 1991, and Lee 1988), therefore the results of the survey do not necessarily give a balanced or clear picture of the level of M&I support provided around the country.

The survey cited earlier carried out by Franks (2000a), sought details of the work practices of 330 specialist workers for visually impaired people in the UK, the majority of whom (264) were rehabilitation workers employed by either a SSD or a VO. The results of the survey suggest that many of the specialist workers from agencies other than education *are* involved in the provision of M&I support to children, though the degree of and capacity of the involvement are not clear since the responses were to closed questions and were not followed up in order to explore further their meaning or any implications, since this particular aspect was not the main focus of the research. Furthermore, some of the specialists that returned the questionnaire may have worked for the same agency since 560 questionnaires were distributed to employees in 104 different agencies. Nevertheless, the results from the survey suggest that involvement of specialists in 'doing mobility work with children' is somewhat mixed; 17% (55) of specialists stated that they 'regularly' carried out mobility work with children, whilst 25% (82) did so 'sometimes', 16% (54) did so 'rarely', whilst 25% stated that they 'never' did. An additional 16% stated that the question was not applicable, though the reason why is not given and is therefore somewhat ambiguous – perhaps these people 'never'

did so because it was not part of their job description / remit, and therefore their response could also be considered a 'never' response. Similarly the case is also possible vice versa with the 'never' responses, that could equally have meant a 'not applicable' response.

An even smaller number stated that they 'do ILS work with children', with only 4% (14) stating they did so regularly and 68 (20%) 'sometimes', compared to 25% 'rarely' and 36% (118) reporting they 'never' did it. Again, a significant number of respondents (13% or 41) responded with an ambiguous 'not applicable response'. One of the difficulties faced when interpreting these results, is that one cannot be sure that all of the respondents meant the same thing when choosing a response to the questions – for example, whether one person's perception of exactly how much time, the statement 'sometimes' constitutes is the same as another person's perception. This is a difficulty which is inherent in the use of abstract terms to quantify time spent, which was acknowledged by Franks, but was unavoidable as she wanted to avoid alienating potential respondents by imposing a "calendarised construct" on the rating scale used (2000a, p84).

Nevertheless, it is possible to conclude that a number of non-education employed specialists do work with children in some capacity. The findings raise a number of important questions; for example, what is the content of the mobility work carried out with children, how old are the children with whom they work (preschool children, children in primary school, or just children in secondary schools), and in what type of educational settings are the children educated (mainstream education, special, or both, and do the children have additional disabilities?).

Franks also explored the views of respondents regarding the 'mode of delivery of ILS and mobility training', by seeking responses to the statement "Independent living skills and mobility work with children are best undertaken by Rehabilitation Workers who are based in schools on all-year-round contracts and employed by the Local Education Authority". Significantly, the majority of respondents either 'agreed' (105 or 32%) or 'strongly agreed' (72 or 22%) with this statement, many of whom were currently involved in the provision of such support to children, compared to 17% (56) who either disagreed or strongly disagreed. Although an interesting response, there is some ambiguity since the statement given is multi-

faceted, covering more than one issue that the respondents could have an opinion on, which may well account for the 28% (92) of respondents who responded as 'not sure'. Nevertheless, the study suggests a number of areas that could usefully be explored in terms of the involvement of non-education employed professionals who deliver M&I support to children.

Although it is difficult to judge the level of service provided from distinct research studies looking at providers, findings from the RNIB study "Shaping the Future", in which 1000 children (or their parents if child was very young or had complex needs) were consulted about their educational experiences either by postal questionnaire or telephone interview, suggest that many children in mainstream schools are not receiving mobility support. In the second research report (Franklin, Keil, Crofts and Cole-Hamilton 2001) of five in total, they found that of the total number of pupils who were educated in mainstream settings, only 24% of children in primary schools and 28% of children in secondary schools received mobility education, compared to 64% of children attending special schools for the visually impaired. It is difficult to deduce whether this indicates that the needs of children in mainstream schools are not being met compared with children in special schools for the visually impaired, or simply that children in special schools may have a greater need for mobility support than children placed in mainstream education.

Perhaps of more significance, the report found that 41% of children classified as functionally blind or with very low vision, were receiving no formal mobility education at all despite arguably being in most need of support. Surprisingly this particular report, looking at the educational experiences of children, did not seek information on the support provided for ILS within education, which might suggest that the researchers did not consider support in ILS to be part of the remit or responsibility of education.

Findings from the fourth research report of the 'Shaping the Future' series, that investigated the social life and leisure activities of children aged 5 to 25 (Keil, Franklin, Crofts, Clery and Cole-Hamilton 2001), suggest that the social lives of many children are restricted by the consequences imposed by their visual impairment. When parents were asked to think of the single most important factor which they believed would improve their child's social life, 5% cited improved mobility skills or mobility education, whilst another 9% cited improved

confidence, self-esteem and independence. When the children were asked their opinion on things that would improve the lives of visually impaired children, 12% cited more help / support for daily living, whilst 6% cited improved mobility and independence. These findings indicate that parents and children are aware of the importance of mobility and independence, and that a number of them believe that their present level of competence in these areas is not as good as they would like.

Dimigen, Roy, Horn and Swan (2001) undertook two case studies that document the experiences of two children with visual impairment who were integrated into mainstream schools, over a six year period spanning their secondary and university career. A comparison of the two case studies reveal very different experiences, one a very positive experience of integration into mainstream schooling, the other a much more negative, unsuccessful experience. According to Dimigen et al, this is attributable to the different levels of planning and support that each child received, in meeting their additional needs. Successful integration for one child was achieved via the early identification of and provision for her needs, and a working partnership between her parents, teachers, specialist service providers and the local authority. Significantly, the child received ongoing mobility support from an early age. Unfortunately for the child in the second case study, his late integration into mainstream education was beset by haphazard allocation of resources, a lack of specialist knowledge held by his educators, and a lack of mobility skills and mobility support that rendered him dependent on others to get around, affecting his relationships with other children at school.

Literature detailing the current provision for early intervention with preschool children seems to be even scarcer. Kirkwood and McCall (1997) described the range of provision available around the country, including visits to the home by peripatetic teachers attached to LA services, placements in local LA nurseries or playgroups and outreach services provided by some special schools for the visually impaired. They did not however provide figures as to how many children benefit from these arrangements, nor comment on the type of service offered in relation to early mobility and independence needs.

The RNIB report described previously by Clunies-Ross, Franklin and Keil (1999) touched on the provision of support to preschool children, but not in much detail. Their findings indicated

that there were 1990 children with visual impairment under the age of 5 years in England, Scotland and Wales that were known to education services in 1997. They found that the patterns of placement for under 5's were varied, ranging from nurseries in mainstream and special schools, play groups, opportunity groups, and a range of assessment centres, whilst "many" were at home spending only part of the day or week in their placement. However, they did not give any indication of the numbers of children in each type of placement, nor did they describe the nature or extent of provision, particularly that related to early intervention for M&I skills, in each setting. The report also failed to consider the type of provision provided to parents and their children within the home via home visits by professionals.

In some areas of the country, there are Portage services that provide home visits that aim to empower and equip parents of pre-school children who have special needs with the knowledge and skills to teach their own children in their own homes. Support is provided from various professionals who may come from a variety of different agencies and backgrounds (Cameron, 1986). Initial and ongoing assessment of the child's needs are carried out, covering five main areas including motor skills, speech and language, cognitive abilities, self-help and socialisation skills. Although a standard checklist is used, there are additional, more detailed checklists relevant to particular needs, including visual impairment (Fowler, 1997). However, it is unclear from the literature how extensive these services are around the country, how children with visual impairment would be referred to such a service, and whether children with visual impairment make up a significant proportion of children seen by Portage services.

MacDonagh (1996) conducted a survey of 181 parents of children with visual impairment aged between 0-25 years in the East and West Sussex areas. She found that of the 16 parents of children, who were preschool age at the time of the survey, over half had never received any specialist support following diagnosis, and of the 44% who had received support, the quality of service received seemed to depend on geography rather than the severity of visual impairment or need for support. One should note however that the definition of exactly what 'specialist support' or 'quality' support would entail was not clarified in the paper. Although this level of support had increased to 56% from just 7% in the 1970s, and 15% in the 1980s, it still indicated that many parents and children were not receiving any support at all. Although

the paper did not address what the support should entail, it is clear that many families are not being offered any support regardless of its content or quality.

To summarise then, these studies give an inkling of the ongoing inconsistency and inadequacy of M&I support for children with visual impairment around the country, or a snap-shot of particular cases where effective support was not given. They do not give detailed information as to how or why M&I support is provided differently between authorities, or recommend how services should be delivered to children in mainstream education. Indeed, these recent studies raise a number of important questions, many of which the first phase of this study will attempt to investigate.

CONCEPTUALISING THE RESEARCH PROBLEM

A conceptual framework is "the system of concepts, assumptions, expectations, beliefs and theories that supports and informs your research [and] is a key part of your [research] design" (Maxwell, 1996: p25). Maxwell emphasises that the conceptual framework of a study is itself a theory, otherwise known as the "theoretical framework" (p25) that is constructed by the researcher. Construction of this theory is vital since it informs the design of the research by enabling the researcher to consider the reasons for conducting the study, to choose and develop appropriate research questions and methods with which to explore them. The literature review aids the researcher in constructing a conceptual framework for their study, but is not the only source that is used. Maxwell describes two sources often used to build a conceptual framework: existing theory and research that is explored and evaluated in a literature review, and experiential knowledge.

Experiential knowledge is the personal knowledge and experience that the researcher already has about the area to be studied. Whilst in the past this was seen as bias and something that needed to be eliminated, many writers (Maxwell 1996, Strauss and Corbin 1990) believe that it should instead be seen as a valuable aide or tool in the research process since it is a "source of insights, hypotheses, and validity checks" (Maxwell, 1996: p28). Strauss and Corbin (ibid.) describe experiential knowledge as being part of the process of becoming 'theoretically sensitive'. Having an appreciation of literature relating to the area to be studied "sensitises"

the researcher to what may be happening with the phenomena under study, whilst the personal or professional experience of the researcher is another method of becoming theoretically sensitive. This may be experience of the area to be studied, or previous experience undertaking research. Whilst I had previous research experience to draw upon, I did not have any knowledge of the area of mobility and independence or of visual impairment, other than as a member of the public, therefore the review of existing theory and research found in the literature was drawn upon heavily as a source of 'theoretical sensitivity'.

Issues arising from the literature review

Many questions have been raised by this review of the literature regarding the delivery of M&I education to children in mainstream settings. Since many of the accounts that have been reviewed were based on the personal experiences of professionals in the field rather than being research-based, one cannot be certain that they are accurate or that the difficulties described are endemic. The few studies that were research based did not look exclusively at M&I provision, thus any findings and comments were subsidiary or lacked detail.

One of the main purposes of the literature review was to provide information regarding the topic to be studied, and then demonstrate how the proposed area of study will fill any identified gaps in existing research. It is clear that there are many unanswered questions regarding the present provision of M&I support in mainstream settings around the country. This study will therefore be useful in the following ways:

- to describe how M&I support is presently delivered in mainstream schools (e.g. who is involved, how they are involved and when, challenges that are faced)
- to draw up recommendations as to how M&I education *should* be delivered in mainstream settings, based upon examples of good practice evidenced in the field.

Perhaps the overarching question that was raised by the literature review was: if children with visual impairment in mainstream education are not receiving adequate support in mobility and independence, what are the reasons for this? Although the review of the literature did not provide answers to this question, it did highlight a number of areas where further research could usefully be carried out in order to attempt to answer this question.

These can be grouped into three main areas relating to:

- The context of delivery;
- The training and background of professionals involved; and
- The processes involved in the delivery of M&I support.

Context of delivery

In this study a key area to look at was the different agencies involved in the delivery process. First, there was little description of how services are set up. Secondly, since the review of the literature suggested that agencies other than education might be involved in the provision of M&I support in different authority areas, it was important to look at how that affected delivery. For example, when social services departments (SSD) were involved, there were many difficulties associated with their input. In order to explore this area further then, the following research questions were posed:

- What are the terms of the contracts of professionals involved in delivering M&I support? Does this vary according to the agency they are employed by?
- When agencies outside of education are involved, do their caseloads predominantly consist of adult clients and if so how does this affect their work with children?
- Are there contracts between the agencies regarding the service they provide to children; if so, what are the terms of the contract?
- Do professionals work in all settings, e.g. mainstream, special schools, or only in one type of setting, and does this depend on the agency that they work for or other factors?
- Do professionals work with all children, or does it depend on age, nature and extent of visual impairment, or on the nature of any additional disabilities, and what factors does it depend on (agency employed by, experience or training of professional, etc)?

Training and background of professionals

- What training or experience do professionals believe is necessary in order to be involved in the delivery of M&I support to children?

- Do rehabilitation officers feel that their training is adequate to work with children considering its emphasis on theories of rehabilitation and on working with adults?
- What training courses are available in the UK for professionals in order that they can provide M&I support to children?

Processes involved in delivery

- What are the criteria that children have to meet in order to receive support?
- How are assessments carried out, what do they cover, and who carries them out?
- What professionals are involved in delivering (teaching) a M&I programme to children, and what difficulties do they face?
- When are M&I lessons carried out (e.g. within term time / after-school / in school holidays), and what factors does this depend on?
- Does the nature of work carried out with children differ according to the time it takes place or the professional involved?

In order to better understand the processes that might be involved in the delivery of M&I support, the research team developed a cyclical model of service delivery based upon a well-known concept often used in educational research. Bozic and Murdoch (1996) used a similar cyclical model in their study of the use of educational technology that consisted of four stages, namely: aims, planning, review and interaction (p4). The research team further developed this model to include entry into the system (referral), the design of a suitable M&I programme (programme design), and possible exit from the system (completion), so that the stages of the delivery cycle included: referral, assessment, programme design, intervention, review and completion (see Figure 1).
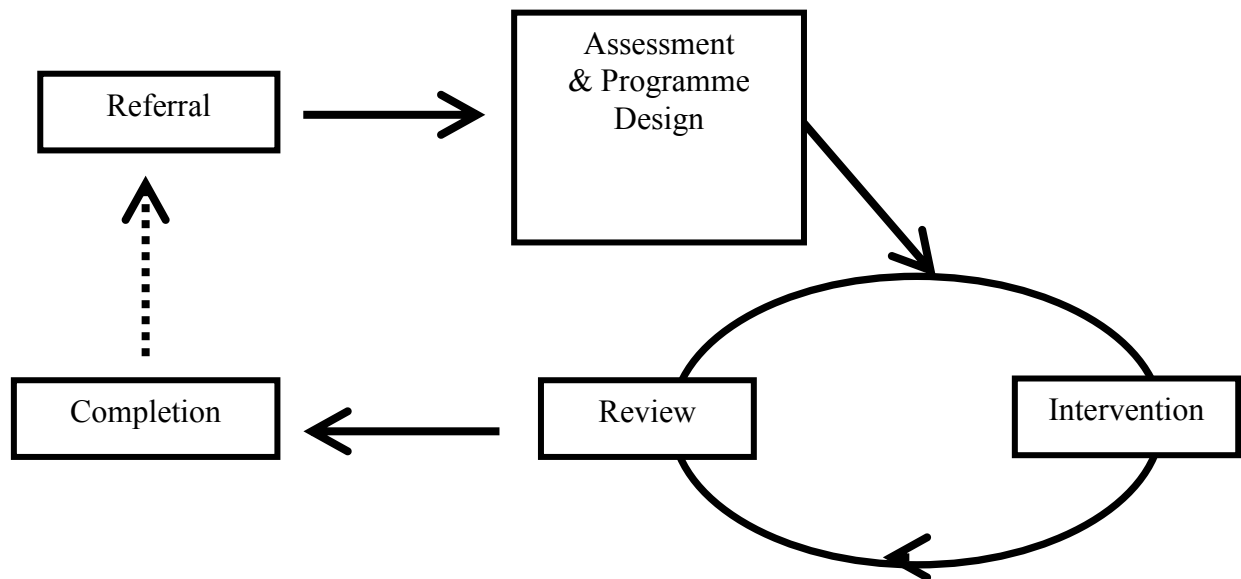
Figure 1. Cyclical model of service delivery showing the stages of delivery

This framework provided a structure for exploring the various stages of delivery and the collection of data relevant to each stage, and for subsequent analysis of the data collected (see Chapter 3: Methodology (Phase I)).

In each stage then, there were a number of factors to investigate, namely: who is involved, how they are involved and when, and what procedures are followed. In particular, we wanted people's views on what actually happened in each stage, what difficulties might be encountered, and how these difficulties were or could be overcome. From this data, we would be able to make recommendations regarding service delivery, based on the accounts and opinions given by the people that were involved in the field. Since these recommendations would be based upon the actual data collected, any recommendations would reflect the needs of and be relevant to the very people they were being aimed at.

Conceptualising the research questions

In order to conceptualise the research questions that the study intended to explore, a model was developed by the research team (see Figure 2). This helped to break down the research problem into the different areas identified within the literature review, and enabled an exploration of how the different areas might relate to and affect each other. The model was

developed from a concentric circle model described by Cole (1996) that represented the notion of "context as that which surrounds" (p133). Cole stated that all human behaviour should be considered and understood in relation to the context that surrounds it, rather than considering the object or subject matter that one is analysing in isolation, since behaviour is always affected by the context in which it takes place.

This is similar to Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1979), in which he argues that a child's development must always be considered within the context of the systems of relationships that form the child's surrounding environment. He outlines a number of complex environmental layers that each has an effect on a child's development and involves interaction between "the processes of person, context and time" (Smith, Cowie and Blades, 2003); the 'microsystem' is the closest layer to the child and contains relationships and interactions that a child has most contact with (e.g. with family, teachers); the next layer, the mesosystem, connects the structures of the child's microsystem (e.g. their school, local home area, the family); the exosystem defines the social system which affects the child indirectly (e.g. resources available to families, the workplace policies of their parents' employers); finally the macrosystem contains cultural values, customs and laws that affect the child.

Although Cole (ibid.) and Bronfenbrenner (ibid.) were both discussing their theories in relation to the study of human behaviour and development, the same applies to the study of service delivery, since the processes occurring in different layers are affected by the context that they are surrounded by or that they surround.

The concentric circles in Figure 2 below represent different levels of 'context', with the child at the centre. The outer layer of context is that of the wider community; here we might find the policies of local and national government, or those of the education service and other agencies that would affect the second layer, that is the delivery of the M&I service; funding and training issues would also be found here. In turn, the second layer of delivery affects the centre circle, that is the development of the child's mobility and independence skills through the teaching of the M&I curriculum – objective 1 of the sponsored project, the development of the curriculum, fits in at this level. The second layer of context relates to the processes

involved in the delivery of the curriculum, which is affected by the different professionals and people involved and the training and experience of those professionals and people. The type of educational setting would form part of this context, for example whether or not there was a resource base in the school, or the policies and attitudes of the school towards M&I support, since these would also affect the child's development in the centre circle. The nature of resources available to children and to professionals that lie within the second layer are also affected by the wider context depicted in the outer layer since the policies of the government and of LAs will affect and influence choices made by both the education service for visual impairment and the school.
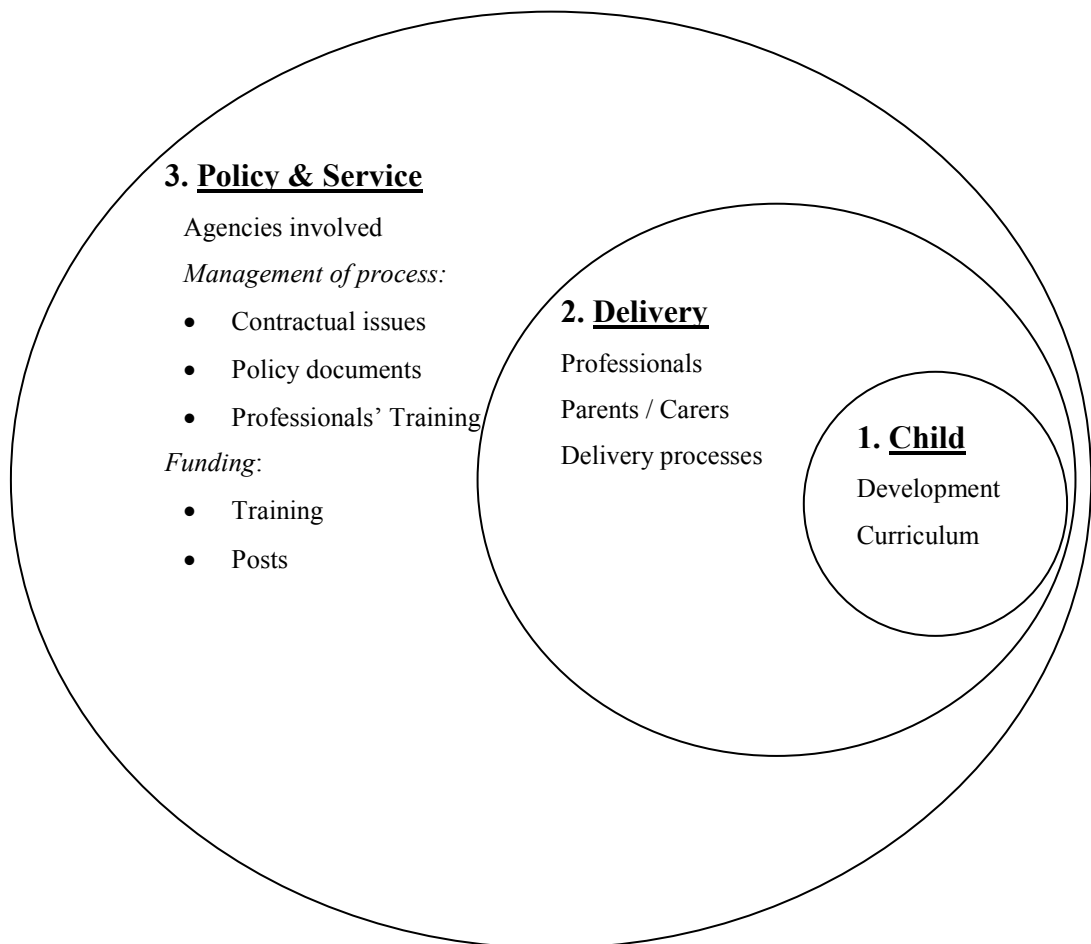
Figure 2. Concentric circles representing the notion of context as 'that which surrounds': the context is the development of the child's mobility and independence through the provision of M&I support

Whilst this thesis is concerned primarily with the context of delivery then, the theory that different levels of context surround and affect each other, demonstrates that it is impossible to consider delivery without considering the effect of the surrounding layers. For example, in order to investigate the delivery of M&I support, different aspects of the M&I curriculum must be considered since these will affect how one tries to support the child. The particular needs of the child must also be considered since these will also affect how or when a programme is delivered or an assessment is carried out, for example. Similarly, when looking at delivery, the set-up of the service must be taken into account as in what agencies are involved and the nature of contracts between them, which may depend on the different contexts possible in the outer layer – for example, the variance of the agencies that are involved in different authorities may be due to different funding strategies or policies regarding the provision of support for special educational needs. It is the holistic nature (or 'ecological' in Bronfenbrenner's terms) of the analysis which both Cole (ibid.) and Bronfenbrenner (ibid.) emphasise which is important.

Theoretical framework of the study

Hakim (2000: p3-4) differentiates between two forms of research: "policy research" and "theoretical research", and states that there are substantial differences in their design. Importantly, they have different aims; theoretical research is primarily concerned with causal processes and explanation, whilst in contrast policy research is more concerned with "knowledge for action", following the belief that it is "more important to change the world than to understand it" (p4). According to Hakim, this is a much broader objective so that policy research encompasses a greater variety of different types of research that can include theoretical research, but particularly focuses upon descriptive research that "maps out the landscape" (p4) of a topic, issue or problem, and assesses existing policy. This means that there are key differences between policy research and theoretical research that can be summarised as follows:

- Policy research is concerned with "actionable factors" rather than "theoretical constructs" (p4).

- Whilst theoretical research is often aimed at fellow academics, policy research is aimed at "policy makers, decision-takers, public pressure groups, managers of organisations, client groups, and so on" (p4).
- In order to provide a comprehensive, overall picture of what is happening, policy research has to be "multi-dimensional" (p5), taking into account events occurring at a number of different levels rather than considering issues on one micro-level as in some theoretical research. For example, it may have to consider the levels of the school, of local government, and national government level as well as considering the interests of different professionals and people such as teachers, parents and anyone affected by changes in policy.
- Therefore studies that are nationally representative or results that are capable of being generalised are preferred.
- Respondents are often referred to as "role-holders" rather than as individuals (p5).
- Finally, policy research is usually carried out within an agreed timetable and often culminates in a number of recommendations being given in the final report.

The sponsored project conformed to these features of policy research: there was a timetable for the research agreed by the sponsors and the research team; rather than being aimed at the academic field, the results were aimed at policy makers and agencies and professionals involved in the field of visual impairment and M&I provision, and the overall aim was to describe, change and improve provision through recommendations made in the final report, rather than simply to seek causal explanations for what was happening in the field. Whilst the research could not claim to provide a representative picture of provision around the country, it was intended that any findings and recommendations arising from them would be generalisable to the wider field. Finally, a number of different levels of context were taken into account, including the level of the child, the level of the educational setting, the level of local policy and agencies involved, and the level of national policy, as described earlier (see Figure 2).

Although the development of theory was not one of the main aims of the research, it cannot be disregarded since all research is "theory-dependent" (O'Brien 1993: p11); O'Brien states that even at the simplest level any research involves assumptions about the way that we look

at the world. Strauss and Corbin (1998) describe theory as being "plausible relationships proposed among concepts and sets of concepts" (p168).

There are broadly two processes associated with theory construction: deduction and induction (Gilbert 1993). Deduction is commonly associated with early positivism, whereby theories are constructed before any data collection takes place, and the theories are then 'tested' by the collected data. In this process, theory comes first, and the data that is collected will either support or falsify the theory, and is therefore a process that 'applies' theories. Induction, on the other hand, is a process of *generating* theories through the process of data collection.

The inductive approach is commonly associated with the grounded theory approach established by Glaser and Strauss (1967). A grounded theory is "inductively derived from the study of the phenomenon it represents" or in other words is a theory that is "discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon" (Strauss and Corbin 1990: p23). The criteria of successful grounded theory are that it will reflect the phenomenon it represents, and be easily understood by the people who were studied or those who practise in the area that was studied.

At the outset of this research the research team had certain positions about what was possibly happening in the field: for example, that there were differences between the M&I needs of children and adults that would require different approaches, and that there were challenges associated with provision in mainstream settings, but because the literature was mainly anecdotal rather than research-based, it was difficult to develop theories that could then be tested by data collection. Therefore the inductive process seemed the most effective method of constructing theories that would illuminate what was happening in the field.

The chosen approach therefore was to collect data that described what was happening in the field that would enable the research team to devise theories as to why things were happening as they were. This would be based upon the interviewees' opinions about what was happening and why; to ask people about their experiences and obtain their opinions about what presented a challenge when delivering M&I support, and what they felt was or was not effective or helpful.

The most appropriate research methods for collecting data of this nature are those associated with qualitative research since this type of research is particularly useful when following an inductive approach. Maxwell describes a number of strengths of qualitative research, that include "its focus on specific situations or people", its emphasis on collecting rich text data rather than numerical data, its effectiveness as a tool for "understanding the processes by which events and actions take place", and for "understanding the perspective of the participants" (Maxwell 1996: p17-19).

CONCLUSION

This chapter began by describing the literature searching process, which was challenging due to the relative dearth of literature particularly in relation to *children*. Nevertheless, there was significant evidence that M&I skills are essential to a visually impaired child's development, in order that they are included not only in mainstream education, but also in wider society, and that these skills require specialist instruction as children with visual impairment do not learn them incidentally like sighted children. Furthermore, the literature suggests that early intervention is vital.

The literature review revealed that M&I services for children in mainstream education have developed from models of provision that were primarily aimed at adults who had adventitiously lost their sight after being sighted, the focus therefore being upon 'rehabilitation' rather than formative 'education'. In parallel, M&I support specifically aimed at children had developed in special schools for children with visual impairment, where most children were educated until the 1980s when there was a gradual move towards integrating children into mainstream education. Whilst there has been little research undertaken to systematically describe the current state of M&I education in mainstream settings, anecdotal evidence suggests that the provision of M&I support to children in mainstream education in the UK has developed in a haphazard fashion, varying widely between authority areas. In particular, aspects of M&I provision have not always been seen as an 'education-sector' responsibility or been given any priority in the school day. Rather these have often been provided in an ad hoc fashion by social service employees who do not have the requisite

training or time to work with children, since no other specialist has been available to work with children. In addition professionals providing M&I support have worked in isolation from other professionals, since there was no sense of shared responsibility between professionals / agencies.

These challenges in provision for children in mainstream education have been attributed to three distinct areas: first, the different aims and set-up of mainstream education compared with special education; secondly, the increasingly crowded state of the mainstream curriculum which does not allow time for additional coverage of M&I education; and thirdly a philosophical barrier existing within mainstream education whereby the special curricula areas of mobility and ILS are not seen as an educational responsibility, since they do not directly relate to traditional mainstream subjects.

An overarching question raised by the review of literature then, was as follows: if children with visual impairment in mainstream education are not receiving adequate support in mobility and independence, what are the reasons for this? Whilst it did not directly answer this question, the literature review highlighted three areas where further research could usefully be carried out in order to attempt to answer this question: the context of delivery; the training and background of professionals involved; and the processes involved in the delivery of M&I support.

In order to conceptualise the research questions that Phase I of the study intended to explore, a model was developed in order to break down the research problem into the different areas identified within the literature review. This enabled an exploration of how the different areas might relate to and affect each other since different levels of context need to be considered in order to understand any phenomenon. These include three different levels of context, with the needs of the child at the centre, surrounded by the level of context of delivering the M&I curriculum (including an exploration of delivery processes, and the professionals and agencies involved), surrounded by the outer circle of context of policy and service, in which training issues, the management of processes and funding issues would be considered.

Due to the lack of previous research, and thus theoretical positions regarding the delivery of M&I support to children, the research adopted an inductive, grounded approach in which theory is generated through the process of data collection. It was argued that importance should be placed upon the interviewee's professional opinions about best practice and associated challenges in delivering M&I education, largely using qualitative methods to collect the data.

The next chapter entitled 'Methodology (Phase I)' describes the methodology and methods chosen to collect and analyse data for Phase I of the thesis.

CHAPTER 3: METHODOLOGY (PHASE I)

OVERVIEW

This chapter will begin by setting out the general approach to undertaking the sponsored research project, which was to tap into the expertise of professionals working in the field of M&I education. The context to the project is once again described, particularly the opportunities that were afforded to access a large sample of professionals and ability to undertake costly research methods which was possible due to the funded nature of the research. The ethical implications and attitudes of professionals working in the field will also be considered.

The rationale for the research is then described, looking in particular at the philosophical underpinnings of the study which were predominantly interpretivist. Decisions regarding the choice of methods are then discussed, including epistemological concerns but also pragmatic considerations. The reasons behind using a mixture of methods (including both quantitative and qualitative data collection methods) are explained, followed by a detailed description of both Stage 1 and Stage 2 of the data collection, including sampling techniques. The aim of Stage 1 data collection was to obtain a UK-wide picture of provision of M&I education, and to establish contact with potential participants for Stage 2 data collection. Stage 2 data collection used qualitative semi-structured interviews in order to elicit rich data from professionals about the delivery of M&I education.

This is followed by a description of the analysis process, which involved a qualitative data analysis technique known as 'thematic coding', with the aid of a qualitative data analysis software package called NVivo.

Finally, the conclusion section summarises the method and methodology employed in this thesis.

APPROACH

The invitation to tender for the sponsored study enabled a unique opportunity to explore the M&I needs of children with visual impairment and how such skills might best be delivered in mainstream education. Whilst the themes to be explored were set out by the sponsors, autonomy was given in conceptualising the research questions and in the selection of methods by which to collect information.

An eclectic approach to methods was adopted, operating from the premise that there is a substantial amount of expertise in the field. The existence of groups like MISE and of training courses aimed at training professionals to teach M&I to children confirmed this notion. The initial strategy was to tap into this body of knowledge and expertise through a cycle of literature reviews, information collection and consultation through documentation analysis and semi-structured interviews, consolidation of the information, and final validation through further interviews with key people in the field.

The processes of data collection described in this section are not only regarding the methods used to collect information relating to the delivery of M&I education (the focus of this dissertation), but for all four of the research questions identified by the sponsors, as the areas overlap.

CONTEXT

The funded nature of the project meant that methods of data collection could be utilised that may not have been possible under different circumstances. These included a number of visits to schools and services for the visually impaired around the country, and a large number of lengthy telephone interviews with various professionals.

Furthermore, the funded status of the project and previously established contact made with professionals and interest groups within the field by both the research team and the four sponsors meant that access was available to a larger sample of professionals and potential participants than might have otherwise been possible.

During the one-year timetable allocated to the project, data was collected over a six month period. A particularly difficult aspect of the data collection was contacting people in order to request and set up interviews. Due to the very nature of the work carried out by many of the professionals, they were rarely in their office. Additionally, many professionals employed by LAs were unavailable during the school holidays. This meant that the majority of semi-structured interviews in Stage 2 had to be carried out before the end of June. However, despite such logistical problems, most people were very willing to be involved with the research, and seemed very concerned about the topic which led to many interesting discussions.

Management of Project

The steering and management groups were set up to oversee and monitor the progress of the project. The members of the management group included representatives of the four funding bodies of the project, including the GDBA, Opsis, RNIB and the DfES. The steering group was established to advise on and monitor the progress of the project. This consisted of 13 professionals with expertise and others with an interest in the field of M&I education for children.

They were important in providing guidance, which proved useful in identifying important or additional areas to focus upon when collecting data. Examples included the need to look at a broad definition of M&I that included skills beyond travel, such as independent living skills, and to observe any effects of culture upon M&I needs. The steering group also suggested that children, the users of M&I services, should be consulted during the project in order to establish their perceived needs and priorities regarding mobility and independence. Members of the steering group facilitated contact with organisers of a summer vacation scheme for teenagers who were visually impaired, though the data from this focus group is not considered in detail within this thesis due to the small number of children involved.

Ethics and Professional Attitudes

As with all research carried out within the School of Education at the University of Birmingham, the British Educational Research Association (BERA) ethical guidelines were followed (in the case of this study, particularly drawing upon the BERA 1992 guidelines as these were the most up to date at the time of data collection in 2001). In addition to this, the sponsored study's steering group provided advice and guidance regarding ethical considerations.

In regard to the process of obtaining informed consent, all participants were provided with a description of the sponsored study and its design when they were invited to take part in the project. In particular, they were informed that the project aimed to describe the current provision of mobility and independence education to children with visual impairment in the UK; that the research team was interested in exploring how professionals involved in mobility and independence education described carrying out their work; that the research team was operating from the premise that there was an enormous amount of expertise and good practice happening in the field and thus were targeting professionals to 'tap' into this expertise; and finally, that from the data collected, the findings and the research team's recommendations would be reported and disseminated in a number of different ways. Participants were then asked for verbal consent to take part in the project at the start of the interviews (which were all recorded, following their agreement).

Ensuring the privacy, confidentiality and anonymity for participants is an important consideration, but often problematic (Hammersley and Atkinson, 1995). A challenge encountered during this research was a pervading, general atmosphere of wariness amongst professionals working in the field towards taking part in any research. Paradoxically, whilst some professionals appeared to be wary of being 'named and shamed' in the research, others were wary of *not* being credited for examples of good practice highlighted during the research. Following a discussion with the steering and management groups, this was overcome by agreeing to credit examples of good practice to the source in the final report, whilst examples of difficulties that were disclosed to the research team would be anonymous.

This was particularly important for interviewees who revealed negative information about their employer or other employees that could lead to significant repercussions for them. However, it is still important to note that even changing or omitting identities cannot ensure that opinions will not be recognised, particularly as schools or services that demonstrated good practice were cited, thus identifying many of the services and schools that took part.

In addition to the verbal explanation of this reporting strategy to participants at the outset of the sponsored study, all participants were contacted by letter before the sponsored study's final reports (Pavey et al, 2002a and b) were published in order to both confirm and seek permission for the use of this reporting strategy in relation to the individual service that they were involved in. This ensured that participants were fully informed and had consented to the data they provided being presented in this way.

In line with the reporting strategy used in the final research reports for the sponsored study (Pavey et al, ibid.) sources of positive information will also be credited in Phase I of this thesis which will serve to demonstrate the rigour of the analyses carried out. However, in Phase II, the names of the participants (and corresponding initials, in the Figures) have been changed to protect their identities, since much of the interview data is presented verbatim and unlike in Phase I, data of all kinds (i.e. whether positive or negative about other people, agencies and procedures) is presented, not just examples of 'good practice'.

It was felt that the consent given by participants at the outset of the sponsored study was broad enough to cover both phases of the doctoral study, since Phase II involves a secondary analysis of the data (rather than collecting 'new' data), that seeks to explore the provision of M&I education using an alternative method or 'lens' to that used in Phase I, and thus correctly followed the BERA ethical guidelines that were in place at the time of the research. The reporting strategy (outlined above) that was used in both the sponsored study's final reports and this thesis ensures that the participants' identities are protected, which is particularly important due to the nature of the researcher's subjective analysis of the data that was carried out in Phase II.

According to Mertens, "a researcher's theoretical orientation has implications for every decision made in the research process, including the choice of method" (1998, p3-4), therefore in order to design and carry out any social research, one needs an understanding of the established theoretical paradigms and their underlying philosophical assumptions.

Opposing paradigms

Historically, there have been two major paradigms, or 'ways of looking at the world', positivism and interpretivism, both of which are "composed of certain philosophical assumptions that guide and direct thinking and action" (Mertens, 1998: p6). These philosophical assumptions can be broken down into three areas, namely ontology, epistemology and methodology (Guba and Lincoln, cited in Mertens, 1998: p6).

The early positivist approach was underpinned by the belief that the social world could be researched using the principles and methods of science used to study the natural world. The positivist ontology, or belief about the nature of reality, is that one reality exists, and that it is possible for the social scientist or researcher to 'discover' this one reality. The epistemology refers to the nature of knowledge, and relationship between the researcher and the participant; in positivism, the epistemological assumption is that the researcher should strive to be an objective and neutral observer, detached from the participants and topics being studied (Mertens, 1998).

The positivist methodology or approach to systematic inquiry, is a quantitative approach which emphasises the importance of reliability and generalisability. Research methods should be reliable so as to produce the same results when measurement is applied on different occasions, and any results should be generalisable to and thus representative of the wider population (Seale, 1998). Research methods that are generally associated with the quantitative approach are experiments and structured observation, and large-scale statistical social surveys conducted with the use of structured interviewing or questionnaires with closed questions.

The interpretive approach rejects many of the underlying assumptions held by positivism. It rejects the belief that there is one objective reality, believing that there are instead multiple, socially constructed realities, perhaps as many as there are people. The aim is to understand and describe human behaviour by exploring the meaning that people attach to their actions. The epistemological belief is that the researcher and the participant are both subjective players, and therefore influence each other in the research process. Since researchers are themselves part of the social world that they are studying, it is impossible to be totally objective. Rather, the belief is that all research is value-laden as the researcher's own views, understandings and subjective interpretation will affect the research.

The interpretivist methodology is a qualitative approach. Mertens (1998: p14) states that there are three significant methodological implications of the belief in multiple realities; the first is that rather than being established at the outset, research questions evolve and change as the research is carried out, the second is that the accounts of a variety of different people need to be sought, and thirdly the background of participants and the context in which they are being studied should be described by the researcher.

A qualitative approach emphasises the importance of the validity of participants' accounts, rather than reliability or generalisability; validity is the degree to which accounts given by participants resemble what the participant really believes. Thus, methods are adopted which encourage more personal interaction between the researcher and participants, to build up a rapport in which the participant will be more likely to disclose to the researcher what they really believe. Qualitative data tends to be descriptive and collected from a small number of 'cases', the analysis of which is based on verbal descriptions and explanations rather than on statistics or numbers. Research methods that are commonly associated with qualitative methodology are unstructured interviews, participant observation and document reviews (Mertens, 1998).

Philosophical underpinnings of the study

It could be argued that this study is underpinned by predominantly interpretivist assumptions; emphasis and importance were placed upon the interviewees' accounts of their social world. The research team was interested in obtaining different professionals' versions of reality, of the ways in which they deliver M&I education to children, and of the processes and actions that they believe are useful and practical, according to their individual context and situation. The viewpoints of many different types of professionals were sought, since certain aspects of delivery might be either advantageous or disadvantageous depending on a professional's individual context. Although it was anticipated that some consensus amongst participants might be reached about the ways M&I education should be delivered (thus enabling us to make recommendations), it was accepted that different solutions would be appropriate according to different contexts and circumstances.

The inevitable subjectivity of the researcher was also acknowledged. Many aspects of the research process were subjected to interpretation by the author of this thesis, particularly in the identification of relevant people to interview, topics to study, and emerging areas of importance to be followed up when analysing the data. It is quite possible that different participants and topics would have been selected and slightly different conclusions drawn from the data had another researcher carried out these decision making processes in the same piece of research. What is important therefore, is that the reasons behind such decisions are explained to the reader, as they will be throughout the rest of this chapter.

Qualitative methods were chosen because the aim was to discover and then describe the ways that M&I education is and should be delivered to visually impaired children in mainstream education. Deduction is the process in theory-building whereby the theory is postulated prior to the research, and then tested or falsified by the research (May 1997). However, the aim in this study was not to confirm or falsify any hypothesis, as the researchers held no firm hypothesis before the research was carried out. Indeed, as stated previously, at the outset of the research very little was known about the delivery of M&I education within the UK due to a dearth of research in the area. Thus, the inductive method was applied, whereby theories develop from and change as the research is carried out.

Choice of methods

The choice of methods was not purely dictated by leanings towards a particular philosophical position however, since a mix of qualitative and quantitative research methods were employed. Bryman (1988a) describes how this approach would trouble some writers who argue that the two research approaches represent divergent epistemological paradigms that "are likely to exhibit incompatible views about the way in which social reality ought to be studied" (p107), thus inferring that the two methodologies are incompatible in seeking to understand any social reality. There is, however, a growing body of writers that refute this position.

Rather than focusing upon philosophical differences, both Hammersley (1992) and Bryman (1988a and 1988b) believe that methods should be chosen according to the research problem faced in the study. Bryman (1988b) argues that:

> "each design and method should be taken on its merits as a means of facilitating…the understanding of particular research problems, …and an excessive preoccupation with their epistemological underpinnings can only stand in the way of developing such an understanding" (p255)

He claims that methods can and should be combined if they enhance a study in a useful and worthwhile way; both qualitative and quantitative approaches have strengths and weaknesses, and it is the consideration of these that form the rationale for integrating them in any study (Bryman, 1992).

Bryman (1988a and 1992) outlines a number of different ways that methods have been integrated in actual research. Of particular relevance to this study, is the use of quantitative research to facilitate qualitative research. There have been a number of studies where quantitative research was used to 'map' an area, before selecting subjects to participate in in-depth interviews. In this study, a more quantitative approach was carried out before data collection of a more qualitative, in depth-style. A letter was sent to a number of LAs around the country to ask them for details about the provision of M&I education in their authority, in

order to quantify the agencies involved in providing M&I education. A copy of this letter can be found in Appendix 1. The letter's request for information was vague, since it wasn't clear at that point about the types of agencies that were involved in providing M&I education to children. However, the responses to these letters allowed a picture to be constructed of who (type of agencies and professionals) was involved in providing M&I education around the country. This was an important first step as the lack of prior research meant that only a fragmented and incomplete picture of provision was previously known. Whilst it did not give an authoritative account of the agencies involved (see Chapter 4: Findings and Discussion, Phase I for a more detailed description), it gave a strong indication that the picture of national provision was more varied than first assumed. Additionally, many contacts were obtained from this data for the semi-structured interviews that were carried out in Stage 2 of the data collection.

The rationale behind the methods chosen was based mainly on the nature of the research problems faced, and more pragmatic matters. It was decided that this more quantitative approach was the most appropriate and efficient means of obtaining large-scale, wide ranging information about the number and type of agencies involved in M&I services around the country. Qualitative, semi-structured interviews were chosen as the main method in Stage 2 because the research was concerned with describing detailed and possibly complex processes which were likely to differ according to the professional or agency involved or the context of any given situation. The aim was to tap into the experiences of practitioners who worked in the field, to explore their experiences and opinions of what did and did not work, what obstacles they might face, and how they might overcome such obstacles.

Brannen (1992) states that in practice, research is often a messy business and methods are often chosen for more practical reasons than philosophical ones. These might include the funding context of the research, where some methods may be preferred by the sponsors or the cost and time implications attached to different types of method. Indeed, the number of observations was kept to a minimum, and eventually more telephone interviews were carried out than face-to-face interviews as this meant that many more could be carried out within the constraints of the allotted time-scale of the study. At the outset it was unclear how many interviews would need to be carried out, since so little was known about the provision of M&I

education. Thus the aim was to explore and discover as many different models of provision as was possible within the time constraints of the project, and in the end, many more interviews with different agencies in different services were carried out than had at first been approximated.

Methods of data collection and analysis were divided into two main stages, which will be described in the following sections: Stage 1 data collection and Stage 2 data collection.

Description of Stage 1 data collection

The data collection in Stage 1 sought to obtain a broad overview of those involved and the ways in which M&I education is provided throughout the UK. Since little was known about M&I education, the aim in Stage 1 was to collect a breadth of information on as many issues as possible from a large sample of professionals / agencies.

The methods used in Stage 1 were a mix of quantitative and qualitative methods. They included sending letters requesting information about M&I services throughout the UK, a group interview with teacher-trainers, a number of focus groups with M&I specialists, and questionnaires with both closed and open-ended questions.

Group interviews were carried out by the author of this thesis with teacher-trainers in order to 'brainstorm' for ideas and possible issues relating to the delivery of M&I education, which were then used as a basis for discussion in the focus groups with mobility specialists. According to Watts and Ebbutt (1987), group interviews are useful when the participants have known and worked together for some time, in order for discussion to develop and generate a wide range of responses to a problem or topic. They are not useful when exploring personal information, and for this reason the majority of interviews carried out in Stage 2 were one-to-one rather than group interviews, as one of the aims was to explore areas that might be sensitive to interviewees, for example instances where they felt management or colleagues were an obstacle to their work practice.

Focus groups were used to enable the collection of a large amount of information from a number of people at one time (Frey and Fontana, 1993), in order to provide an overview of themes and issues. The aim of the focus group is not to elicit individual opinions as in a one-to-one interview; rather, the processes of communication and agreement and disagreement between members of the group encourage participants to analyse their account and opinions more intensely, and therefore provide a more accurate account (Millward, 1995).

Focus groups were used with mobility specialists at two MISE conferences, the first to accumulate descriptive information, the second to provide feedback near the end of the project. In the first conference in Stage 1 of data collection, there were approximately 40 mobility specialists present, thus six groups of around 6-7 participants were formed. This number is generally considered to be an ideal number of participants in order to maximise the degree of participation by all participants (Millward, 1995). Six moderators were therefore required, consisting of the 3 members of the research team that were present (including the author of this thesis) and 3 'volunteers' from the MISE committee. The role of the moderator is to empower participants to participate in the discussion (Millward, ibid.). Unlike in an interview, the moderator does not take part in the discussion, but ensures that the discussion stays on track and that all members have the opportunity to speak. This requires some skill; at first, participants in my group kept directing questions to me, the moderator, rather than to each other, and in another group the moderator at times dominated the discussion, in part because they work in the field of mobility and independence so had opinions on the subject that they obviously wanted to share. Nevertheless, a large amount of very useful information was obtained from these sessions.

Questionnaires that had been designed by the author of this thesis were distributed to members of the MISE group who participated in the focus group sessions at the first MISE conference. Whilst the focus group sessions explored general issues, questionnaires were used to collect information from professionals about their individual circumstances of employment and work practice. They requested more detailed information about the skills they taught and the procedures in place in their work settings. The questions were a mixture of closed and open questions. Cohen and Manion (1994) argue that open ended questions should be avoided on self-completion questionnaires, since it is not possible for the researcher to

check exactly what the respondent means by their answer. However, due to the fact that at this early Stage little was known about the delivery of M&I education, the majority were open-ended questions intended to obtain a lot of information about issues which were relevant and important to the respondents. Many of the respondents were later interviewed, giving an opportunity for the researcher to clarify and explore in more depth any information given on the questionnaires. A copy of the MISE questionnaire can be found in Appendix 2.

Description of Stage 2 data collection

The aim of Stage 2 data collection was to look more in-depth at key issues identified in an initial analysis of the data collected in Stage 1, using a smaller sample of respondents. The chosen method was to carry out semi-structured interviews with key professionals and people involved in the delivery of M&I education. All of the interviews were carried out by the author of this thesis.

Qualitative, semi-structured interviews were chosen because the aim was to elicit rich, detailed data described in the interviewees' own frames of reference; the aim was to avoid pre-determining and thus imposing upon the interviewees what the research team thought was relevant and meaningful to them (Jones, 1985). Allowing flexibility in the direction the interview takes may uncover issues previously not considered (Fielding, 1993) which was particularly important as so little was known about the delivery of M&I education prior to the research.

This approach raises concern over the reliability of any data collected, but qualitative researchers would argue that it is both impossible and undesirable to conduct identical interviews, since each interview is tailored to the particular respondent and circumstances (Mason 1996). Although a number of areas were covered in the interview schedule, interviewees were encouraged to focus upon areas and issues which were important to them. However, the choice of topic areas that were explored in interviews and the themes drawn out from the ongoing analysis of data collected were undoubtedly affected by the research team's assumptions about what issues were important, since as Jones (1985: p.47) explains, "there is no such thing as presuppositionless research".

Thus, rather than sticking to a fixed, ordered set of questions, an 'aide memoire' was used as a guide in case the conversation faltered or drifted from the broad research area. The use of open-ended questions or topic areas avoided standardised answers where the interviewee may be forced into choosing an answer which does not really apply, a problem associated with quantitative structured interviews (Mason, 1996).

Even with unstructured interviews however, it is still possible that the interviewee does not provide an accurate version of their attitudes, beliefs or practice, which questions the validity of the research method chosen. Fielding (1993) claims that people can lie to or mislead the researcher for several reasons: they may be embarrassed by describing attitudes which are contrary to their preferred self-image; they may not want to disclose discreditable attitudes or actions for fear of reprisals; and as representatives of their employer, they may feel inclined to give the 'official line' rather than their own opinion or account. The difficulty with a research strategy of trying to tap into 'good practice' out in the field is that we were relying on the interviewees to provide us with an accurate account of their actual practice, or of the practice that they felt should be in place. When reflecting on the quality and outcome after carrying out each interview, in a small number of cases it did seem like the interviewee was giving the 'official line' rather than really engaging with the discussion. Not surprisingly, these resulted in rather short, and at times awkward, interviews.

Of course, it is ultimately left to the subjective judgement of the researcher as to whether any opinions or accounts are indeed the respondent's. Douglas (1985) claims that useful data can be obtained not only from what is said in an interview, but also from what is observed when interviewing face to face; body language and facial expressions can often indicate that a particular question or topic is making the interviewee uncomfortable or that they are lying. This is obviously impossible to detect when conducting a telephone interview, though it is still possible to assess a person's tone and manner through their voice, or interest in a topic.

The status of the researcher can also affect the quality and outcome of interviews, particularly when conducted face to face where presentation of the self is evaluated by both the researcher and participant. Having a higher status is usually considered advantageous in interviews

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(Hornsby-Smith 1993), though it has also been suggested that when accessing groups wary of researchers, it is preferable to seem harmless and unthreatening. Thus, being female may have been advantageous as "in our sexist society… female researchers [are] perceived as being harmless, especially if relatively young" (Walford, 1994: p223-4).

The majority of face to face interviews were conducted at the interviewee's place of work to reduce any inconvenience to them, and more importantly to make them feel more comfortable in familiar surroundings. Safety for the researcher was also an important consideration; when interviewing students alone in their homes, Scott (1984) at times felt uneasy which undoubtedly affected the quality and success of her interviews. In this study, a request by one participant to interview them in their own home was declined for this reason.

For pragmatic reasons, the majority of interviews were carried out over the telephone. This reduced financial costs and enabled as many interviews as possible to be carried out within a short space of time. Breakwell (1995) suggests that there may be certain disadvantages when using telephone interviews, in that they tend to be shorter as people are unwilling to talk on the telephone for long periods, and it may be more difficult to obtain detailed responses to open ended questions as answers tend to be truncated and responses given quicker with less fore thought. Indeed, the telephone interviews were generally shorter than the face-to-face interviews, though a small number were still over an hour long. However, according to Ibsen and Ballweg (1974) the lack of visual contact in a telephone interview can lead to a greater rapport between the researcher and the interviewee, since the interviewee will not react to the ethnicity, age or dress of the interviewer as is possible in face-to-face encounters.

A number of the face-to-face interviews were interrupted by the interviewee's colleagues or by telephone calls, which can have a negative effect upon the interview process by disrupting the flow of the interview (Puwar, 1997). This problem was largely avoided in the telephone interviews as interviewees were less likely to be distracted when engaged in a telephone call rather than a meeting.

Most of the interviews whether face to face or over the telephone, were recorded using a tape recorder that eliminated the need for note taking enabling the researcher to more easily

engage and thus increase rapport during the interview (Bucher, Fritz and Quarantelli, 1956). Fortunately, all of the participants agreed to this, though some initially seemed nervous at the prospect but relaxed as the interviews progressed.

DESCRIPTION OF STAGES OF DATA COLLECTION

Stage 1 Data Collection

Letters to LA Services and Special Schools for the Visually Impaired

One of the first tasks undertaken by the author of this thesis was to construct a database of LA services for the visually impaired and special schools for the visually impaired within the UK. This database was created in Microsoft Access, and was partly constructed using lists of LA services for children with visual impairment compiled by the RNIB (2000a, b and c).

LA services and special schools for the visually impaired were chosen as initial contacts because they have primary responsibility for children's education and it was thought that they would either provide M&I education or co-ordinate those who did (see also Sampling Technique, later in this chapter).

A letter was drafted and sent to the 156 LA services and 19 special schools for the visually impaired listed in the database. The letter (see copy in appendix 1) described the aims of the project, and requested the following information:

- Any policy documents / approaches adopted to the teaching of mobility / independence skills within the authority / school.
- Contact details of a key person in the service / school to contact further regarding the research.

Responses

83 schools and services responded giving a response rate of 47%. The documentation gathered included policy documents and summaries of M&I curricula. Many respondents in the later interviews also sent additional relevant documentation.

The correspondence also generated many contacts for subsequent interviews in Stage 2 and these were stored in another Access database. These contacts included not only LA and school staff, but also professionals from voluntary organisations and social services departments. The 83 responses provided a clearer picture of both the contents of M&I education and of the agencies that are involved in providing M&I services in different areas of the country.

Table 1 shows the number of responses received from different regions as designated by the DfES. The DfES regions only include regions within England, however, LAs and schools within Scotland, Wales, Northern Ireland and the Channel Islands were also contacted, therefore these areas are also represented in the tables.

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

Table 1. Regions from which replies were received

The 83 responses provided a picture of which agencies were involved in providing a M&I service in different areas of the country. Table 2 gives a picture of the main providers of M&I education from replies received from around the country:

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

Table 2. Breakdown of providers in the 83 services/schools from which replies were received

Teacher Trainer Group Interviews

Three professionals involved in providing accredited training courses for teachers of the visually impaired were also consulted. Two group sessions were carried out early in Stage 1, led by the author of this thesis, exploring themes regarding the delivery of M&I education that could be explored at the MISE conference in more detail (see below).

Focus Groups with MISE Members

The 'Mobility and Independence Specialists in Education' (MISE) group proved to be an important source of information and individual contacts. A MISE conference involving over forty M&I specialists from across the UK takes place twice a year. The research team, including the author of this thesis, were invited to attend the March 2001 conference. Three focus groups were also carried out at the October 2001 conference in order to obtain feedback on some of our findings and recommendations.

Six discussion groups, each with around six participants, were carried out at the March conference to explore the issues that were considered to be important by these professionals

who work in the field of M&I education. The focus of the discussions included the boundaries of M&I education, and the ways in which key skills can be delivered in both mainstream and special school settings. The cyclical delivery cycle (see Literature Review, Figure 1) was used as a framework in which to explore issues relating to each stage of the delivery process.

Responses

The discussions were recorded by tape recorders and note taking, and later summarised. The discussions highlighted many examples of suggested good practice, and difficulties that M&I specialists often face when delivering M&I education to children.

Questionnaires

Questionnaires were distributed to the attendees at the MISE conference, to be completed and returned at their convenience.

The questionnaire (see Appendix 2) was constructed by the author of this thesis using the cyclical model described in the 'Chapter 2: Literature Review' (see Figure 1). The questionnaire, written in plain, easy to understand language, sought factual details about their job: who the respondent worked with (e.g. age and nature of children, other professionals they work with), what they taught (types of mobility and independence skills), where and when they taught mobility and independence (type of setting, time of day), the breakdown of their role into various tasks (direct contact with children, parents, time spent on administration, travel), and details of procedures used (referral, assessment and record keeping, and guidelines followed). Whilst the questionnaire could be completed anonymously, we invited respondents to provide personal details so that we could follow up any of the information provided. Indeed in many cases, we went on to interview those who completed a questionnaire, enabling us to explore the information given in more detail.

Responses

In total, 20 questionnaires were returned, a response rate of around 33%. The results were recorded into another Access database, to aid analysis of them. This data, along with information collected from the focus groups, helped to formulate the semi-structured interview schedules used in Stage 2.

Stage 2 Data Collection

Sampling Technique

There are two types of sampling technique, probability sampling and non-probability sampling (Denscombe, 1998). Probability sampling, whereby the sample is selected at random, is only possible when the characteristics of the population one intends to research are known. In this study however, the types of agencies and professionals involved in delivering M&I support were not known due to a lack of previous research. Thus, the sampling technique was more aligned with non-probability sampling.

Due to the lack of information about the population, there was no sampling frame to work from. Rather, LA services and special schools for the visually impaired were chosen as initial contacts for the project, in order to collect information on those involved in M&I education and obtain the contact details of relevant people to contact. The ongoing selection of interviewees for the semi-structured interviews was based upon a strategy of attempting to cover as many different 'circumstances' of provision as possible, which were only discovered as data was collected. An attempt was made to include representation of different services across the UK, and DfES designated regions were used to aid the selection of a geographical representation.

Potential participants then were initially drawn from both the contact details provided by the 83 LA services and special schools for the visually impaired that had responded to the letter, and the 20 respondents that had returned the questionnaire. Therefore, many of the

participants were self-selecting, in that they opted to take part in the research by replying to our requests for information.

There was also an element of snowball sampling (Denscombe, 1998), whereby further contacts were supplied from participants during interviews. This was particularly useful when more than one agency was involved in providing an M&I service. Often, more than one professional was interviewed from an agency or from different agencies (if more than one agency was involved in providing an M&I service to children) in an area or authority. This not only helped to build a more complete picture of how M&I education was delivered in a particular area, but also helped to corroborate information provided by interviewees who worked in the same authority.

Semi-Structured Interviews

In total 53 interviews were carried out with a total of 72 people by the author of this thesis; 6 of these interviews were group interviews involving several members of a team, 1 was a group interview with children, and 6 were 'informal' whilst accompanying the M&I specialists on mobility lessons. Two respondents who were each interviewed once have more than one role, so they are represented twice in the table (therefore the total number of people in the table is 72). One MIE in education was interviewed twice but is only represented once in the table. However, the above table and total figure of 53 interviews do not include the 6 focus group sessions with approximately 36 M&I specialists that were carried out at the March 2001 MISE conference, the 3 focus group sessions with approximately 40 M&I specialists at the October 2001 MISE conference, or the 8 additional telephone interviews carried out in December regarding FE provision and training.

The following table summarises those who were interviewed.

	Agency						
	LA	Social Services	VOs	Consultant	School/ College (VI)	Other	Total
MO/RO	14	4	2	2	9		31
QTVI (with lead role in delivery of M&I)	8						8
QTVI	2						2
Head/Deputy of Service	9						9
Head of VI Unit	1						1
Team Leader (of VI team)	3	2	1		1		7
Trainer on courses (mobility and QTVI)					2	3	5
Child with a VI						8	8
Parent						1	1
TOTAL	37	6	3	2	12	12	72

Table 3. Summary of number of people interviewed: agency by occupation/role

Planned interviews with four Heads of Service to obtain feedback near the end of the data collection Stage were not carried out due to time constraints and the difficulties in setting up appointments with these busy professionals. Instead, questionnaires were emailed to each Head of Service, for them to complete and return at their convenience.

Initial one-to-one interviews with M&I specialists were conducted face-to-face whilst visiting mainstream and special schools for the visually impaired in both England and Scotland. This gave an opportunity to observe many mobility lessons. The majority of interviews (32) were, however, carried out over the telephone.

Responses and Sampling Issues

It was difficult to predict the number of interviews that would generate data describing most types of provision in the UK since so little was previously known about the 'population'. At the start of the project it was predicted that approximately 30 interviews would be achievable and sufficient, since this was a reasonable proportion of the number of education LAs and special schools for the visually impaired around the UK that were contacted in Stage 1 (175 in total). In fact the diversity of the data generated in Stage 1, which was confirmed in Stage 2, demonstrated that a more complex national picture existed. Whilst the LA was generally the main co-ordinator of services, findings from responses to the letters sent in Stage 1 and the early interviews carried out in Stage 2 indicated that the national picture of who delivers M&I support is a very complex one, involving many agencies and different professionals. This meant that a greater number of interviews had to be carried out with many more agencies and professionals than had been originally planned. Since research of this type and depth had not taken place in this country before, it would have been impossible to have predicted this sampling issue beforehand.

A total of 51 interviews were conducted with a variety of professionals involved in M&I delivery, representing 29 different 'M&I services' – i.e. those providing services for children in 29 LA areas were interviewed. Table 4 shows a breakdown of the main provider involved in each of the 29 different M&I services to mainstream education that participated in the interviews:

Provider	No. of M&I services	Percentage %
LA (Education)	17	59%
Social Services	6	21%
Voluntary Organisation	5	17%
Outside consultant	1	3%
Total	**29**	**100%**

Table 4. Summary of main provider involved in 29 M&I services to mainstream education.

The chief providers of M&I services which were identified are described later in 'Chapter 4, Findings and Discussion (Phase I)'.

As the data was analysed, it was found that many more people (as well as agencies) than had been previously predicted were involved in the delivery of M&I education. It was initially thought that interviews with mobility officers, rehabilitation officers, team leaders and Heads of Services would be sufficient as they were thought to be the most significant people involved in the process. However, it began to emerge that many more people often play a role in the delivery of M&I education, often delivering particular aspects of M&I. Such people might include a QTVI, class teacher, teaching assistant, nursery nurse, Portage worker, occupational therapist, physiotherapist, or a child's parents / carers and peers. This was not foreseen, partly because the identified breadth of M&I education was wider than anticipated, including independent living skills and early and foundation M&I as well as the more traditional 'travel' aspects of mobility that tend to make up the mainstay of mobility officers' work (see Chapter 4 for a description of the M&I curriculum).

Unfortunately, due to time restrictions it was not possible to consult many of these people. It could have been beneficial to interview QTVIs (those who were not additionally qualified to teach advanced aspects of M&I education, unlike the eight interviewed who were) to explore the types of M&I skills they teach or believe that they could teach alongside their regular duties, and the support they would need in order to do so effectively. Similarly, parents and teaching assistants were often found to play an important role in the reinforcement of M&I education, but it was not possible to interview a significant number of them either.

Additional Interviews with Non-Professionals

As described earlier, the initial strategy was to tap into the expertise that existed in the field of M&I education. However, the steering group felt that the recipients of M&I services, namely the children, should be consulted during the research. It was agreed that it was important to interview children to establish their perceived needs and priorities regarding mobility and independence. Since the research team's strategy was to tap into the expertise of professionals who work in the field, obtaining data from this source was not a priority. However, a contact was given by one of the steering group members which enabled a group interview with children with visual impairment to be arranged and carried out.

Eight children took part in the group interview. They were aged from 11 to 16 years old and came from different parts of the country, drawn together on a RNIB summer holiday scheme for children with a visual impairment. Due to the heterogeneous nature of children with visual impairment, it would be difficult to achieve a representative sample of different types of visual impairment or additional disabilities. However, the children were an equal mix of boys and girls and were educated in both mainstream and special school settings. All but one child was receiving or had received mobility and independence support in the past.

The group interview was recorded by tape recorder and note taking, and later summarised for the purposes of analysis. The information collected from these children reinforced the importance of mobility and independence skills in aiding children who are visually impaired to be included in both school and community life.

A parent of a child with visual impairment was also interviewed, to ascertain their experiences of acquiring and monitoring mobility and independence support for their child. Access to this parent was possible since they were a member of the steering group. This enabled yet another viewpoint on the significance of M&I education for both the children and their families, and the difficulties families may face in the delivery of mobility and independence support.

ANALYSIS OF THE DATA

The majority of semi-structured interviews were transcribed into Microsoft Word 97 documents. Analysis of the data collected in interviews was ongoing throughout the data collection stage, using techniques of 'qualitative data analysis', a process that was carried out by the author of this thesis.

Data Analysis of Text Data

Rubin and Rubin (1995) state that any analysis of qualitative (largely text) data is a continual process, carried out not only after all of the data has been collected, but also during and between interviews. It involves a subjective process of drawing out concepts and themes described by the interviewees that describe their social world, followed by a subjective process whereby the researcher decides which areas are of interest and worth exploring further.

An initial analysis conducted during and between interviews involved the consideration of how collected information might influence the choice of questions or topics to be explored in subsequent interviews. As described earlier, the interview schedules used in the interview were only loosely structured since the research team knew little about the delivery of M&I education, and it was important to allow the interviewee to talk about issues that they deemed to be important. The first interview schedule consisted of three broad areas which the researcher wished to explore, which were informed by an analysis of the data collected from the MISE questionnaires and the focus group discussions. The three areas included: the context in which the interviewee was working (the agency they were employed by, the number and type of clients/students they worked with, and the terms of their employment including hours / days / times of year that they worked); the delivery of the mobility and independence curriculum (the areas they covered, e.g. mobility, ILS, how children were referred to them, the nature of their role and that of other professionals / people in each stage of the delivery cycle); and thirdly, their training and professional background. Throughout the interview the researcher prompted the interviewee to describe the difficulties they encountered and actual / potential solutions, the different people involved or who they felt should be involved, and the procedures that were or should be followed. However, as more interviews were carried out, an ongoing analysis of the data suggested that other areas or issues raised by interviewees were significant, and thus needed to be explored with other interviewees. For example, when interviewing professionals from non-education agencies, it became apparent that issues of contracts regarding service delivery between agencies were important, as they had a significant impact on the provision of M&I education. Thus the first interview schedule was modified for different types of professionals / agencies, enabling a

comparison of the services offered by different agencies. Copies of the interview schedules can be found in appendix 3.

Once all of the data had been gathered, the data from each interview was analysed once more, revisiting themes and issues, looking for new, emerging themes or patterns that had not previously been identified, and looking for possible patterns, relationships and differences between themes. This analysis is a process that is "repeated time and again in order to refine the explanation to which the researcher is working" (Denscombe, 1998: p211).

Indeed, this method of analysis ensures that any description or theory emanating from the research is "grounded in reality", rather than in the abstract (Denscombe, 1998: p220). Glaser and Strauss (cited in Denscombe, 1998) developed an approach to the analysis of qualitative data that they coined the 'grounded theory' approach. According to Denscombe, many researchers refer to the grounded theory approach in relation to their research when it perhaps does not strictly adhere to Glaser and Strauss' original conception; indeed, it is interesting to note that even Glaser and Strauss came to fiercely disagree about the precise application of grounded theory (see Kelle, 2005). However, it is fair to say that the approach to the analysis of data in this study conforms to some of the basic premises of the grounded theory approach in its most flexible interpretation. The first is that they did not believe that qualitative data should 'speak for itself', but that the researcher should analyse, code and make sense of the data. Secondly, they expanded the notion of induction (whereby theories emerge and develop from the research, rather than precede it as in hypothetico-deduction associated with positivism), in that any description or theory should not only develop from the research, but has to be constantly compared, checked and refined throughout the research process.

The third premise of grounded theory relates to the need for an emergent design, in both the areas of enquiry and sampling; Glaser and Strauss believed that not only should the topics to be investigated emerge from the data collected, but that the sample should also emerge from the data itself, and that it is therefore inappropriate to specify before the research who or how many people would be in the sample. Although this was not anticipated at the outset, the sample did indeed emerge from the early and ongoing data collection, so that new contacts and potential leads in the research were identified in the responses to and findings from the

LA letters, questionnaires and interviews. For example, before data collection began it was not foreseen that so many different agencies and professionals would be involved in the delivery of M&I education to children. Thus decisions regarding the inclusion of professionals working for voluntary agencies or self-employed consultants in Stage 2 of the data collection were only made when the data revealed that they were involved. Thus, the number of interviews carried out would only be considered sufficient to describe the processes involved in the delivery of M&I education when the new data seemed to be confirming, rather than refuting or adding a new dimension, to data that had previously been collected (see 'Sampling Technique' and 'Responses and Sampling Issues', earlier in this chapter). However, in the real world of research, practical time and money constraints also have to be taken into consideration (Brannen 1992), and a balance was eventually reached between the desire for 'theoretical saturation' and more pragmatic considerations.

Analysing the Data using NVivo

The quantitative data collected in Stage 1 from LA services and special schools for the visually impaired (policy documents and mobility curricula) were analysed using Microsoft Word, but the large amount of qualitative data collected from the semi-structured interviews carried out in Stage 2 required a more advanced tool. In recent years, there has been an emergence of computer programs designed to aid the analysis of qualitative data, to enable a more efficient and thorough analysis (Lee and Fielding, 1991). In this study, the QSR NUD*IST Vivo (NVivo) software package (version 2) was selected which is designed to aid the organisation, management and understanding of text data.

The transcribed interviews were saved as individual rich text format documents in Word, and then exported into an NVivo database. Each document represented one interview. Attributes were assigned to each document/interview which detailed the background of the interviewee(s), including their job title, the setting in which they were working (mainstream or special school education), and their employer (social services, LA, voluntary organisation, self-employed consultant, special school for the visually impaired). This enabled sophisticated searches of the data later on, for example it was possible to draw out all

information relating to a particular aspect of delivery provided by a particular agency-type, or compare information given by different agencies or professionals.

The data in each interview was then coded in order to draw out themes and ideas, an approach often referred to as 'thematic coding' or 'template analysis' (King, 1998), an approach that King argues lies between content analysis whereby codes are pre-determined, and grounded theory, where no codes are established prior to analysis of the data. This involved scrolling through the documents and highlighting text that related to previously identified themes or ideas, or 'new' issues which were potentially of interest. The text was then coded, which means it was allocated or attached to a 'node'.

'Nodes' are representations of categories assigned by the researcher when analysing data; a node may represent a concept, abstract idea, place, group of people or anything else relevant to the research (Richards, 2000). There are principally two types of node; 'free nodes' and 'tree nodes'. Free nodes are not attached or related to other nodes. However, when the research begins to develop and ideas are forming and taking shape, free nodes may then appear to relate to other nodes, and can then be organised into hierarchical 'tree nodes'. This helps to manage the data, identify patterns and trends in the data, and formulate theories.

Illustrative Examples of Coding

Whilst little was known about the delivery of M&I education, information generated from Stage 1 of the study and the literature review enabled the development of a basic coding framework, centred around the six stages of the delivery process: referral, assessment, programme design, intervention, review and completion. These were at first free nodes, seemingly unrelated to each other, until a second stage of analysis of the nodes discovered their association with one another, so that tree nodes were created.

Illustrative examples can be seen in Figure 3 and Figure 4 which present the tree of nodes for the referral process and the assessment process respectively, both of which are stages in the delivery of M&I education. The referral tree has a parent node called 'Referral'. Attached to this parent node are subordinate nodes, which are categories related to the referral process

(represented as the all-encompassing parent node). In the referral tree, subordinate nodes include ' Referral - general', 'Referral - people involved', 'Referral criteria', 'Referral method', 'Referral - parental consent', 'Challenges', 'Solutions - actual', and 'Solutions - potential'. These are different aspects of the referral process that were identified when analysing the interview data, and initially coded as free nodes, but later grouped together as they were all related to the same aspect of delivery. Similarly in the 'Assessment' tree of nodes, the parent node is 'Assessment', which has a number of subordinate nodes attached to it.
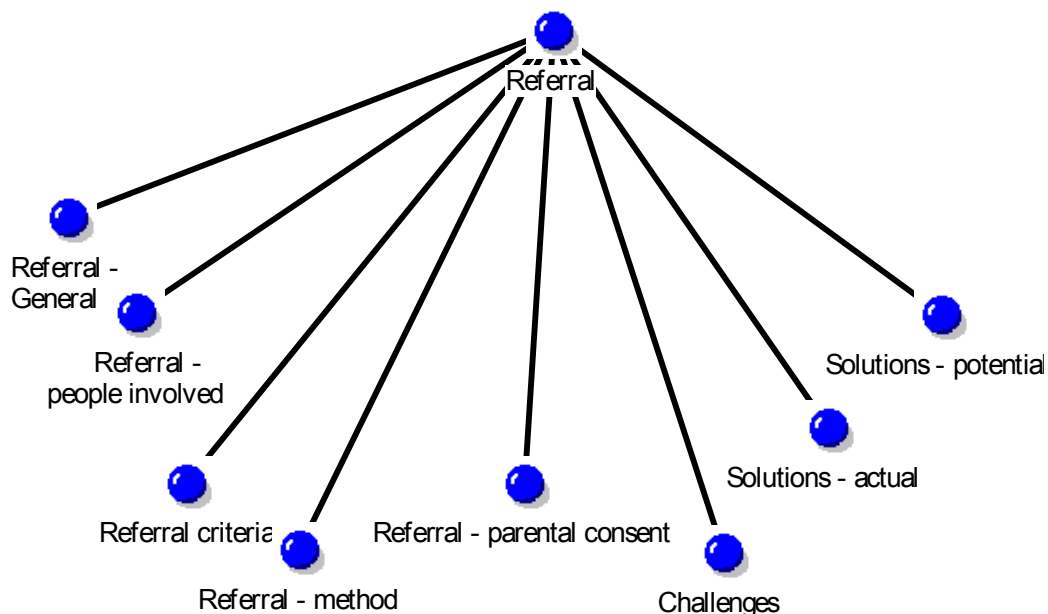
Figure 3. Diagram of Referral Tree Nodes and Subordinates
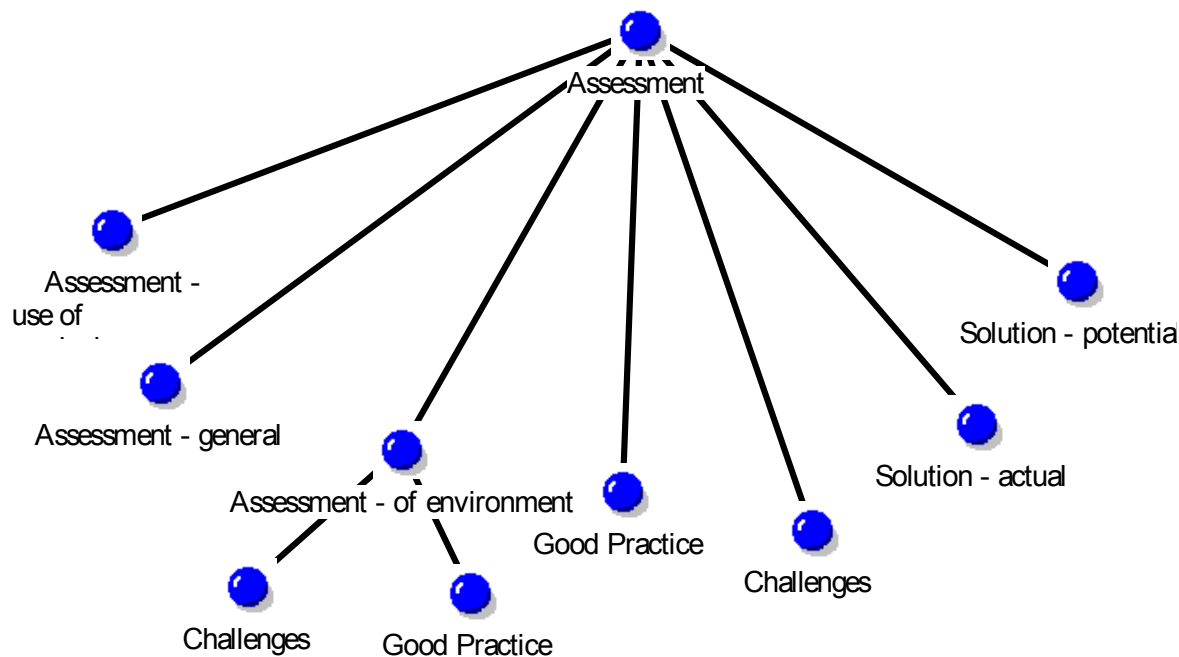
Figure 4. Diagram of Assessment Tree Nodes with Subordinates

In the project, some nodes remained 'free' because there was no appropriate tree node to attach them to. This means that although the data they represent is of relevance, it does not directly relate to any other theme or issue to which it could be attached.

Figure 5 details all of the parent nodes used in the project, but does not detail the subordinate nodes which are attached to each parent node as the diagram would be too large to include. The complete coding system of all free and tree nodes with subordinate tree nodes is presented in an exhaustive list in Appendix 4.
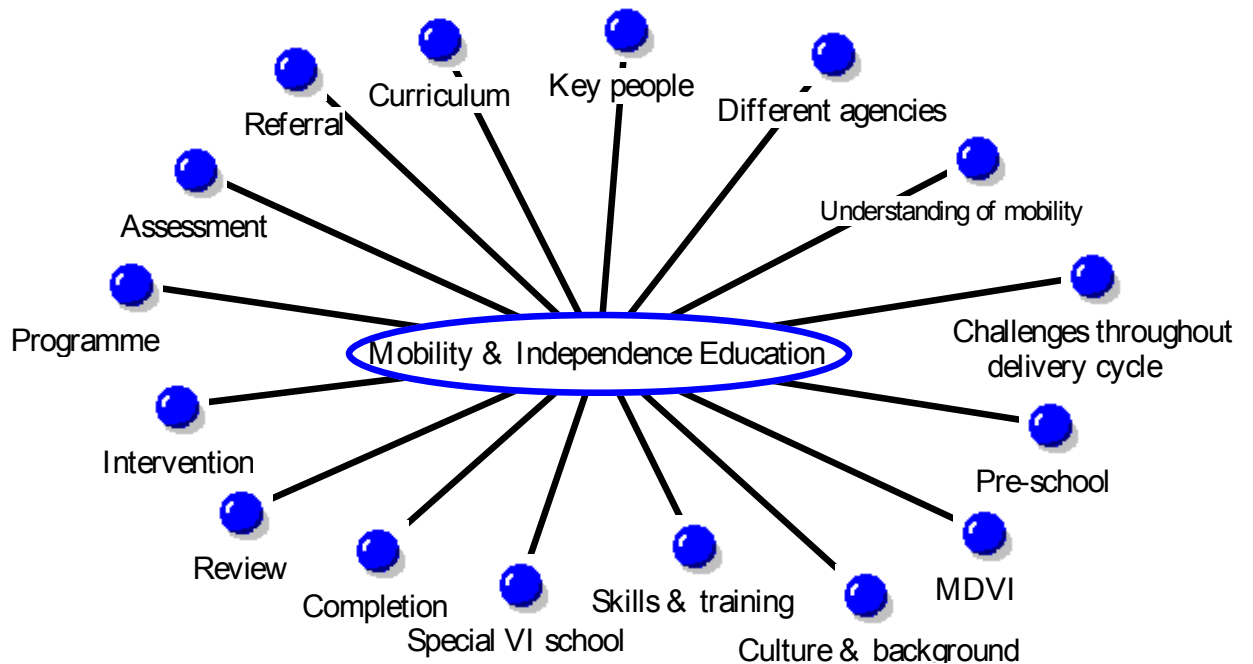
Figure 5. Diagram of all parent tree nodes (excluding subordinates)

Using the search tool in NVivo, it was possible to search for information relating to particular research questions, from all or a selection of documents/interviewees. For example, this meant that all text coded as the tree node relating to culture and background issues could be obtained in a few seconds. It also enabled sophisticated and complicated searches for data to be carried out. For example, it was possible to search for all text coded as the subordinate tree node 'Challenges' attached to the parent tree node 'Referral' which relates to challenges encountered in the referral process as described by professionals working in mainstream settings only.

The process of coding the text as nodes, and then organising nodes into tree systems allowed sophisticated searches of data to be carried out and greatly assisted the interpretation of the substantial amount of data collected.

Feedback Stage

Some of the initial interpretations of the data and recommendations were put to key people in order to obtain feedback. The MISE conference in October gave an opportunity to get feedback on aspects of both the breadth of the proposed M&I curriculum, and the different roles adopted by M&I specialists. Approximately 40 M&I specialists were involved in three focus groups.

Additionally, questionnaires were distributed to 3 Heads of Services (HofS) and 1 former Head of Service, which provided feedback upon various aspects of the findings and proposed recommendations, as well as additional data on the funding of M&I specialist posts and training courses.

SUMMARY OF THE DATA COLLECTION

The following table summarises the methods used and amount of data collected:

Method of Data Collection	Amount
Policy document	83
MIE focus groups	9
Teacher trainer group interviews	2
MISE Questionnaires	20
Group Interview of Children with VI	1
Observations of lessons	10
MIE Interviews	37
MIE Trainer interviews	8
HofS (or Deputy) interviews	9
QTVI interviews	2
Team Leaders interviews	8
Parent Interview	1
FE providers - interviews	2
HofS Questionnaires/interviews	4

Table 5. Summary of data collected by type and amount

REPORTING PROTOCOL OF QUALITATIVE DATA

The reporting of qualitative data is inevitably far more subjective than the reporting of quantitative data, which is partly linked to the openness of the questions, but also to the subjectivity of the analysis. The approach used in this thesis is to identify excerpts from the interviews which make useful and helpful representations of what people said. An important reporting protocol used is that of *quantifiers*, such as '*a* service', '*some* participants', and '*many* professionals'. Although this approach is common in the reporting of qualitative data of this kind, the use of quantitative language such as 'many' requires defining. Quantifiers have been used throughout the thesis (but particularly in Phase I) to give the reader an appreciation of whether one ('a'), two or more ('a few'), 5 or more ('some'), 15 or more ('many'), or over half of all participants ('most') made a similar point. Importantly the reason for identifying a theme raised in the interviews is because the author of the thesis thought it important and useful in understanding the issue, irrespective of whether one or many of those interviewed raised the point.

CONCLUSION

This chapter described the research team's general approach to undertaking the sponsored research project, which was to tap into the expertise of professionals working in the field of M&I education. Advantages of the research being part of a sponsored study included access to a large network of professionals involved in M&I education (e.g. MISE), and funding to carry out expensive research methods including almost 80 interviews by telephone or in person, around the UK.

The philosophical underpinnings of the study were predominantly interpretivist, as the research team was interested in obtaining different professionals' 'versions of reality', of the ways in which they deliver M&I education to children, and of the processes and actions that they believe are useful and practical, according to their individual context and situation. In line with this approach, the inevitable subjectivity of the researcher was also acknowledged

which, it was argued, could be overcome by the provision of a frank and detailed description of the decisions that were made along the way.

In the main, qualitative methods were chosen because the aim was to discover and then describe the ways that M&I education is and should be delivered to visually impaired children in mainstream education; the researcher did not set out to test and then falsify or confirm a theory, as little was known about the delivery of M&I education within the UK due to a lack of previous research in the area. Thus, the inductive method was adopted, whereby theories develop from and change as the research is carried out.

However, the choice of methods was also based upon pragmatic decisions, utilising both quantitative methods and qualitative methods in order to obtain particular types of information:

- Stage 1. In an attempt to survey the field about the number and type of agencies involved in M&I services around the country, a number of LAs were asked for details about the provision of M&I education in their authority; this helped to *quantify* the agencies involved in providing M&I education. This was an important first step as the lack of prior research meant that only a fragmented and incomplete picture of provision was previously known. Additional data collection included group interviews with teacher-trainers and focus groups with mobility specialists at a MISE conference in order to generate ideas and possible issues relating to the delivery of M&I education, and questionnaires distributed to members of the MISE group that focused upon individual professionals' circumstances of employment and work practice.
- Stage 2. Qualitative, semi-structured interviews were chosen as the main method because the research was concerned with describing detailed and possibly complex processes which were likely to differ according to the professional or agency involved or the context of any given situation.

The Stage 2 sample of participants was largely self-selecting in that they were initially drawn from the contact details provided by the 83 LA services and special schools for the visually impaired that had responded to the letter, and the 20 respondents that had returned the MISE questionnaire. In addition to this there was an element of snowball sampling whereby further

participants were found via information supplied by participants during the interviews, particularly in cases where more than one agency was involved in providing a M&I service.

In total 53 interviews were carried out with a total of 72 people; this was a larger number than had been anticipated at the outset, since the ongoing data analysis revealed that there were many more professionals (and agencies) involved in the delivery of M&I education than had been initially predicted. However, due to the short time frame of the sponsored study, many of the professionals involved in some aspect of M&I education were not interviewed; this is also partly due to the way the study was carried out, whereby the M&I curriculum framework was developed at the same time that professionals were being interviewed. As with any research, there were a number of implications from the methods used in this study, since the type of methods that are used, the way that questions in an interview are posed, and the decisions about those who are included in the sample of participants, all affect the nature of the data that is collected. The implications of the decisions and methods used in this study are considered in more detail in the following chapter (Chapter 4: Findings and Discussion (Phase I)), which presents a description and discussion of the findings from Phase I of the thesis.

Finally, the process of analysing the large amount of text data that was collected in Stage 2 was described, which involved a subjective process of drawing out concepts and themes from the participants' descriptions of their professional practice, followed by another subjective process whereby the researcher decides which areas are of interest and worth exploring further. This was a continual analysis process, carried out both during and after data had been collected. This enabled the interview schedules to be continually modified in order to collect data that was relevant to the participants, as identified in earlier interviews.

The data was analysed using a qualitative data analysis software package called NVivo. This software enabled the researcher to conduct a thorough analysis of the data, using a grounded approach of 'thematic coding' in which new, emerging themes or patterns were identified as well as possible patterns, relationships and differences between themes. Whilst little was known about the delivery of M&I education, information generated from Stage 1 of the study and the literature review enabled the development of a basic coding framework, centred

around the six stages of the delivery process: referral, assessment, programme design, intervention, review and completion.

The findings from these analyses will now be described in the next chapter, 'Chapter 4: Findings and Discussion (Phase I)'.

CHAPTER 4: FINDINGS AND DISCUSSION (PHASE I)

Overview

This chapter presents and discusses the findings from both stages of data collection (see Chapter 3: Methodology (Phase I)) which constitutes the data collection for Phase I of this two-phase thesis.

As described in Chapter 2: Literature Review and Chapter 3: Methodology (Phase I), the complex process of delivering an educational curriculum was approached by means of a cycle of delivery, from referral through to completion. This framework provided a structure for interviewing and subsequent analysis:

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

The interviews that were carried out in Stage 2 of data collection gathered information about this delivery process as seen by those engaged in it. The subsequent analysis identified issues, challenges, and examples of solutions. The analysis of the data has helped to reach an understanding of why M&I education is delivered as described by those engaged in the process.

The analysis of data pertaining to the delivery of M&I education revealed an extremely complex set of processes in operation. The findings are discussed in relation to the 'concentric circles' framework (Figure 2, Literature Review chapter). These concentric

circles were used to conceptualise the three main areas to be researched which included: the processes involved in the delivery of mobility and independence support; the training and background of professionals involved; the context of delivery, including the type of professionals and agencies involved, and the effect of the services involved and local and national policies upon provision. These levels of context all affect the development of the child's mobility and independence, which is seen in the centre circle.

A number of recommendations that identified who should be the lead professional involved in delivering the different aspects of the M&I curriculum are described, followed by a discussion of the implications for the area of mobility and independence curriculum covered, particularly the apparent imbalance between the areas of the M&I curriculum that were found to be covered by services. Reasons for this are explored.

Finally, the conclusion to this Chapter summarises the findings of Phase I, and leads on to a 'Bridging' section which proposes a need for further analysis in Phase II of the thesis.

CONTEXT OF THE CHILD & THE M&I CURRICULUM

As discussed previously, along with an exploration of the delivery of M&I education, the sponsored study sought to define the boundaries of what constitutes M&I education. One of the difficulties within the sponsored study was that due to the tight timescale of the study, the content and delivery of the curriculum were investigated concurrently, rather than first establishing the boundaries of a mobility and independence curriculum, and then exploring its delivery. The invitation to tender for the sponsored project stated the definition of the mobility and independence needs of children with a visual impairment as a project objective. The document did not therefore set any boundaries around the term mobility and independence. Consultation at the first Advisory Group meeting suggested a broad definition of the term was favoured which encapsulated issues broader than orientation and mobility (O&M). At that meeting expressions such as 'independent living skills' (ILS), 'social development', 'communication', as well as 'O&M' were used. Clearly, the term 'mobility and independence' needed unpacking and (re)defining.

The curriculum framework developed by the research team initially emerged from a review of the literature relating to mobility and independence and child development, and responses received to the letters sent to 156 LA services and 19 special schools for the visually impaired in the UK in Stage 1 of the data collection process. Of the 83 (47%) services and schools which responded, 14 (comprising 6 special schools for visually impaired pupils, 6 LA support services, 1 joint LA and voluntary organisation, and 1 joint LA and social service) gave some details of the content of the mobility and independence service they provide. The documents were analysed by the research team to establish the breadth of mobility and independence curriculum provided, the process of which is detailed in the full research report (Pavey et al 2002a).

A framework was required to enable researchers to more efficiently ask questions regarding the curriculum during interviews. From these interviews the framework was modified to better reflect the needs of children with a visual impairment, and more detailed content was covered.

Overview of the framework

To summarise, the research team found that all policy documents identified 'travel skills' as a key aspect of the curriculum (this was also supported by findings from the interviews with professionals in Stage 2 of the data collection), that the amount of attention given to 'body and spatial awareness' was much more mixed, and that similarly, 'independent living skills' and 'social and emotional development' had mixed representation. Despite the narrow focus upon travel-orientated mobility and independence skills, it was felt that any curriculum should offer a broad framework of skills and concepts which children should be supported to develop to the best of their ability (or choosing), which would provide a common and easily understood language for the field.

The curriculum framework recommended by the research team was as follows:

Early and Foundation Mobility and Independence
Body and spatial awareness – e.g. early sensory-motor development, spatial language, mobility and orientation in different settings Social and emotional development – asking for assistance, social conventions, manners, confidence and motivation.
Advanced Mobility and Independence
Travel skills – e.g. routes and technical aspects of travel, mobility and orientation, road safety, cane techniques Independent living skills (ILS) – e.g. kitchen skills, eating, hygiene, money handling, dressing.

Figure 6. Framework for mobility and independence curriculum

The data collected from the policy documents suggest that there is a variation in the breadth and depth of curriculum by provider. A clear finding from the study, which is particularly substantiated in the interviews, is that different providers support different areas of the curriculum – e.g. many focus upon aspects of travel, but less upon independent living skills. Similarly, there also appears to be variation in the depth with which a given curriculum area is covered – e.g. some, but not all, providing substantial checklists and programmes of work.

The development of travel skills, in their broadest sense, appeared to be a key part of the M&I curricula that were examined. Relatively few policy documents, however, made reference to curriculum beyond travel, and fewer still to independent living skills. During the interviews many references were made to curriculum content, when discussing the delivery of M&I education. Indeed, the interviews were the primary source of data to the research team, part of which explicitly discussed details of the curriculum covered. The curriculum areas covered by services are discussed in more detail later in the 'programme design' and 'intervention' sections of the delivery cycle.

CONTEXT OF DELIVERY

The following section aims to identify the ways that mobility and independence skills are delivered within and beyond the school curriculum – processes which relate to the 2nd and 3rd concentric circles. As suggested earlier, findings from the study demonstrate that a variety of agencies and mechanisms are employed in services across the UK. The main method of data

collection regarding the delivery of M&I education was the interviews carried out in Stage 2 data collection, though the data collected in Stage 1 also helped to give a context to the findings.

Focus of the sponsored study

As described in the Introduction Chapter, the Management Group of the sponsored study steered the research team towards a focus on children and young people in mainstream education. Inevitably however, issues surrounding the provision of M&I education to children who are not educated in mainstream schools due to additional disabilities (children with MDVI) or their age (i.e. children of pre-school age and those on the verge of leaving full-time education), were discussed in the interviews. These are described below, before turning to the delivery of M&I education to children with visual impairment in mainstream primary and secondary education.

Pre-school children

The data collected during the research indicates that the most extensive M&I services that are provided are aimed at children in primary and secondary education.

In contrast, many of the M&I services provided for pre-school children seem to be in earlier stages of development. In part, this apparent absence of provision may be an issue of language. Many aspects of the 'early and foundation mobility and independence' curriculum may not be formally categorised as mobility and independence by an education service. They may support many aspects of this curriculum as part of a generic pre-school service often falling within the remit of a QTVI. However, in many cases such support simply did not exist.

Whether an issue of language or not, this reflects the history of mobility provision which is steeped in a tradition of *adult rehabilitation*, whereas the needs of children are different (see the Literature Review chapter). In particular they require the development of foundation mobility and independence skills as outlined earlier.

Issues and circumstances relating in particular to pre-school provision are considered in subsequent sections of this chapter only where their consideration is essential for describing provision to children who have reached school age, for example the referral stage of the delivery cycle which describes how children enter the delivery cycle of M&I education.

Children with multiple disabilities and a visual impairment

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

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

A number of the issues raised in relation to children with MDVI are discussed in this chapter where they relate to children with additional needs who are educated in mainstream schools.

The delivery cycle

This section aims to identify the ways that mobility and independence skills are delivered within and beyond the school curriculum in mainstream primary and secondary educational establishments. Findings from the study demonstrate that a variety of agencies, professionals and mechanisms are employed in services across the UK. A delivery cycle model (as described in the Literature Review) is used to explore the complex process of delivering the mobility and independence curriculum, which considers the following stages: referral, assessment, programme design, intervention, review, and completion.

During the interviewing stage and the ongoing process of analysis, it became apparent that the participants often talked about the challenges that they faced in the delivery of M&I education, and in some cases the solutions which they either used in practice or felt would help them to overcome a particular challenge. Many of these solutions were co-constructed by the researcher and the participant, both during the interviewing process and in the subsequent period of reflection upon the findings. For example, during interviews a technique used by the researcher was to probe the participants using ideas generated in earlier interviews or obtained through the literature review, in effect 'bouncing' ideas off each other in order to help reach conclusions about the reasons for a phenomenon or a potential solution together. Researchers who work from a qualitative perspective would argue that data does not exist 'out there' in the world where it is simply waiting to be 'collected'; rather, the researcher works in conjunction with a participant to 'generate' data, a process which Mason refers to as "data construction" as opposed to "data excavation" (2002: p68). Thus, far from being an objective collector of data that already exists, the researcher is actively contributing to the process of *constructing* data, rather than simply collecting it in an objective way.

These co-constructed challenges, and where applicable, solutions, are presented throughout this section in order to help ground the descriptions and emerging themes in the data, and help make the process of analysis more transparent to the reader. The solutions are often presented in boxes within the text (so that they stand out), with credit being given to the source in brackets following the example (except in cases considered by the researcher to be 'sensitive'). Whilst these are all examples or 'extracts of data' taken directly from the interviews, in the majority of cases the data has been paraphrased by the researcher rather than being presented as verbatim quotes, so that the *context* of the example is also presented (thus resembling mini case studies).

The theme relating to the differences between different agencies and/or professionals often emerged when participants talked about the challenges they faced in their practice. For example, many instances were given where there were difficulties in communication between agencies or professionals working with the child. This theme appeared to be so significant, that the interview schedule was adapted in order to explore these issues explicitly.

Referral

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

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

Key issues identified by participants under referral were:
- criteria for access to mobility and independence support
- when to refer and who should be involved
- methods of referral – procedures.

Criteria – for access to mobility and independence support

Key criteria included:
- registration as blind or partially sighted
- mobility needs identified on a statement of SEN
- presence of a visual impairment

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

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

Perhaps then, the most sensitive and comprehensive criterion is the presence of a visual impairment of any severity, i.e. those who are (or will be in the case of pre-school) supported by the LA. However, by following this criterion, the potential caseload for carrying out initial assessments would be much larger than at present. Some mobility and independence educators claimed they had to prioritise which children they saw due to excessive caseloads – one example given was where children with partial sight did not get the input they required, since children who were blind were given priority. Another is where children with MDVI only received M&I support if they were ambulant or deemed capable of a certain level of independence. Other authorities felt that although all children could benefit from mobility and independence support, they had to prioritise those who were capable of a minimum level of independence as working with some children is very time consuming.

Another challenge identified is that some children with MDVI have potentially more complex needs (which may not be directly related to their visual impairment). In some authorities, one of the criteria is that the visual impairment must be the child's main disability.

It is clear then that not only would a 'catch-all' referral criterion increase caseload numbers, but it would also change caseload type, bringing issues related to service provision for children with MDVI to the fore.

When to refer and who should be involved

The research suggests that the criteria for referring children varied widely between services. There appeared to be three different triggers for referral:
- automatically at 'key points' in children's development
- in response to identified problems

- a combination of the above approaches

Automatically at 'key points' in development

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

- pre-school

- at each key stage, i.e. age 7, 11, 14

- transition between schools/from the education system into adulthood.

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

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

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

As discussed in the Literature Review, early intervention is important since children with visual impairment may be delayed in mobility and independence (e.g. late walking, reaching for objects), and therefore need additional encouragement to move and explore the world around them. It is important to develop the child's self-confidence in movement as early as possible, in order to maximise the child's independence and build a foundation for successful inclusion in later education (and life).

However, many respondents argued that whilst vital, early intervention does not always occur. One problem is that even where a pre-school service exists in an authority, some children are never referred to it. There were many examples given by respondents where children had obviously never had any early mobility and independence input.

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

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

This is where the school special educational needs coordinator (SENCO) could play an important role; Lacey (1995) outlines the importance of the SENCO's liaison role between the school and staff from support services and health services, a role given under the original 1994 Code of Practice (DfEE, 1994), which has been retained in the updated Code of Practice (DfEE, 2002). It is important that the school is kept informed of any work being carried out with the child (even if just an assessment, with no further intervention deemed necessary). The SENCO seems the most appropriate person to keep informed, as they can then in turn keep the Head of the school and relevant teachers involved with the child, informed. Despite this, evidence of their input was rarely given in interviews.

Examples given of the referral of pre-school children include:

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

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

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

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

Another gap in provision which was identified was for children about to leave school to go on to further education or to look for employment. This problem appeared to be particularly acute when education employed its own mobility and independence educator. Most education services interviewed provided mobility and independence support to children aged from birth up to 19 years of age, *if* the child remained in LA maintained education. Once they left school to go to an FE college or to look for work, they were no longer supported (through the education service). Some interviewees expressed concern that children did not receive any support once they left school, since nobody took responsibility for them. Examples were given of children who were independent travellers at school that ended up having to take taxis to their new college since there was nobody to teach them the route, and other children who were confined to their homes. Some education services referred children to social services, but unfortunately a lack of liaison or long waiting lists did not ensure a smooth transition.

Where social services was involved in providing M&I education to children, continuity in provision was provided when they entered adulthood since the same service undertook responsibility for them. This also applied to some services where voluntary organisations provided mobility and independence support on behalf of education and social services, since they work with people of all ages who are visually impaired. These issues are discussed further in the Completion section.

Reactive to identified problems

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

The people identified as being involved in making referrals of this kind were:
- QTVIs – the most common referral route/person.
- Class teachers – less common.
- SENCOs – less common.
- Parents/family – less common.
- Health visitor/other health professional – less common.

The problem with some of these routes is that other agencies, such as the health service, were often not aware of mobility and independence support. There needs to be much greater awareness-raising between agencies so that all agencies understand each other's roles.

The following were examples of attempts to improve awareness:

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

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

A further problem identified is a lack of clarity over who has responsibility or the right to make a referral. Even if responsibility/right was acknowledged, those involved often did not have the expertise to identify apparent problems, or the breadth of contact with a child. For example, a class teacher would not see the child beyond the classroom, and a parent may not have enough understanding about mobility and independence or what their child may be able to achieve. Therefore children may not be referred. The role of the QTVI is important here, as

is the role of awareness training of others (parents, class teachers, SENCOs, health visitors) to enable those working most closely with children to be able to identify need.

Examples of procedures that encourage referrals from parents included:

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

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

Examples of procedures that aid appropriate referrals from QTVIs included:

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

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

Combinations of methods

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

Methods of referral – procedures

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

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

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

Use of referral form

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

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

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

Parental consent

Most services operated a parental consent policy. Parental consent must be sought since M&I education often takes place outside of school grounds and includes activities which are not typical of a school day, and therefore there are safety and insurance implications. A further reason why it is important to obtain parental consent, is that it is an opportunity to raise

parents' awareness of their child's needs and why mobility and independence support is important, and to recruit them into the process, so that they will take on responsibility. In the event of multi-agency provision, a single agency would need to obtain this consent.

Assessment

Three separate strands relating to assessment were identified, including the initial assessment of the child following referral, ongoing assessment of the child (discussed later in section 'Review'), and assessment of the environment and context in which the child must operate. This section will cover the initial assessment of the child and environmental assessments.

Initial assessment

This section looks at the content of the initial assessment and how assessments are carried out, in terms of number, length and location of sessions, people / professionals involved, and methods used.

Content

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

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

- environment (see later section).

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

The breadth of mobility and independence has been a common theme throughout this research project. The same is true of assessment. Many respondents claimed to assess not only the problem the child was referred for, but to look at the child 'as a whole', in order to ascertain all of the child's needs. This is important since identified difficulties may be due to other difficulties the child experiences, or reinforced by them, and it may not be obvious why the child is having difficulty without considering the 'whole picture'. Consistent with findings from the analysis of the policy documents / curricula, most of those who were interviewed talked almost exclusively about travel skills when talking about assessing a child's mobility needs. Only a few mentioned independent living skills.

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

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

The following were examples of this practice:

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

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

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

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

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

The following is an example where this did happen:

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

How assessments are carried out

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

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

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

– *Number, length and location of sessions*

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

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

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

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

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

- *People and professionals involved*

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

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

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

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

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

Assessment methods

A variety of methods of data collection were used as part of an assessment. These included:

- observations of the child (in various contexts as described above)

- discussions with key people (described above)

- discussion with the child

- use of games, and relevant tasks according to the age of the child

- reports available from elsewhere

- the use of a checklist of mobility and independence skills.

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

Examples of how assessments were carried out include:

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

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

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

- published checklists, e.g. Pathways to Independence (LNCVCD, no date), Cratty and Sams' Body Awareness (1968), TAPS: Teaching Age-Appropriate Purposeful Skills (Pogrund Healy, Jones et al, 1995), Oregon gross motor skills (Brown, Simmons and Methvin 1991), often aimed at particular groups of children, e.g. pre-school.

- checklists constructed by individual services or professionals (often compiled with sections from above published checklists).

- checklists borrowed from other services/MISE curriculum group.

Examples of checklists with broad mobility and independence remits did emerge; the following are two examples that were identified:

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

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

Environmental and risk assessments

Dalgliesh (1997) states the importance in ensuring school buildings (and others) are safe and accessible to pupils with visual impairment, particularly in light of the requirements of the 1995 Disability Discrimination Act.

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

- type of environment and outcomes
- responsibility for undertaking them

Type of environment and outcomes

Environmental assessments tended to be of school premises, particularly at the point of transition from one school to another, often at the request of the school due to concern about offering a place to a child. Assessments were occasionally carried out in other environments, as the following example demonstrates:

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

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

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

However, a problem identified by some interviewees when undertaking environmental assessments is in ensuring that schools carry out recommended adaptations to their premises, and it was reported that advice given by the mobility and independence educator often went ignored. This is particularly problematic where the cost of making adaptations for one child is high, for example fitting blinds to all the windows in a school.

Responsibility for environmental assessments

The data suggests that environmental assessments are predominantly carried out by a mobility or rehabilitation officer, though they were not exclusively their responsibility. The other key professional found to be responsible was the QTVI, particularly in areas where there was no mobility officer employed directly by the education service.

In one case, the QTVI took responsibility for environmental assessments because they could not ensure that the social services rehabilitation officer would do them. This is discussed further in the section on 'Multi-agency provision'.

Programme design

Following an assessment of the child, the next stage is to design a programme that will address any needs that were identified in the assessment. The design of a programme inevitably relies upon the quality of the assessment, and in most cases was the exclusive

domain of the mobility officer/rehabilitation officer. As already outlined, there was also a bias towards the 'travel' curriculum.

Programme design is an important process and many aspects of it are also implicitly discussed in other sections of this chapter. Three key issues raised were that the programme should:

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

Some interviewees felt that the mobility and independence programme should be explicitly related to, reinforced by, and overlapped with the broader school curriculum. This would make mobility and independence relevant to the child and could endear head and class teachers to mobility and independence, enabling easier negotiation for withdrawing children from other classes for mobility sessions. Examples of where this happened include:

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

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

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

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

The majority of examples given were by participants employed by education services. Of the two examples given where this was *not* the case, one was employed by a voluntary organisation contracted in by an LA to deliver M&I education to children, and the other was jointly managed by social services (her employer) and the education support service; of note, both participants carried out the majority of their work in the school setting, suggesting that the foci of where M&I education takes place are important in terms of integrating M&I

education with National Curriculum subjects. The differences in the foci of the setting of M&I education are discussed further in the intervention section.

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

This experiential curriculum was seen as particularly important for children who, for a variety of reasons (including socio-economic), may have fewer opportunities for such experiences. For example, programmes were often adapted to the particular needs of children living in rural areas who cannot be as independent in their home area due to the layout of the environment, e.g. country lanes without footpaths. Therefore, some mobility and independence sessions took place in nearby towns rather than in their immediate home area.

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

Links can also be made here with the cultural background of the child. The professionals interviewed in this research were responsible for designing individual mobility and independence programmes relevant to the needs of a diverse population. Therefore it is not surprising that some respondents who did work with culturally diverse groups stated that they had never experienced any difficulties in providing for their mobility and independence needs. This emphasises that meeting these needs does not require providing *different* services but the ability to be sensitive to the child's home environment and to be flexible in the ways that M&I education is delivered. Of key importance here is that mobility and independence educators should have the ability to recognise when they must modify their practice and consult the

child and their family in order to devise ways in which this should be done. The following were examples of this practice:

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

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

> The curriculum should be delivered using resources and in contexts that the child is familiar with and which the child would use at home. For example, foods and utensils used in kitchen skills, clothes in dressing skills, and the types of shops visited in shopping skills.

Importantly, these are examples of reflective practice to be used in *all* contexts, not just of relevance to particular ethnic groups.

Intervention

The intervention stage involves the teaching of a mobility and independence programme to the child and may involve input from several people and agencies. Intervention is very complex since there are many different factors to consider. The findings suggest that different people (e.g. teaching assistant, class teacher, mobility officer, QTVI, parent) often take on different roles (such as 'tutor-role', a 'reinforcer-role' and an 'advisor-role'), depending upon which aspect of the mobility and independence curriculum is being covered (e.g. travel skills, independent living skills). Many challenges to be overcome were identified, particularly in negotiating and securing time for mobility and independence lessons, especially within school hours.

This section examines:
- Responsibility for mobility and independence, including consideration of:
  - the area of the M&I curriculum being covered

- the different roles of key people, including the mobility and independence educator, QTVI, class teacher, teaching assistant, parent/family
- Time for mobility and independence lessons, including consideration of:
  - implications of M&I lessons in school time
  - implications of M&I lessons out of school time
  - school holiday provision.

Responsibility for mobility and independence

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

Key people

There appear to be three different but overlapping roles adopted by the mobility and independence educator. Mobility and independence educators usually adopt all of these roles at some point, depending upon different parts of their job:
- Mobility and independence educator as personal tutor/instructor - emphasis is placed upon working one-to-one with the child.
- Mobility and independence educator as advisory-tutor - emphasis is placed upon working with others to *reinforce (and even implement)* programmes of work with a child, including class teachers, teaching assistants and parents.
- Mobility and independence educator as advisor - emphasis is placed upon raising awareness about mobility and independence with others and advising upon environmental adaptations and modifications. The significant others might include parents, school staff, and other social care and health professionals including occupational therapists and physiotherapists.

– *Mobility and independence educator as personal tutor/instructor*

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

For example, sessions included the introduction of:
- teaching a child a route to the local shops
- teaching a route around the school
- routes around the child's home.

– *Mobility and independence educator as advisory-tutor*

The second role complements the first, and is where the mobility and independence educator does much 'hands-on' teaching with the child and makes any decisions regarding progress through the programme, but gets others to reinforce what they teach. This appears to be a common practice, particularly by professionals employed or contracted by education services, and whether school staff or parents are involved depends upon the location in which M&I education is predominantly delivered. This is discussed later in this section.

Reinforcement of mobility and independence skills is important as children need to practise them. It was felt that school staff and parents who spend long periods of time with the child should take on the responsibility to reinforce the skills the child has been taught by the mobility and independence educator. This was considered to be particularly important for

children with MDVI as they may have difficulty in transferring skills to other situations and environments.

Despite the agreement as to its importance however, professional opinion seemed to vary as to what skills should be reinforced by others, and by which people.

The following were examples where other professionals and parents reinforced mobility skills:

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

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

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

Almost all questioned expected a teaching assistant or class teacher to use sighted guide techniques with a child, and to reinforce other aspects of mobility and independence (though it was accepted that class teachers have less available time). However, a difficulty expressed was that whilst you can ask a member of the school staff or a parent to reinforce mobility skills, you cannot force them to comply. There was a general feeling that some class teachers do not consider mobility to be their responsibility, whilst parents may be too emotionally attached or simply uninterested in getting involved.

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

Some interviewees believed that there is a need to make reinforcement an expectation for some job roles, e.g. teaching assistants, possibly through inclusion of such a requirement in their job descriptions. It was not clear whether this was a common practice, though in one authority this had happened in the case of teaching assistants (*WORCESTERSHIRE*). In authorities where teaching assistants were employed by the sensory or visual impairment service, it was considered to be easier to get them on board than teaching assistants who were employed and managed by the schools (*RHONDDA-CYNON-TAFF*).

Jenkinson (1997) argues that the teaching assistant's role is one of the least clearly defined roles in special education, and can vary according to the individual class teacher's preferences.

Emery (1984) believes that the key to improving blind children's mobility is the attitude and expectations of parents. Too often, parents have negative attitudes and low expectations for their child, and over-compensate for their child's visual impairment by overprotecting the child and doing everything for them. To effectively reinforce skills, both parents and school staff need support and training. Informal training was reportedly often carried out by the mobility and independence educator, either on-the-job during mobility and independence sessions with staff or a parent watching, or in INSET sessions. Examples where this took place include:

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

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

Many mobility and independence educators claimed that they do not work with as many children or teach as wide a mobility and independence curriculum as they would like, due to a lack of time. A possible solution is where the mobility and independence educator works in an even more advisory role, making all decisions (carrying out assessment, designing

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programme, and deciding when the child should move on to the next stage), and then others actually deliver the programme. This notion of having a *mobility and independence assistant* did not appear to be a common practice, though some mobility and independence educators expressed a desire for having such an assistant to support them so that they could reach more children and/or address a wider range of skills.

An example of where this did happen is the following:

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

However, to enable this to work effectively in practice, there needs to be a lot of support from management, in the allocation of time and resources which would enable the mobility and independence educator to train and support the assistants to a suitable level of competence in teaching. This might include the mobility and independence educator modelling good practice for the teaching assistant (or others) to copy. One respondent believed that co-ordinating and managing M&I education in this way is the way forward for the mobility and independence educator role. He felt that it would give a higher status to the mobility and independence educator than when they work in isolation, and are expected to take on full responsibility for the teaching of mobility and independence.

Since training is very time consuming, there may be a case for sending assistants on accredited courses in mobility and independence to acquire certification. However, the research found few examples of formal training of teaching assistants. The following was a rare example:

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

- *Mobility and independence educator as advisor*

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

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

In effect, the mobility and independence educator is akin to a consultant, a specialist in mobility and independence offering advice. The following was an example of such practice:

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

The mobility and independence educator may not always directly teach M&I education to a child with MDVI. They may play a more advisory role to school staff who work closely with the child on a daily basis, as they have built up a close relationship with the child and have extensive knowledge about their abilities and needs.

There was some disagreement as to who should be ultimately responsible for certain aspects of M&I education. Most interviewees believed that the mobility officer/rehabilitation officer should take a lead role in teaching travel skills, but there was disagreement over who should be responsible for teaching independent living skills. Some believed that the mobility officer/rehabilitation officer should cover independent living skills, but in a more advisory way, advising teaching assistants, class teachers or QTVIs on how to cover independent living skills during school time, for example cooking skills during Food Technology lessons, dressing for PE, or eating skills during lunch time. In practice, the delivery of this part of the

mobility and independence curriculum appeared to be largely confused, suggesting that many of these needs went unmet.

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

Other key people teaching mobility and independence: QTVI

There were some instances when other people taught mobility and independence skills, without the guidance of or instruction from a mobility and independence educator. This often happened when the mobility and independence educator was employed by another agency such as social services or a voluntary organisation rather than by education, and where the child's visual impairment was not severe. For example:

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

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

Time for mobility and independence lessons

As mobility and independence span across and reach beyond the boundaries of school education, M&I education can take place both in and out of school hours. In practice, the majority of mobility and independence sessions were carried out within school time since this

is when most of the mobility and independence educators were contracted to work. However, there were many examples of M&I education being taught out of school hours, and during school holidays. For example, mobility and independence educators employed by education seemed to work predominantly within school time, whilst social services mobility and independence educators often worked outside school hours, with an emphasis on home area work. Generally though, most mobility and independence educators seemed to work both in and out of school hours, the emphasis depending on individual circumstances.

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

The following times for mobility and independence are examined in the sections below:
- school time
- out of school hours
- school holidays

Mobility and independence lessons in school time

The M&I curriculum competes with the National Curriculum for space in crowded timetables. For some aspects of mobility and independence, children were taken out from lessons, or missed their break times. This required negotiation, choices regarding lessons to miss, and solutions to overcome these tensions.

In terms of negotiation, the mobility and independence educator often did this, though a QTVI sometimes did on their behalf (which was particularly important in cases where the mobility and independence educator was from an agency outside education). Negotiation is necessary

with a variety of people depending upon the school and age of the child, including parents (regarding preferences for missed lessons), class teachers (particularly in primary school), Heads of schools, Heads of year groups, and SENCOs. Negotiation was reported to be easier when mobility and independence are included on a child's statement, and when there is a good level of awareness of the importance of mobility and independence amongst school staff.

Common subjects/times when mobility and independence lessons took place were reportedly:
- lessons not perceived as 'academic', or that the child was taking for a GCSE – generally PE, Music, Art, Woodwork, and some aspects of Technology
- personal social and health education
- tutorials
- 'free' periods in secondary school
- lunch breaks

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

Several strategies that could be adopted regarding the negotiation of time were identified:
- the mobility and independence educator should be prepared to be flexible
- it may be easier to negotiate access for shorter programmes than ongoing programmes
- different lesson times are negotiated to ensure the same lesson is not missed consistently
- incorporating aspects of independent living skills into National Curriculum subjects, e.g. PE, food technology.

- seeing the child out of school time (considered in later sections, 'mobility and independence lessons out of school time' and 'mobility and independence provision in school holidays').

- each case is unique – the benefits and disadvantages of missing different subjects have to be considered for each individual child.

- the child and their family may have to choose between mainstream subjects and the mobility and independence curriculum.

For example:

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

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

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

Mobility and independence lessons out of school time

Mobility and independence lessons also took place before and after school, on occasions where the child's school or their parents did not want the child to be extracted from lessons at

all. Some of those times were more appropriate for the type of mobility and independence skill being covered. For example:

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

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

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

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

A further problem identified in the study is that most mobility and independence educators, whether employed by education, social services, or a voluntary organisation, are typically contracted to work set hours, typically from 9.00am to 5.00pm Monday to Friday. Clearly it would be impossible to see all of the children on their caseload after school time, between 3pm to 5pm. This is where flexibility was considered to be very important; many mobility and independence educators tended to work extra hours, or work to a more flexible schedule so that they could see children at appropriate times. This appeared to be successful where management gave time off *in lieu* of any extra hours worked, or did not stipulate that the mobility and independence educator had to work to a rigid, set timetable. Examples given of flexible working by the mobility and independence educator included the following:

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

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

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

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

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

School holidays

The provision of mobility and independence support during school holidays seemed to vary widely around the country. Opinion also seemed to vary as to whether mobility and independence provision is necessary during school holidays; many argued it is crucial, though perhaps only in individual cases, whereas others regarded it as a good thing though not essential. Indeed, some claimed that many older children did not want to do mobility and independence in the school holidays as they wanted a break from it, though some children and families requested it in the holidays to help them access out of school activities.

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

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

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

Some examples of why M&I education is beneficial during the holidays included the following:

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

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

One interviewee believed that although it is not essential for all children, a child should always have access to holiday provision since mobility and independence are year-round life skills. Beech and McManus (1997) argue that visually impaired children are often several years behind their sighted peers developmentally, in terms of walking, running and playing, which in turn promotes "spontaneous involvement in community life" (p301). They contend that extra-curricular activities can promote confidence and self-worth, help to develop social skills, promote a healthy lifestyle so often lacking with visually impaired children, and broaden knowledge. The question then arises as to who should have responsibility for providing M&I education within the school holiday periods.

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

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

– *Mobility and independence educator works voluntarily*

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

only (along with a reduction in her salary), with the proviso that she worked in school holidays as and when necessary. In practice this appeared to work well:

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

Another education-employed mobility and independence educator felt that mobility and independence should be continued during the holidays, and that her contract should be changed to enable this to happen. At the time of the research, the mobility and independence educator worked on a voluntary basis with some children to ensure their progress was not set back by the long summer holiday break.

– *Other agencies providing M&I education*

In authorities where the mobility and independence educator did not work in school holidays, individual children were often referred to other providers, most commonly to social services. This was particularly the case for children attending special schools for visually impaired pupils in term time outside their home area, needing mobility and independence input to ensure their progress was not set back or needing mobility and independence work in their home area.

On reflection however, this appears to be problematic for two main reasons. First, some social services rehabilitation officers did not have the experience or training required to work with children (see later section on 'Common models of provision'). Secondly, in many cases there seemed to be poor liaison and communication between agencies regarding the child's progress and teaching approaches.

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

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

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

– **Review**

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

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

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

Monitoring and review

Ongoing assessment of the mobility and independence needs of children with a visual impairment is important, since their needs, unlike those of many adults, can quickly change over time. As many children do not need to receive continual mobility and independence support, monitoring is crucial to ensure any mobility and independence needs they may

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develop are identified and addressed as soon as possible. It is important to have a developmental approach with a long-term perspective, which plans for the future needs of the child. Ongoing assessments of the child were often planned to coincide with their annual reviews.

Responsibility for monitoring

There is a question over who should be responsible for monitoring the child, and this may vary according to which agencies are involved in providing mobility and independence support. In cases where the mobility and independence educator was employed by the education service, there were often monitoring systems in place that the mobility and independence educator oversaw (e.g. *CARDIFF, RHONDDA-CYNON-TAFF, NEWHAM*). However, in authorities where social services, a voluntary organisation or an outside consultant was employed to provide mobility and independence support, the education service often took responsibility for monitoring children and referring cases to the provider when necessary. The following were examples of this:

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

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

Methods of monitoring - ongoing assessment

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

In some areas, there did not appear to be any system in place to monitor children, therefore relying on the proficiency of the 'one-off' referral system, where children are referred if a

problem is recognised, which by itself is not an adequate safety-net (see section on Referral). The mobility and independence educator then comes in to assess the child's current needs, intervene as appropriate, and then closes the case without any 'follow-up'. This was often the case in areas where social services were the main provider of a somewhat 'ad hoc' mobility and independence service for children.

One social services department relied on their own internal monitoring system, which required them to carry out a six monthly review where they would, for example, contact parents to discuss any needs their child might have. If none were identified, no further action would be taken until the next review six months later. This of course, relies on the assumption that parents have the knowledge and understanding required to be able to identify mobility and independence needs (see section on 'Referral'). Another social services rehabilitation officer reportedly kept index cards, filed in date order with details of children who need a follow-up; ideally, this system should be computerised.

The Special Educational Needs Code of Practice

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

Much of the *guidance* from the original Code has been retained and a new framework was incorporated with the purpose of matching special educational provision to children's needs, schools and LAs. Thus, the staged framework which was an important part of the old Code has been replaced by a 'graduated' approach incorporating 'School Action' and 'School

Action Plus'. This approach recognises that there is a continuum of SEN and, where appropriate, brings increasing specialist expertise to support the child's learning.

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

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

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

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

The majority of mobility and independence educators employed by education attended annual reviews of children if invited, or if they were working with the child at the time. However, a

few stated that they were rarely or never invited to reviews (which, they suggested, may reflect the lack of value attributed to mobility and independence). If they were the main providers of mobility and independence support, social services' rehabilitation officers occasionally attended, but in some authorities they reportedly never attended annual reviews or submitted reports, even when invited to do so.

Many respondents commented that it is not always necessary to attend annual reviews in person. Instead, a report should be written for the QTVI to take along on their behalf for discussion at the meetings, if mobility and independence issues were of some concern. Where another person represents the mobility and independence educator, there needs to be close liaison between them to ensure M&I is represented appropriately.

For example, in one authority the mobility officer always attended meetings about a child including annual reviews if mobility is on their statement (*HULL*).

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

There appears to be a lack of consistency about the role taken by the mobility and independence educator in annual reviews, in part due to the type of service provider. It is recommended that if mobility and independence are identified as educational needs, the mobility and independence educator responsible for leading this work should attend the annual review.

Review and recording of progress

Reports

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

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

The following are some of the examples that were given:

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

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

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

Reports should then be kept in a personal file for each child, and copies given to relevant agencies and others who are involved with the child, e.g. parents and school staff, including class teachers and teaching assistants where appropriate so that everyone involved is kept informed. However, in practice not all reports were shared in this way. Respondents from

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two education services complained that social services rehabilitation officers never sent them reports or informed them about what they had done with the child and what still needed to be done. This is an example of a clear breakdown in communication between agencies. In many cases it was not policy to share information (via reports), and it was therefore left to the individual rehabilitation officer to take the initiative.

Accreditation

Some interviewees described formal methods of accrediting students for mobility competence, a common practice in many special schools for visually impaired pupils. Accreditation is often associated with other external schemes (RoSPA Award Scheme, West of England School), and may be specific to certain client groups (e.g. wheelchair users). It can also be used to communicate abilities of the child and therefore their level of dependence and independence to all staff within the school (e.g. Royal Blind School), and recorded in personal records of achievement for the child to keep.

Accreditation for children in mainstream would be beneficial, since it gives them a record of their achievements, which can inform other children, school staff and their families of exactly what they have been doing in mobility and independence lessons, and what they have achieved. As well as informing others of the child's present abilities and areas where they may need assistance, it may also help to raise awareness of the importance of M&I education.

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

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

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

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

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

Review of effectiveness of intervention

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

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

It was generally agreed among participants that services should adopt a long-term perspective when organising mobility and independence provision which is reflected in long-term educational goals regarding mobility and independence, rather than a series of *ad hoc* interventions.

Completion

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

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

Referring-on to other providers

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

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

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

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

Responsibility and continuity for post-school children

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

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

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

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

Arrangements to ensure continuity of mobility and independence support upon transition need to be put in place while the child is still at school and recorded in the 14+ transition plan. In most LA areas, Connexions would be able to facilitate networks between the key agencies that can support transition from school into post-16 learning and employment. By working pro-actively with Connexions partnerships it should be possible to ensure that inter-agency frameworks to support transition are responsive to both current and anticipated needs. However, involvement by Connexions was not described by any of the participants.

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

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

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

CONTEXT OF POLICY & SERVICE

The findings described in the preceding section "Context of delivery" have painted a detailed picture of the provision of M&I education to children in mainstream schools around the UK at the time of the research.

A significant finding from the initial analysis of data collected in Stage 2 (see Chapter 3: Methodology (Phase I)) was that many more people, undertaking a wide variety of roles, were found to be involved in the delivery of M&I education than was anticipated at the outset of

the project. The nature and level of mobility and independence support given to children in different authority areas appear to vary considerably depending on a number of factors relating to the professionals and agencies that are involved in service delivery.

The next section will describe the third concentric circle of policy and service issues, particularly focusing upon a description and discussion of agencies and professionals involved in delivery and the effect this has, and will go on to present initial thoughts and hypotheses as to why things are as they are, arising from the data analysis carried out so far.

Before this research was carried out, it was unclear precisely how M&I education was provided for children with a visual impairment educated in mainstream education in the UK. The picture that has emerged from this research is a very complex one, with several different 'models' of provision identified covering different areas of the mobility and independence curriculum. This section aims to summarise the different agencies and professionals who were involved in M&I services for children around the UK at the time of research, in particular noting their key features including the emphasis placed upon what, how, and where they teach.

As described earlier in 'Chapter 3: Methodology (Phase I)', early data collection (Stage 1) sought to obtain a broad overview of how M&I education is provided within the UK (see Table 2 in Methodology (Phase I) chapter). The 83 responses provided a picture of which agencies are involved in providing a mobility and independence service in different areas of the country, with the LA appearing to be the most common provider (37%), followed by Voluntary Organisations (13%), Social Services (11%), and mixed provision (7%).

However, upon further investigation through the interviews carried out in Stage 2 of the data collection (see Chapter 3: Methodology (Phase I) for description of the sampling methods and eventual participants), it became clear that many more services actually operated a mixed service to some degree, suggesting that the answers generated from the replies in Stage 1 were often over-simplified. This signified to the researcher that differences in delivery between agencies should be looked for during analysis, both during and following the interviewing

period (see description of the continuing nature of the analysis process in Chapter 3: Methodology (Phase I)).

Of the 29 services sampled, the main providers of M&I services can be broadly characterised as the following:

Main provider	Summary of provider
Education service provision	The mobility and independence educator (usually a mobility officer/rehabilitation officer, though sometimes a QTVI) is employed directly by education, and has a lead role in the delivery of M&I education to children
Social services provision	Mobility and independence educator(s) (predominantly rehabilitation officers) employed by social services who are either 'bought in' by an education service to provide mobility and independence support to children, or where social services include children as part of their remit
Voluntary organisation provision	Mobility and independence educator(s) employed by voluntary organisations (predominantly rehabilitation officers) are 'bought in' or contracted by education service (sometimes paid for jointly with social services) to provide M&I education to children
Outside consultant provision	Mobility and independence educator is an independent (self-employed) 'outside consultant' or is a mobility and independence educator bought in from another authority, agency or special school for visually impaired pupils by either the education service or social services, or jointly by education and social services

Table 6. Description of agencies providing M&I services

Once more however, the picture is more complex than Table 6 suggests, since in practice there is often more than one agency involved in a particular service. Whilst the 'main provider' can be defined as the agency delivering the majority of M&I education, many work alongside another agency who is involved in the delivery of particular aspects of the mobility and independence curriculum, thus a mixture of models may be implemented with different agencies being involved in different parts of the mobility and independence curriculum at different times.

It is important to note that different agencies are often involved in a service, as this has important implications for *how* the service is delivered. As demonstrated in the section on 'intervention' earlier, the division of provision between agencies has clear implications in

terms of the areas of the mobility and independence curriculum that are covered, and of the location and time in which M&I education is carried out.

Common models of service provision

This section summarises the key features of the models of service provision that were identified in the research, and goes on to discuss the implications of the 'mixed-model' described above.

Mobility officer employed by education

There were a few examples of the education service directly employing a mobility officer to carry out some of its mobility and independence provision. The mobility officers tended to work exclusively on M&I education with children (i.e. did not have additional work with adults), and were employed directly by the education service.

The MO was employed by the Education service to deliver mobility and independence support exclusively to children in all types of school within the LA area. As well as working directly with children, he also worked with other staff members to encourage them to *reinforce* mobility and independence skills when they were working with the child. *HULL*

The mobility officers employed by education services had a variety of different job titles, including 'Mobility Officer', 'Rehabilitation Officer', 'Teacher of Orientation & Mobility', 'Mobility Specialist in Education', 'Mobility Nursery Nurse' and 'Mobility Instructor', which in some cases reflected the individual's past professional background, and their training. They also appeared to have a variety of qualifications, many not having the rehabilitation officer qualification.

Sometimes this service was set up as no alternative or adequate service was available. The mobility officers appeared to be employed under a variety of contracts. Some worked to a contract similar to that of a teacher where they were not required to work in school holidays. Therefore, school holiday provision was either on a voluntary basis or provided by a different agency. This sometimes affected the amount of support offered to parents and family.

There was also much variation in which aspects of mobility and independence were covered. They were, however, more likely than other providers to work with all children regardless of any additional disabilities or the type of school they attended, though the mobility officer's training had not necessarily prepared them for this.

QTVI with additional mobility qualification

In some authorities M&I education was provided by a qualified teacher of the visually impaired who had an additional qualification in teaching mobility – this was in addition to other duties. Generally there seemed to be one QTVI who was responsible for providing M&I education in each education team, though in one authority there were two. In another service, all of the QTVIs had a mobility qualification and provided mobility and independence support to the children on their own teaching caseloads.

In every example of this model, the QTVI-mobility and independence educator worked exclusively with children, and was employed directly by the education service. Often this method of provision was set up as no alternative or adequate service was available. The QTVI-mobility and independence educator appeared to have a variety of qualifications, but all had a teaching and QTVI qualification. Some had an additional mobility and independence qualification in working with children and some had a generic mobility officer/rehabilitation officer qualification.

As with the MO employed by Education, QTVI-MIEs were more likely than other providers to work with all children regardless of any additional disabilities or the type of school they attended.

Due to their main role as a QTVI, there was often a higher degree of contact with both parents and school staff, which gave opportunities to encourage them to support children through reinforcing mobility and independence skills. Additionally, mobility and independence were more likely to be represented in reviews about the child as the QTVI is more likely to attend these than other mobility and independence educators.

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Due to the QTVI's greater knowledge of other areas of the curriculum, mobility and independence could be more often introduced and reinforced (e.g. PE, early year's curriculum) compared with other mobility and independence educators. In this sense, the QTVI-MIE may be able to provide a more holistic approach than others in which mobility and independence are not considered in isolation. The following is a practical example:

> A benefit of a QTVI-MIE providing M&I education is that they can be very flexible as to when they see the child for mobility and independence support, since they can timetable it alongside their QTVI-work with the child. *STAFFORDSHIRE*

On the other hand, as M&I are not the main remit of the QTVI, they were sometimes not given as high priority as other areas of the special curriculum. As with the MO employed by Education, QTVIs tend to work to a teacher's contract; therefore school holiday provision was once again either on a voluntary basis, provided by a different agency, or not at all. Similarly, after-school mobility may also be neglected due to the QTVI's contracted hours of work.

Mobility officer/rehabilitation officer employed by social services

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

Often, social services seemed to be the main provider by default, since it was the only agency available that could provide a mobility and independence service. Contracts seemed to vary; in some cases, social services provision appeared to be provided free of charge, whilst in other social services departments, provision was paid for by the education service.

Written contracts were rare (though did exist) between education and social services detailing the type of mobility and independence support that social services would provide, or how they would provide it. Therefore it was often left to the discretion of the individual social services rehabilitation officer as to what mobility and independence skills they covered. Areas such as independent living skills were often not covered at all, despite the rehabilitation officer having

had training in this area. Despite this, there were some cases where a more 'holistic service' was offered, with the provision of additional non-M&I services, considering not just mobility and independence issues but all aspects of the child's life, including advice to parents about benefits, additional communication support (braille, Moon, large print, etc), access to or advice on specialist equipment, and even counselling (e.g. *CORNWALL, SALFORD*).

The mobility and independence educators in social services were usually trained as rehabilitation officers, and normally the majority of clients on their caseload were adults. In some authorities, the social services team was essentially an adult services team, therefore children were not really part of their normal remit. There was however one exception found during the research:

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

Nevertheless, more often than not the training and past professional experience of social services rehabilitation officers would not have been child-focused. Some social services rehabilitation officers did not therefore cover many of the essential foundation skills children need, such as concept development, free movement and confidence building. There also appeared to be a lack of training and experience amongst social services rehabilitation officers in working with children who have MDVI, and few worked with children in special schools. Whilst provision was often poor or non-existent for younger children and those with additional difficulties, there was often an easier transition for young people on the verge of leaving school since social services would be responsible for continued provision (see earlier section 'Post-school and FE provision').

Since social services rehabilitation officers are usually attached to a team, many enjoyed the benefits associated with team working, e.g. sharing experience and expertise. There appeared to be greater flexibility as to when the mobility and independence educator works, since they tended to work during school holidays as well as term time (see section on 'Intervention').

Mobility officer/rehabilitation officer employed by a voluntary organisation

Many different voluntary organisations were found to be involved in providing M&I education around the country. As well as national organisations such as Guide Dogs there were many local societies involved in different authorities.

The voluntary organisations in the study usually employed Rehabilitation Workers/Officers who carried out the majority of mobility and independence work with children. Historically voluntary organisations were often the only agency available that could supply a mobility and independence service.

Contracts between agencies varied widely from one authority to another, in terms of the services provided as part of the agreement. Most covered travel skills both within and outside of school, but independent living skills were not always covered. For example:

> In one county, the local voluntary organisation was contracted by the SSD to provide all services for clients who were visually impaired (adults and children) that would normally have been the remit of social services. [*IDENTITY PROTECTED*]

> In another county, the voluntary organisation service level agreement was very broad, seemingly covering the remit of health, education and SSD. Their services included guides, communicators, day care, LVAs, follow-up clinics, and rehabilitation services. The voluntary organisation also had information officers based in the hospitals as part of the agreement. [*IDENTITY PROTECTED*]

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

An incidental advantage of provision from a voluntary organisation is that they often have a broader (and substantial) support service beyond the contracted work. Therefore the child can tap into this network, such as the time and resources of any volunteers in the organisation and the use of the voluntary organisation's resource centre. Another benefit that children may

enjoy in some authority areas, are holiday schemes which are organised and run by the voluntary organisation. The following is an example where children benefited from the voluntary organisation's broader remit:

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

Many of the mobility and independence educators employed by voluntary organisations had trained as Rehabilitation Officers. The majority worked with adults as well as with children, and rarely specialised in working solely with children. It seemed to vary between authorities as to whether the mobility and independence educator worked with children in both mainstream and special school settings, but in practice they often did.

As with social services rehabilitation officers, voluntary organisation employees worked year-round, so flexible working in terms of timetabling sessions with children was possible, particularly during summer holidays. Furthermore, many of the voluntary organisations had a team of visual impairment specialists and/or mobility and independence educators, so the expertise and assistance of several members could be drawn upon.

Outside consultant mobility officer/rehabilitation officer

Several authorities 'bought in' the services of either an independent (self-employed) mobility and independence educator or mobility and independence educator employed by another education authority, agency or special school for visually impaired pupils at some point.

The key features of such arrangements depended on the circumstances relating to a particular authority, and therefore cannot be easily generalised. Often they were contracted in on a *temporary* basis until more permanent provision could be established, or on a one-off basis to assist in areas in which the main provider lacked expertise, e.g. deafblind issues, PE. This can be problematic - in one authority, there had been no continuity because of the high

turnover of professionals in the authority. Examples had also been given of contracted mobility and independence educators who felt they lacked the time to provide a comprehensive service, for example they could not adequately prepare for lessons or compile reports, and did not have much contact with parents or attend important annual reviews or other meetings about the child.

In one authority however, an independent consultant mobility and independence educator was contracted to provide *ongoing* mobility and independence support for all children within the authority area. The outside consultant MIE can in many cases be more flexible regarding working hours, carrying out lessons before and after school if applicable, and even occasionally on weekends and during school holidays if requested (e.g. *COVENTRY*).

The long history of providing M&I education to children makes the mobility and independence educators in special schools for visually impaired pupils some of the most experienced in the country. Many also have specialist knowledge of working with children with multiple disabilities and visual impairments. They therefore have a lot of expertise to offer M&I providers to children in mainstream education. Some of the interviewees employed by special schools for visually impaired pupils were actively involved in outreach work, for example:

> Whilst the mobility and independence educators were based in special schools for visually impaired pupils, they also worked in mainstream schools in the region. *BIRMINGHAM*

> The mobility and independence educators based in special schools often offered advice or training to professionals who were working in mainstream settings on mobility and independence issues. *WORCESTER, EDINBURGH*

This appeared to be a very positive collaboration because it drew upon the expertise of the special school staff. Particular areas to which special school mobility and independence educators may contribute include mobility and independence curriculum development, awareness training of staff, delivery of some aspects of the mobility and independence curriculum, demonstration of environmental adaptations, and carrying out environmental assessments. Beacon school status and regionalisation are mechanisms that encourage and support this collaboration.

The background, training and experience of consultants seemed to vary, and this affected the type and age of children with whom they were able and contracted to work.

Multi-agency provision

Clearly the models of provision employed in different parts of the country at the time of the research varied enormously. Most notably, other agencies beyond the LA support service were often involved, and the interview data provided a more detailed picture of how M&I education was provided in these different settings. This illustrated that among those interviewed, inter-agency provision of M&I education was very common.

As suggested earlier, there was often more than one agency involved in the provision of mobility and independence support in an authority area. Whilst one agency was often the main provider, another agency might have been involved in the delivery of particular aspects of the mobility and independence curriculum, for example independent living skills. Alternatively, responsibilities would be divided according to the area of M&I education, e.g. in/around school mobility and independence and home area/out of school mobility and independence.

Other examples were where the QTVI carried out mobility and independence work with children with MDVI as it was their specialist area, or where the QTVI had the pre-school caseload. Often, provision of M&I education during school holidays was provided by a different agency (usually social services) if the main provider (particularly if employed by education) was not contracted to work during school holidays. For example:

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

As described in the Intervention section, in some cases such liaison between professionals from different agencies proved to be successful. However, the findings also suggest that in many cases, there were a number of challenges related to multi-agency provision. Firstly, the research found evidence of poor communication and liaison between a number of agencies and professionals who worked with the same child. Secondly, many interviewees felt that families could be confused over whom to approach when they needed to seek help if more than one professional was in contact with them, particularly if the professionals were also from different agencies.

Recommendations for lead professionals involved in delivery

It is clear then that a somewhat complex picture of provision has emerged, whereby different professionals take on the mobility and independence educator role depending upon a number of important factors, which include:

- the part of the M&I curriculum being covered;
- the aspect of delivery being considered, i.e. referral through to completion;
- the role being adopted, i.e. tutor, advisory tutor, advisor;
- local decisions made by the LA regarding what they consider to be the most efficient way to provide a M&I curriculum (depending upon the size of the LA, whether there is a service offered by local social services departments or a local presence of a voluntary organisation which can offer a service);
- the training and experience of the professional.

One of the key recommendations from the sponsored study (Pavey et al, 2002a) was that a single agency should have responsibility for overseeing the delivery of M&I education; it was recommended that Education should take this lead role. However, it was acknowledged that many other professionals, possibly employed by different agencies, may be involved. Thus an important outcome of the sponsored study was an attempt to map professionals/people to different responsibilities in the delivery of the mobility and independence curriculum. Inevitably, this was difficult as there are a number of possible ways that this could be (and is, in practice) done.

In summary, it was felt that QTVI training (particularly when their initial teacher training is in primary or early years teaching) equips them best for the teaching of early and foundation M&I skills since training for mobility and rehabilitation officers tends to focus upon adults, although many have additional qualifications or experience which enables them to teach early and foundation M&I education. In terms of advanced M&I skills, mobility and rehabilitation officers have appropriate training, and are often best placed, to lead this work. Importantly, the process of teaching is a complex one involving all aspects of the delivery cycle described earlier. In terms of referral, while Pavey et al (2002a) recommend anyone can initiate a referral (parent, class teacher, SENCO, etc), it was suggested that the QTVI should co-ordinate this process. The QTVI works closely with the child and is best placed to initiate a required intervention (which may be ongoing). In terms of assessment, programme design, review (and potential completion), the lead M&I educator as defined above should co-ordinate and lead this process, depending on the area of the curriculum framework.

Implications for the area of M&I curriculum covered

Perhaps one of the most striking findings from this research is the apparent imbalance between the areas of the M&I curriculum that were covered by services. In part, this appears to be due to the professionals involved in delivery, and the particular context within which they work; for example, the areas of the curriculum covered appeared to depend upon the professional's training and background, the nature (aims and purpose) of the organisation they were employed by, and the contracts between agencies stipulating the nature of the mobility and independence support that was required.

Regardless of 'provider' however, the majority of data collected was about orientation and mobility, with very little on independent living skills, and even less on body and spatial awareness and social and emotional development. This is despite the fact that many interviewees argued that, ideally, mobility and independence should embrace a much wider definition than it has traditionally. On a practical level however, they found this difficult to do; when asked in interviews or questionnaires about the type of M&I skills that they taught or ought to teach, the majority of respondents focused on skills related to the more traditional definition of 'travel', and independent living skills that were directly associated with travel.

There are a number of possible reasons for this; first, it could be related to the meaning that people attached to M&I when we asked them about it. For example, although we used the term 'mobility *and* independence', people still assumed that we were talking predominantly about 'orientation and mobility' (O&M), as traditionally, in both the literature and within the field, 'mobility' is not wedded with the term 'independence' and is even seen as a separate area (see Chapter 2: Literature Review for further discussion).

A second reason for the imbalance could be related to the method employed in the study. Due largely to time restrictions and the lack of previous literature in the area, the curriculum framework was developed at the same time that interviews were carried out exploring the delivery of the curriculum, therefore the questions were not necessarily framed to explore the other areas of the curriculum (particularly social & emotional development and body and spatial awareness), at least not explicitly. Whereas mobility and to some extent ILS were undoubtedly part of M&I, the other areas were less so.

A further reason could be due to the type of people we consulted, professionals who were predominantly involved in teaching O&M. It may be the case that other professionals who were not consulted would normally cover other areas of the M&I curriculum in the course of their work (perhaps indirectly or subconsciously). These areas of the curriculum may well be covered incidentally rather than explicitly, so that they do not appear to be listed on M&I curricula or policy documents held by services. For example, some aspects of social and emotional development, like asking others for help or social conventions, would be covered incidentally when teaching a child a route to and around the shops, rather than a lesson being given that is explicitly about 'asking people for help'.

CONCLUSION

This chapter has presented the findings from both stages of data collection described in the 'Chapter 3: Methodology (Phase I)'.

As described earlier in 'Chapter 2: Literature Review', the overarching question raised by the literature review was: what are the factors in determining how much mobility and independence support a child receives, and the nature of that support? The research that has been carried out to date has gone some way to answer these questions, and the findings can be grouped into three main areas relating to:

- The context of delivery;
- The training and background of professionals involved; and,
- The processes involved in the delivery of mobility and independence support.

The findings suggest that, at the time of the research, the level of M&I provision around the UK was rather patchy and inconsistent in terms of who was involved and what was covered. The needs of children in terms of mobility and independence support are somewhat different to those of adults in terms of aims and objectives, content and teaching methods. As discussed in the Literature Review, and reinforced by the opinions of many participants in this study, support for children needs to be an ongoing process of assessment, appropriate training, monitoring and evaluation since it is impossible to teach a child the full range of mobility skills at one point in their development as their needs change and there is no clearly defined start or end point (Ellis 1991). The question therefore arises over the suitability of some professionals who are providing support to children when they do not have any training or experience in working with children, since their caseloads are predominantly adults requiring rehabilitation.

Since the boundaries of M&I education are so broad, it seems inevitable that more than one professional would be needed to adequately cover all of the skills. When one considers that M&I skills constitute life skills, not just educational, it is understandable that support in M&I would fall under the remit of a number of different agencies. In areas where only one agency or professional is involved, not all areas of the mobility and independence curriculum are covered, whilst in areas where more than one agency is involved, there appear to be challenges regarding communication. The analysis to date has enabled a number of hypotheses to develop as to why these things are happening; what is required now is for a more in-depth analysis to enable a better understanding of these key issues. This is the focus of Phase II of the thesis.

BRIDGING SECTION LINKING PHASE I WITH PHASE II: RATIONALE FOR FURTHER ANALYSIS

A possible critique of the sponsored study is that it demonstrates breadth rather than depth. This is in part due to the fact that the sponsored study aimed to establish broad recommendations for the provision of M&I education within the field. In contrast, this thesis aims to achieve an understanding of the complexities of delivery rather than trying to reach conclusions on how practice should be changed – i.e. practical recommendations for the field. Of course, in reaching an understanding of how M&I education is delivered and the differences between the different models of service delivery, it may then be possible to develop and instigate changes, but this is not the primary aim of this thesis, which is to understand the underlying reasons as to why things are the way they are. This is one of the reasons that it has been difficult to base this thesis on a sponsored study, since the underlying aims are very different (see 'Chapter 2: Literature Review' for further discussion about the differences between policy research and theoretical research). Indeed, some of the issues raised within the interviews and the themes that emerged from the data analysis, would have been followed up if the data collection had been carried out for the primary purposes of a PhD. The research would also have been carried out over a longer period of time, with more time in between data collection to analyse and reflect upon findings, before deciding which aspects to explore further.

A second reason for the rather broad focus adopted in the sponsored study was that little was known about M&I support for children in mainstream education before the research was carried out. Ideally, case studies would have been used in order to obtain more detail of the professionals and agencies involved and the context and circumstances peculiar to individual

services, but it would have been impossible to have chosen local authorities as case studies as the research team did not know what there was to choose from in the field at the outset. An exploratory, grounded approach was adopted precisely because the different models of provision were not known at the start; the research team only discovered the variety of models in existence as the research progressed. Indeed, whilst the Education employed mobility officer appeared to be the most common 'model' of provision in our sample, this may be more a reflection of the sampling method used rather than being the 'norm' (see description of sampling process in Methodology (Phase I) chapter).

It is therefore important to remember that the findings regarding the provision of M&I education to date are drawn from the sample of participants who opted into the research, and may not therefore be a complete picture of national provision. Whilst this would in many ways be desirable, qualitative research does not aim to be representative or to make findings generalisable to the wider population in quite the same way as quantitative research does. As Johnson (1999) describes:

> "the aim in qualitative research is to treat each piece of research as a single case study. This enables an in-depth examination of the meanings that underlie particular cases, which is another way of minimising inconcludability" (p188)

'Thick description' can thus be achieved through the collection of "detailed information from multiple perspectives and sources" (p188), allowing strong conclusions to be drawn about a particular situation and setting. Thus, whilst statistical generalisation would not be possible from this study's findings, 'theoretical' generalisation may well be (Robson, 2002).

Due to time constraints within the timetable of the sponsored study, the majority of the interviews were not transcribed verbatim; rather, detailed notes were made from each recorded interview. Following the analysis, conclusions were then made regarding the concepts and themes about which the interviewees spoke, which was adequate for the aims and purpose of the sponsored study.

There was, however, much scope for a more in-depth analysis to take place, in order to enable stronger conclusions to be made. From the analysis described so far, distinct professional identities were emerging, in that different professionals appeared to have competing

ideologies about their work. Further analysis would thus be useful to explore whether these ideologies are observable in how and what the interviewees talk about when describing their practice. By analysing the language used by different professionals to describe their practice, it would be possible to explore:

- How professionals constructed 'mobility and independence' – whether there is evidence to suggest that professionals from different backgrounds constructed it differently in the interviews;
- How professionals described their approach to their work, for example did they talk about 'rehabilitating' children or 'developing' children's skills? This may enable stronger conclusions to be made as to whether this was related to their background or training and the context within which they work;
- Whether the tensions between different agencies/professionals working together could be explained by these differing approaches and 'views of the world'.

There appeared, then, to be a case for a deeper analysis of the data. Following re-transcription of a selection of the data (this time, verbatim), techniques of discourse analysis would be applied. This is essentially a second phase of analysis that will hereafter be referred to as Phase II of the thesis, and is described in the following chapter.

The aims of this analysis would be to explore and describe the different ways that professionals talk about M&I, as this can then be useful when considering how professionals might communicate with each other, as well as affect how they might be trained in order to work together and to work with children. It is important to note, however, that as well as exploring the questions posed above, Phase II will constitute a pilot study of the discourse analysis method, which does not appear to have been applied to the discourse of professionals involved in M&I education with children before. For this reason it is important to bear in mind that Phase II is as much an exploration of the discourse analysis method, as it is an exploration of the discourse of a select group of professionals. The findings, both in terms of the discourses that are discovered and the consequences of the method, will be exploratory in nature rather than conclusive; it will not allow definitive conclusions to be made either about the method or the meanings and consequences of the use of different discourses amongst professionals.

It is also important to note here that before the discourse analysis was carried out, strong views were not held by the author regarding the 'lens' through which the data was to be examined, though there were some 'suspicions' regarding the types of discourses that the professionals may have drawn upon in the interviews (e.g. educational, developmental discourses by some participants and rehabilitative discourses by others). The aim was therefore to sensitise oneself to the possible types of discourses that could be drawn upon, by developing a discursive framework developed from a review of the literature in the areas of special needs education, rehabilitation and disability, as well as undertaking an initial overview of the interview data using Wordsmith software to look for possible broad discourses and themes. These steps are described in detail in the following two chapters.

The following chapters ('Chapter 5: Discourse analysis of the interview data', and 'Chapter 6: Findings and discussion from Phase II – an exploratory discourse analysis') constitute a second phase of this thesis, looking in greater depth at the language used by professionals in this study to describe their work with children with visual impairment. The final chapter, 'Chapter 7: Conclusions' will then draw the two phases together, and present final conclusions relating to the research findings and the journey taken in completing this thesis.

Phase II:
An exploratory discourse analysis

CHAPTER 5: DISCOURSE ANALYSIS OF THE INTERVIEW DATA

OVERVIEW

This chapter will describe the secondary, more in-depth process of analysis that was undertaken on a selection of the interview data collected in Stage 2 of the research using a discourse analysis method. As outlined in the previous chapter, particularly the 'Bridging section', the aim of this analysis was to look more closely at the distinct professional identities and competing ideologies that appeared to be emerging from the analysis of data collected in Phase I.

First, an overview of discourse analysis is provided, since it is a method which is used in many different disciplines and has many different guises. A number of different definitions of what constitutes a discourse is discussed, before concluding that Foucault's definition is of most relevance to this study: that discourse is about identifying systems of language, a process of making sense of the world.

Once more, consideration of epistemology is revisited, followed by a discussion of the importance of context because language simultaneously reflects reality and constructs it to be a certain way, a property of language commonly referred to as 'reflexivity'. The context in which the interviews took place is also important to consider, since accounts are mutually constructed in talk between people, and therefore there can be an 'interviewer effect' of which researchers (and their audience) need to be aware.

A detailed description of the chosen discourse analysis (DA) approach is presented. This description includes: the process of selecting a sample of six interviews; transcription; and the use of a discursive framework which was developed in order to aid the identification of discourses in the interviews. An important part of any DA is to form an idea of the discourses

that exist around the topic as identified in the existing literature, as this helps to build a picture of the discourses that professionals may have drawn upon in the interviews. Although no literature was found that related specifically to discourses used by professionals involved in the delivery of M&I education to children with visual impairment, literature about special education, rehabilitation and disability in general proved to be useful sources.

A further section describes the type of discourses which would possibly be identified in the DA of the six interviews, including discourses relating to rehabilitation and special education that were identified in a review of the literature; in particular, essentialist perspectives and social model perspectives.

Finally, the specific techniques and methods used in the DA are described. The analysis involved two stages of analysis; the first was at a micro level of analysis at the *word-level*, intended to complement the main approach by providing an initial, relatively objective 'aerial-view' of the data, to identify words which appear to be 'loaded with meaning'. This first analysis supported and led on to the macro-analysis carried out in Stage 2, which involved looking for broad discourses that the participants drew upon when talking about their work with children.

A conclusion section summarises this chapter and links to the results presented in the following chapter.

AN OVERVIEW OF DISCOURSE ANALYSIS

With its origins in the disciplines of linguistics and semiotics (Howarth, 2000), discourse analysis has steadily increased in popularity in the human and social sciences and now has a wide application within a number of different disciplines, including critical theory, sociology, philosophy, social psychology and others; it is therefore unsurprising that there are a number of quite different definitions of the term and methods of application (Schiffrin, Tannen and Hamilton, 2001), often even within disciplines.

Confounding the matter further, the meaning of the term 'discourse' or 'discourse analysis' is often left largely undefined by some discourse theorists, as if the term is self-explanatory and does not require explanation (Mills 1997; Ten Have, 2006). Therefore, it is important to set out one's own interpretation of what a 'discourse' is, and the aim of the discourse analysis, a first step often taken by many who claim to be undertaking a discourse analysis of some kind (see Potter and Wetherell, 1994; Cook, 1992; Fairclough, 1992; Poynton and Lee, 2000; Bhavnani, 2006). In line with this, the following section seeks to outline the type of discourse analysis that has been adopted in this study, and the reasons for applying it to the interview data collected during Phase I of the study.

DEFINITIONS OF 'DISCOURSE'

Definitions of 'discourse' depend on the discipline and epistemological position from which discourse theorists are writing, but broadly fall into one of three categories including: "(1) anything beyond the sentence, (2) language use, and (3) a broader range of social practice that includes non-linguistic and non-specific instances of language" (Schiffrin, Tannen and Hamilton, 2001: p1).

Howarth (2000) describes two opposing meanings given to discourse analysis, whereby some believe that it should have a very narrow, micro focus on the "single utterance or at most a conversation between two people" (for example Conversation Analysis, see Ten Have, 2006), to those who view discourses as "literally constituting the social and political world" (p2). The latter meaning, with its focus upon the relationship between language and wider societal contexts, has most relevance for the research questions posed within this thesis.

Michel Foucault, an influential figure in the development of discourse theory in the social sciences, believed that discourse is about identifying systems of language, a process of making sense of the world. An analysis of discourse, then, is about looking for and identifying meaningful systems of language in talk and text. He argued that:

> "a discourse is something which produces something else (an utterance, a concept, an effect), rather than something which exists in and of itself and which can be analysed in isolation" (Mills, 1997: p17).

Foucault was concerned with the effects of truth, power and knowledge, and looked at how certain discourses come to be dominant over others; for example, he looked at how 'medical science' has come to be seen as superior to, and given higher status than, 'alternative' medicine (for example, homeopathy), and attempted to demonstrate how the discourses surrounding these are in constant conflict and change. Thus, whilst discourses reflect social entities (such as institutions) and relations between people, they also 'construct' or 'constitute' them in an ongoing process (Fairclough, 1992); discourse analysts are concerned with looking at "how, under what conditions, and for what reasons, discourses are constructed, contested and change. They seek therefore, to describe, understand and explain particular historical events and processes" (Howarth, 2000: p131).

EPISTEMOLOGY

Fairclough (1992) has argued that discourse analysis is more a way of viewing social life than a methodology (cited in Gilbert, Cochrane and Greenwell, 2003). The question of epistemology, then, is a fundamental one to those concerned with discourse analysis.

There are some who believe that one should try to provide *definitive* versions of people's actions and beliefs, that there is a one, definitive 'truth' or 'reality' waiting to be discovered; others argue that you cannot get to one definitive version, since versions of 'reality' are socially constructed (Burr, 1995).

Adopting the latter standpoint, Howarth (2000) argues that:

> "First… theoretical objects [discourses] are never given by the world of experience and facts, but are constructed in historically specific systems of knowledge, … Second, questions of truth and falsity are not determined by a theory independent world of objects, but are relative to the standards set down by particular systems of knowledge" (p133).

If one accepts that discourses are systems of knowledge, we can start to look for systems of knowledge in talk and in text. Arguably, things in a discourse are only 'true' in relation to other things that are deemed to be 'false'; what is interesting is how truth comes to be

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ascribed to one discourse more than another, a process which, according to Howarth (2000), is relative to systems of knowledge laid down at the time.

In relation to this study, a consideration of the background and training of M&I professionals is important, since it will provide an understanding of the historically specific systems of knowledge that professionals are drawing upon when they talk about their work with children. For example, one could assume that professionals who have been practising for many years would have come through different training regimes, and therefore may be drawing upon different discourses, compared to more recently qualified professionals. Consideration of how training has changed historically helps to delineate how practices have changed and developed, in a historical context.

Howarth suggests that "discourse theory does not simply attempt to retrieve and reconstruct the meanings of social actors, and thus stands opposed to a 'hermeneutics' of recovery in which the principle object of research is to make intelligible, meanings that are initially unclear or incomplete" (p128). The aim, then, is not to get at whether what was said happened in an interview *actually* happened, since the aim of discourse analysis is not to interpret what the individual meant; this would be the aim of a hermeneutic approach whereby the researcher would seek agreement from the participant that they (the researcher) had understood what the participant meant. In contrast, discourse theorists want to link what people say to wider social contexts and structures.

Talking with specific reference to scientists' discourse, Mulkay (1981) argues that in the realm of social science:

> "The traditional objective of describing what really happened has been abandoned and replaced with an attempt to describe the recurrent forms of discourse whereby participants construct *their* versions of social action. One focuses, not on action as such, but on the methods [people] use themselves to account for, and make sense of, their own and others' actions" (p170).

Bhavnani (2006) describes an example where her approach changed, during an analysis of interview data relating to women managers' identities in Britain and Singapore; she was initially interested in looking at their attitudes and intentions; however, she eventually adapted

her approach to a form of discourse analysis as this allowed her to explore how their discourses were 'constructed', and in turn how these discourses 'constructed' their identities:

> "I became less interested in attitudes and intentions of the women on a personal basis. I wanted to examine discourses for their broader currency and how they related to national and corporate discourses. How have these discourses arisen? What does it mean that they are present? What does it mean if certain discourses are absent in one country and present in the other, or vice versa?" (p5)

An acceptance, then, of these positions dictates to a large extent how one approaches the text, and begins to sketch out a framework that will be applied to the data.

IMPORTANCE OF CONSIDERING 'CONTEXT'

As early as the 1920's, Malinowski distinguished between two levels of context for understanding language in use: "'Context of *situation*' is what an observer needs to know about the immediate situation in order to understand a particular instance of language; 'context of *culture*' is what an observer needs to know about the broader culture in order to understand the meaning of what is being said or written." (cited within Poynton and Lee, 2000: p4-5).

Gee (1999) argues that the situations or context in which conversations (and interviews) take place must always be considered. This is because language simultaneously reflects reality and constructs it to be a certain way, a property of language commonly referred to as 'reflexivity'. According to Gee (ibid.), a situation involves the following connected aspects:

> "a *semiotic* aspect, […]such as language, gestures, images or other symbolic systems, […]an *activity* aspect, that is, the specific social activity in which the participants are engaging, […]a *material* aspect, that is, the place, time, bodies and objects present during interaction, […]a *political* aspect, that is the distribution of "social goods" in the interaction such as power, status and anything deemed a social good by the participants in terms of their cultural models and discourses (e.g. beauty, intelligence, strength, possessions, professionalism?), [and finally] a *sociocultural* aspect, that is, the personal, social, and cultural knowledge, feelings, values, identities and relationships relevant in the interaction including […]all the sociocultural knowledge about all the other aspects above" (p82-83, original emphasis).

All of these aspects constitute what Gee calls a "situation network" in which all the aspects are inter-related, and give meaning to each other. Such situations are repeated with more or less variation over time, and it is this repetition that creates institutions. Forces such as laws, disciplinary procedures and apprenticeships are then created by institutions that ensure the repetition and ritualization of the situations that sustain them. Studying the way that situations produce and reproduce institutions and which are in turn sustained by them, is an important part of discourse analysis.

Gee (ibid.) describes cultural models (which he later calls 'Discourse models', see Gee 2005) as recordings which play in people's minds of experiences that they have had, seen, read about or imagined, visions of a "normal" or "typical" reality, which people believe to be "the real world" (p60). Cultural models can differ across different cultural groups, and change with time and other changes in society, as well as with new experience. People are generally unaware that they use them until their cultural models are challenged by another person's different or opposing cultural model, or 'view of reality'. By applying them to new experiences to try and make sense of them, cultural models help to organise situated meanings. However, Gee notes that cultural models will vary significantly upon social class or other sociocultural membership an individual might have; for example, it is possible that a person would not have developed a situated meaning about something if they did not have any background knowledge or experience about it.

As well as being based upon actual experiences, Gee argues that cultural models are based upon people's social positions in the world, and dictate deeply-held viewpoints about what is 'right' and 'wrong', and what can and cannot be done to 'solve problems' in the world (1999: p74).

In relation to this study then, if one hypothesises that different M&I professionals have different cultural models that they use to understand and interact in their work, the aim of the analysis of the interview data is to identify whether different cultural models are used when they talk about their work.

According to Howarth (2000), discourse analysis can "explore how, in what forms, and for what reasons social agents come to identify themselves with particular systems of meaning, as well as the constitution, functioning and transformation of systems of discursive practice" (p128). Thus, it is possible to explore why a person draws from one particular system of meanings (discourses), whilst choosing to ignore others, and to identify whether there are contradictions within a text, whereby different discourses are used that go against each other. This moves towards an understanding of which particular systems of meaning are being used and which ones are not, and why; one can explore why the person has chosen to ignore some and endorse others, and whether it is actually a contradiction, or rather that the *context* is different.

A classic study where contradictions were identified in discourse is that of Gilbert and Mulkay (1984, entitled "Opening Pandora's box"), which involved the analysis of scientists' talk about their research on oxidative phosphorylation. In research interviews, which involved the anecdotal recall of the same events by different people, they found there was a high variability across the accounts. Specifically, they found that the way scientists *talked* about what they do was different to how they *wrote* about what they do and Gilbert and Mulkay questioned which one was the 'right' version. They concluded that both versions were right depending on the *context*. Gilbert and Mulkay were trying to outline an alternative to traditional sociological methods of research that looked at social action and belief. They saw the variability in discourse as a strength of the analysis, rather than being a problem to be 'solved' by the researcher.

Gilbert and Mulkay's work demonstrated how language is used variably, and how accounts are "constructed from a range of descriptive possibilities, and are intimately tied to the context in which they are produced and the functions they perform" (Wooffitt, 2005: p18). Discourses can be seen to be composed of malleable linguistic resources which are context dependent, and exist for people to dip into and out of, in terms of how they construct their talk. Different contexts can lead to patterned variations in the ways that discourses and repertoires are used.

The context in which the interview took place is also important to consider, since accounts are mutually constructed in talk between people; thus it is important to consider the 'interviewer effect' within research interviews (Howarth, 2000). Gee (1999) suggests that researchers can have assumptions about the sorts of views that people hold, and therefore can, often unwittingly, contribute to the process of constructing cultural models; for example, the way questions are asked, could be based upon the researcher's assumptions about the interviewee's view of the topic in question. Whilst this level of subjectivity is impossible to avoid since we all communicate using 'cultural models', it is important to look for examples of this when carrying out the discourse analysis, in order to consider the impact the researcher had upon the construction of discourses that were identified in the interviews.

DESCRIPTION OF METHOD AND SAMPLE

The aim of this discourse analysis was to explore whether the professionals involved in delivering mobility and independence held different 'world views', demonstrated by drawing upon different discourses and 'cultural models', to describe their work with children. The aim was not to identify a 'cause and effect'; rather, it was to see whether there were differences and/or similarities in the way that the different professionals talked about their work.

Howarth (2000) identifies 3 steps in undertaking a discourse analysis, including transcription, the application of constructed theoretical frameworks to the problematised object of investigation, and the deployment of various techniques of discourse analysis to the problem being investigated.

The following section describes the steps taken in the discourse analysis of the interview data with M&I professionals, including:

- Description of the sample;
- Transcription of the interviews;
- The use of a discursive framework;
- Discourses that may have been drawn upon;

- Techniques used to identify discourses in the interviews
  - Stage 1: A micro analysis of the text using Wordsmith
  - Stage 2: Applying the discursive framework and tools for identifying broad discourses and themes

Description of the sample

Discourse analysis is a very time consuming method, and is usually carried out on a small number of texts since a representative sample is not a desired aim of discourse analysis (Coyle, 2000) or this phase of the study. Of the 53 interviews that were carried out, 39 were with professionals who worked directly with children. Of these, six interviews were chosen to be analysed in more depth. Participants were chosen so that they came from a range of backgrounds, with the following categories being considered during selection:

- the *environment* in which the participant was employed at the time of interview (i.e. social services, education, voluntary organisation);
- the nature of their *previous work experience* (if any);
- their *professional training* (e.g. rehabilitation focus, courses in developmental education/working with children).

Due to time constraints and the requirements of Phase I of the research (see Chapter 3: Methodology (Phase I)), the chosen interviews required further transcription as not all were initially transcribed verbatim.   Unfortunately, the quality of some of the audio tape recordings had degraded over time, which meant that some interviews could not be transcribed in greater detail as required, and therefore replacement interviews were chosen. Further detail of the level of transcription that was carried out is described in the following section.

Table 7 describes the six participants who were finally selected.

Name/ Job Title	Employer	Training background	Work experience
Michelle / QTVI	• LA; • Member of multi-disciplinary educational team including other Specialist Teachers (VI, HI), Welfare Officers, Educational Psychologists.	• Birmingham UCE course in 1995, over the summer term; acquired a certificate in mobility and orientation skills for young people. • Also, previous training as a QTVI.	• Main role is as a QTVI; mobility input is 1 day per week; • Been solely responsible for mobility with children in County since completing course; • Little input with children in special schools due to time constraints.
Brendan / Rehab Officer	• Voluntary Organisation; member of rehab team with 7 ROs & an OT; • Contracted in by local authority to provide all VI services to adults/children (except education)	• GDBA rehabilitation studies 18 months DipHE course, which covered all aspects of rehab; • Focused upon adults.	• All of the ROs work with adults and children; Brendan had been in the job for 3yrs; • Works with children of all ages and disabilities.
Charlie / Rehab Officer	• Social services; • Member of team of 2.5 full time equivalent ROs.	• One year accelerated course in rehab with adults (in Ireland); • Was planning to attend one-off short course in VI issues for children at time of interview	• All of the ROs work with children as well as adults.
Derek / Rehab Officer	• Social services; • Member of team of 6 specialist workers of VI – 4 qualified as mobility officers, 1 social worker, 1 technical officer.	• 18 month course in rehab; • Very little content about children; • Authority has refused to pay for additional training in working with children.	• All of the ROs work with children as well as adults.
Douglas / Mobility Officer	• LA;	• Henshaws short course on teaching children mobility; • Previously worked as a teacher of children with emotional and behavioural difficulties; • Currently training to be a QTVI at Birmingham.	• Is the only Mobility Officer in the team; • Works with all ages of children though the pre-school QTVI will often do mobility with pre-schoolers; • Works closely with QTVIs.
Julie / Mobility Officer	• LA; member of special educational needs support service; • Sensory team includes a QTVI, and teachers of the deaf, physical impairment, and language and communication disorders	• Former training was in a nursery; • Previously worked as a support education care officer in a primary enhanced resource school • Attended course at the former National Mobility Centre in Birmingham.	• Works with children of all ages and disabilities, in different school settings.

Table 7. Details of the six participants whose interview transcripts were selected for further discourse analysis

Transcription of the interviews

Gee (1999) argues that due to modern, sophisticated recording equipment available to researchers, one could mistakenly believe that recordings (whether audio or visual) "represent some pure, objective and unanalyzed 'reality'" (p88). However, according to Gee, speech is more detailed than any equipment (including even the human ear) could capture, and thus any transcription of speech is essentially a judgement by the researcher about what is relevant to the research questions one is exploring. Thus, the process of transcribing interviews is actually part of the analysis.

Transcription is in a sense a representation of 'speech' in writing. Any such representation of speech will always be selective. Different selections highlight (and disguise) different aspects of what speech is like. A transcript is by necessity a *partial* representation of talk, and decisions about what to include and what to omit have practical and theoretical consequences.

What one chooses to include and leave out of a transcription ultimately determines the level of analysis that is carried out, since some micro levels of analysis - for example, looking at pauses, the synchronization of speech in conversation, changes in pitch, sound, rate or loudness (Gee, 1999) – would only be possible with much more detailed transcription (such as that employed by linguists). More macro levels of analysis would not require such detailed transcription, for example where only a particular type of *content* of what was said is deemed to be important.

As the primary interest in this study is the identification of broad discourses, the interviews were transcribed verbatim in terms of the words used, but details such as the length of pauses and changes in pitch, sound, rate or loudness were not added.

The use of a discursive framework

There is a distinction between a *theoretical* framework, which involves formulating research questions to be explored, and an *empirical* framework, which operationalises the theoretical framework. In order to operationalise the theoretical framework, discourse theorists gather primary information from a range of possible sources (e.g. official reports, unofficial documents, media representations etc) as well as undertaking in-depth interviews and participant observation (Howarth, 2000).

This approach to discourse analysis allows the analyst to focus upon a wide variety of texts, from different countries and different historical periods, and from different disciplines and different genres. For this reason, it is important to be aware of the different social contexts in which the discourse took place in, particularly historically.

Therefore it is useful to look at the background and training of the professionals involved in delivering M&I education to give us a better understanding of the historically specific systems of knowledge that they are drawing upon when talking in the interviews. One could assume, then, that professionals who had undertaken different training regimes and practised in different historical contexts would draw upon quite different discourses to each other. The *individual's* experience is not really of interest; rather, by looking at and comparing the training of yesteryear with that of more recent times, one can start to delineate how practices have changed and developed, in a historical context.

According to Howarth (ibid.), a discourse theory "is concerned with understanding and interpreting socially produced meanings, rather than searching for objective causal explanations, and this means that one of the major goals of social inquiry is to delineate the historically specific rules and conventions that structure the production of meanings in particular historical contexts" (p128); thus in this study, it is important to try to understand how discourses surrounding the support given to visually impaired people, specifically special education and rehabilitation, have changed over the years. What is of interest is whether different professionals, who received different training and are employed and working within

different contexts, draw from different discourses (e.g. those surrounding special education and rehabilitation) to describe the work that they do with children.

An important part of any discourse analysis is to form an idea of the discourses that exist around the topic as identified in the existing literature, as this helps to build a picture of the discourses that professionals may have drawn upon in the interviews. Considering the relative dearth of literature in the area of M&I education (see earlier Literature Review Chapter 2), it is perhaps unsurprising that there appears to be no literature relating specifically to discourses used by professionals involved in its delivery. However, the literature about special education and rehabilitation in general proved to be a useful source.

There may also be an additional benefit of using the literature (relating to special education and rehabilitation and social care) to look for possible discourses that could be present in the interviews, in that it may help to ensure 'ecological validity', a form of triangulation by using different methods or sources to support the validity of findings (Gilbert, Cochrane and Greenwell, 2003). The following section describes some of the possible discourses that could have been drawn upon, as identified in a selection of literature relating to disability, special education and rehabilitation. The literature search involved an extensive search of several online databases for academic and professional journal articles, books and online material, using the following search terms (in a number of different combinations): 'discourse(s)', 'language' (since discourses are not always explicitly called a 'discourse'), 'special education(al needs)', 'disability', and 'visual(ly) impair(ed/ment)', 'partially sighted', 'blind'.

A discursive framework was thus constructed in order to carry out the discourse analysis through a review of literature (described in the next section, below) relating to discourse and language in the areas of special education and rehabilitation, followed by a micro-level analysis of the data in the interviews; the micro-level analysis of the interview data (hereafter referred to as Stage 1 of the DA) is described later in this Chapter (section entitled 'Stage 1: A micro analysis of the text using Wordsmith').

Discourses that may be drawn upon

Discourses relating to rehabilitation

As described in the Literature Review (Chapter 2), the origins of today's rehabilitation services have been traced back to the home teaching services which were established across the country by voluntary organisations during the 19th century (Franks, 2000a). According to Franks, emphasis was placed upon the spiritual, intellectual and material 'well-being' of visually impaired people, and home teachers were "invested with something of an aura of heroism" (ibid. p13) for their 'noble' work with visually impaired people, who were seen as helpless and dependent. Such 'charity' discourses have long been associated with disability, where the 'inflicted' are seen as tragic figures (Llewellyn, 1983) who are somewhat negatively defined either as objects of pity requiring help or sources of inspiration for their ability to 'cope' with their impairment (Shapiro, 1993). Historically, charitable organisations have tended to portray disabled people using negative imagery, e.g. as sad, helpless, vulnerable people (French, 1997), and such philanthropic models of disability can still be seen in discourses about disability today.

Whilst the emphasis behind the home teaching service was originally to promote literacy in Moon and aid visually impaired people in the acquisition of gainful employment (though whether this was successfully achieved is debateable, since the minority who did secure employment were employed in low-paid and low-status work, e.g. basket weaving), there was a gradual philosophical shift in the 20th century from teaching practices to social work, and this was formalised in 1963 when home teachers were renamed 'social welfare officers for the blind'. Whilst being based upon a number of different disciplines, the knowledge base of today's rehabilitation profession "shares many commonalities with social work" (Franks, 2000a: p207). According to Franks (ibid.), work with visually impaired people is based upon the 'whole person' approach advocated by social services, and includes services such as counselling, information and general support as well as the more traditional skills teaching (e.g. independent living skills, mobility and communications).

Essentialist perspectives relating to disability are based around the belief that "a characteristic or deficit is inherent within an individual and is likely to have biological rather than social causes" (Riddell, 1996: p84). Rehabilitation services aimed at people with visual impairment are largely based upon this assumption, whereby the individual is seen as being disabled by their impairment and the goal is to rehabilitate or re-enable people who once were able-bodied to strive to be "normal" again. This individualistic model of disability assumes that disability is a "relatively unchangeable, internal state of the individual" to which one needs to make both physical and psychological adjustments to their impairment, since disability is viewed as being "inevitably psychologically devastating, a personal tragedy" (French, 1997: p347). Such discourses centre on the notion that people with visual impairment require help to come to terms with their impairment and personally adjust to their condition, and all that it imposes upon them. Indeed, counselling is considered to be a key element of rehabilitation today (Moore, Graves and Patterson, 1997), reflected in the large numbers of rehabilitation workers who state that they practise counselling skills with clients (Franks, 2000a).

According to Finkelstein, the central aim of rehabilitation is to return the individual to 'normality', and where this is impossible due to the lack of a medical cure, these 'normative assumptions' are reformulated so that the aim of rehabilitation is to "assist the individual to be as normal as possible" (1988: p4-5, quoted in Oliver, 1996: p105). Oliver (1996) argues that rehabilitation is founded on an ideology of 'normality', which can be seen throughout all of society. He describes rehabilitation as "the exercise of power by one group over another" which involves "the identification and pursuit of goals chosen by the powerful" (p104), that are so normalised in our society that both the professionals and their clients (which Oliver refers to as "victims") are unaware of their existence.

A commonly stated philosophy of welfare services is to enable disabled people to become 'independent'; however, this is something of a misnomer since nobody in today's society is truly independent, since we are all dependent on others in some shape or form. Thus, Shakespeare (2000) claims that this cannot be the reason why disabled people are defined as having 'special needs', since disabled people have the same, ordinary needs like everybody else; the difference is that they are not 'normally' met. The result is that they have to rely on particular kinds of 'helping' services, which result in labelling them as abnormal or inferior.

Social work practice has changed following the 1990 reforms, whereby the previous service-led model was replaced by a needs-led model intended to be responsive to the individual situation; however, Shakespeare (ibid.) contends that "the rhetoric of empowerment, consultation and choice has concealed an ongoing tradition of cash constraint, dependency and dissatisfaction" (p55), so that the 'institutionalisation of welfare' has left both professionals and clients dissatisfied. Whilst the rhetoric is of a 'needs-led' service, the real factor in determining services is available budget, so that "self-defined needs are rejected in favour of what is possible and available" and the service becomes an exercise in "fitting the client to the service" (p55). Administrative models are often identified in discourses about disability, where talk focuses upon assessment of 'need' for benefits or services; French (1997) argues that the definitions of disability espoused in these models "almost always relate to people's impairments rather than the physical and social environments in which they are obliged to live" (p338).

Lay perceptions of disability are "diverse and constantly changing" (French, 1997: p340) and are influenced and based upon other models of disability espoused by charities and the medical field, as well as cultural and religious models, and models from the past. According to Fulcher (1989), they are often informed by "fear, prejudice, pity, ignorance, misplaced patronage and even resentment" (p29), and can lead to social practices that are discriminatory.

Due to growing dissatisfaction with the treatment of disabled people using the aforementioned models of disability, a social model of disability has emerged from the disabled people's movement which believes that people are disabled by society, rather than purely by their bodies, due to social and environmental barriers, prejudicial attitudes, cultural representations of disability and professional discourses of welfare dependency (Shakespeare, 2000: p17). The social model differentiates between 'impairment', defined as the lack of a limb or "a defective limb, organ or mechanism of the body", and 'disability', which is the "disadvantage or restriction of activity caused by a social organisation which takes little or no account of people who have physical impairments, and thus excludes them from the mainstream of social activities" (UPIAS, 1976, cited in French, 1997). An example relating to people with visual impairment, is that they are disabled not by the lack of sight itself, but by a lack of accessible

information (e.g. in braille or large print), cluttered pavements and inaccessible transport, and stereotypical ideas about blindness (French, ibid.).

Related to the social model of disability is a 'rights' discourse, which places emphasis upon the rights of disabled people to 'self-reliance', 'independence', and a focus upon 'consumer wants' rather than 'needs' in relation to services; Fulcher (1989) claims that the notion of 'equality' in the rights discourse "opposes the theme of dependence and 'help' in medical, charity and lay discourse", and views independence as the ability of impaired individuals to be able to make their own life choices.

Discourses relating to special education

Whilst one might expect that the discourses surrounding special education would be different to those in social welfare and rehabilitation, Allan (1999) describes a number of discourses that have been identified in special education that appear to echo those relating to the rehabilitation of visually impaired people, including charity discourses, rights discourses, lay and corporate discourses, and more recently, a market discourse, suggesting that children with disability are treated in a similar way to disabled adults.

Oliver (1996) suggests that the same ideology of normality underpinning the 'rehabilitation enterprise' underpins the education process. Oliver argues that the concept of 'integration' is about accepting and tolerating people's differences, a concept that it is underpinned by personal tragedy theory, whereby "tragedies and deficits are unfortunate, chance happenings and these poor individuals should not be made to suffer further through rejection and stigmatisation; hence they should be accepted and tolerated" (ibid., p89). To Oliver, the difference between the old concept of 'integration' and the new concept of 'inclusion' is that inclusion should be underpinned by a different philosophy that he calls 'the politics of personal identity' in which difference is not only tolerated, but valued and celebrated.

Discourses relating to the educational development of children with special needs are also underpinned by a normative ideology; Quicke (1984) argues that "a 'child development' model has always and continues to underpin policy and practice in special education" (p131),

which is based upon a positivist, psychological conception of the so-called 'natural' development that can be expected of children in terms of their cognitive, emotional and physical functioning at various ages and stages of their childhood. Thus, the 'special needs' of children with disabilities are assessed by comparing them with the development of their non-disabled peers, who are assessed as developing 'normally'. Arguments for the early diagnosis of special educational needs and intervention are based upon this model. In terms of the language that might belong to such a discourse, traditionally expressions such as 'deviance' and 'retarded' would have been used to describe the educational development of children with special educational needs (Tomlinson, 1982), which have more recently been replaced by terms such as 'normal' and 'abnormal' development, and 'lag' or 'delay'.

Many of the discourses in special education espoused by government, professionals and practitioners have centred upon what Tomlinson calls a "powerful ideology of benevolent humanitarianism" (1982: p26), whereby developments in special education have been attributed to purely humanitarian motives. Contrary to this, Tomlinson believes that the development of special education has in reality been characterised by conflict and power struggles between medical, psychological and educational professionals who have a vested interest in "dominating definitions of special education" (ibid., p27). She argues that whilst motives of humanitarianism cannot be totally denied, the historical development of special education "must be viewed in terms of the benefits it brought for a developing industrial society, […] and the benefits that medical, psychological, educational and other personnel derived from encouraging new areas of professional expertise" (p29).

The market discourse evident in discourse about special education has much in common with the administrative model described earlier; according to Allan (1999), "the language of competition and choice" and "a climate of accountability" have been introduced to the field of special education (p10).

A number of studies have looked at the discourse of professionals who work with disabled children; Vehkakoski (2004) describes a study that examined the discourses within professionals' accounts of services for disabled children in Finland. She found that the medical discourse of impairments still had a powerful influence upon the professionals'

discourse and practice, with the belief that disabled children should be encouraged to be more like non-disabled people, rather than improving their inclusion by the removal of social barriers. As well as this discourse of 'integration', Vehkakoski identified other discourses that were underpinned by a normative ideology; these included an 'expertise' discourse, which defended their status of having 'special' professional knowledge required to deal with the child's needs; a discourse of 'preventiveness' which supported the notion that early diagnosis of the child's 'problems' led to better problem-solving; a discourse relating to the identification of the existence of 'needs' which related to who could claim the 'right' to carry out such assessments of need; a notion of 'family-centredness' and 'empowerment' which were related to decisions about the child's needs; and a 'holistic' approach which focused upon professionals' views about collaboration with other professionals.

In the UK context, Sikes, Lawson and Parker (2007) studied teachers' and teaching assistants' talk about inclusion, and found that discourses about inclusion were "variously defined, and often seemed to accord with at least some aspects of government, local authority or institutional rhetoric and discourse", though they were also frequently contradictory, whereby their own personal stories about inclusion focused upon "the therapeutic discourse of 'care and support'", suggesting that "rhetoric and 'reality' were tenuously, if at all, linked" (p359).

Techniques used to identify discourses in the interviews

Writing from a social psychology perspective, Potter and Wetherell (1987) state that the process involved in undertaking discourse analysis is intuitive, and that there is no analytic method. Similarly, Coyle (2000) states that there are no rigid set of formal procedures to follow for carrying out discourse analysis, and that those who claim to use them often fail to fully describe the process. He goes on to describe a possible way to begin to look at a text, including looking for variability between texts (or speakers) and also within a single text (with the voice of a single speaker); for example, this could include looking for instances where the same things are talked about both positively and negatively, or looking for different versions or accounts of the same events, similar to that undertaken by Gilbert and Mulkay (1984) described earlier.

Burr (1995) describes different forms of 'deconstruction', which are "attempts to take apart texts and see how they are constructed" (p167): these include revealing contradictions, the archaeology of knowledge, and the analysis of discourses.

The process of revealing contradictions involves revealing the underlying meanings within texts that are used to persuade the audience of the argument being presented by the speaker, and includes the analysis of the rhetorical nature of some texts whereby the discourse analyst should look for instances where a particular position on a topic or account is argued for whilst another is rejected, often implicitly.

The identification of discourses is, according to Burr (ibid.), allied to Foucault's 'archaeology of knowledge'. Like Potter and Wetherell (ibid.), Burr describes the identification of such discourses as a largely intuitive and interpretative process, and a very time consuming activity. However, unlike so many discourse analysts, she attempts to describe the steps she took in carrying out an analysis of a short piece of text, which included:

- Slowly reading and re-reading the text looking for recurrent themes, coherent sets of statements or phrases which talk about or represent events in similar ways;
- Looking for metaphors or words loaded with meaning, and looking at the similarities and contrasts between them, thinking about the images and associations they produced when thinking about them;
- Looking for contradictions between themes and metaphors.

The result was that she identified 3 different ways of talking about the events described within the piece of text, which would be followed by a consideration of the implications of the discourses that had been identified.

Language-in-use, be it in a conversation or written text, can be seen as a tool with which people "continually and actively build and rebuild our worlds not just through language but through language used in tandem with actions, interactions, non-linguistic symbol systems, objects, tools, technologies, and distinctive ways of thinking, valuing, feeling and believing" (Gee, 2005: p11). Gee claims there are seven building tasks used in language which provide a series of questions which discourse analysts can ask of data; the seven tasks include

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significance, activities, identities, relationships, politics and the distribution of social goods, connections, and sign systems and knowledge. Gee claims that an "ideal" discourse analysis involves asking questions about the seven building tasks, using tools of inquiry that include looking at "situated meanings"; "social languages" (that is, different ways of talking about the same thing – e.g. everyday language as opposed to technical language); cultural (or Discourse) models; intertextuality (where one alludes to or quotes other texts that people have spoken or written); "Discourses" with a capital 'D' (which involve a combination of language use plus "thinking, valuing, acting, and interacting, in the right places at the right times with the right objects" (p26), and "Conversations" (which Gee describes as themes or debates that have been focused upon by groups in society, that "play a role in how language is interpreted") (p21). By looking at how these tasks are performed in language, the discourse analyst can explore the way in which speakers use language, either consciously or subconsciously, to portray their particular views about the world in which we live.

The broad approach adopted in the analysis of the interview data in this study is at a macro level, looking for broad discourses that the participants drew upon when talking about their work with children; e.g. the many possible discourses relating to disability described earlier. This was supported by an analysis at a more micro level, looking at how the professionals *used* their language in the interviews to convey their world views and beliefs, using the steps outlined by Gee (2005) above.

Due to the lack of previous studies looking at the discourse of M&I professionals, it was decided that a micro level of analysis at the level of the *word*, rather than at the level of the sentence and beyond, would complement the main approach by providing an initial, relatively objective 'aerial view' of the data, to identify words which appear to be 'loaded with meaning' (Burr, ibid.). As described below, this first analysis supported and led on to the macro analysis. The stages of the analysis are described in more detail below.

Stage 1: A micro analysis of the text using Wordsmith

The software package 'Wordsmith' was originally developed for corpus linguistic studies to "look at how words behave in texts" (Scott, 2004: introduction page). It consists of 3 basic

'tools'; the WordList tool which compiles a list of all the words or word-clusters in a text, in alphabetical or frequency order; secondly, the Concordancer which enables the researcher to see any word or phrase in its surrounding context (at the level of the sentence); and thirdly, the KeyWords tool which identifies the keywords in a text.

Whilst traditionally used for quantitative analyses, Wordsmith has more recently been used by researchers to support *qualitative* analyses of text data; for example, Seale, Ziebland and Charteris-Black (2006) describe an innovative use of Wordsmith to carry out a comparative keyword analysis which compared the language used by men and women with cancer in research interviews and web forums. Keywords are "words which occur unusually frequently in comparison with some kind of reference corpus'" (p2581). Rather than comparing the text in the research interviews and web forums with a large, general 'reference corpus' such as the British National Corpus often used by linguists, Seale et al (ibid.) used the Wordsmith software to compare the interview and web forum texts with *each other*; in this way, comparative keyword analysis can be used to compare the language used by individuals or even the same individual in a number of different texts, enabling a examination of the content of the talk within the context in which the text (or talk) was produced.

According to Seale et al (ibid.), the advantage is that the use of the software allowed the identification of important and meaningful aspects of text in a more economical and replicable manner than more conventional qualitative thematic analysis based upon coding and retrieval. Words (and themes) which could have been mistakenly overlooked in a conventional 'code and retrieve' analysis would be picked up by the more mechanical, inductive analysis supported by use of the software. Therefore, it is likely to be reliable as inference is more delayed than with conventional coding and retrieval methods of qualitative analysis. Combined with a conventional qualitative analysis, it can be used to survey large quantities of data, focusing in on unusual and interesting features, and effectively marries quantitative and qualitative research methods together.

It was decided to use the Wordsmith software in this study in a similar way to Seale et al to obtain an initial, aerial view of the data, in order to detect the use of words and features that may not otherwise have been detected at 'ground level'. However, an analysis focusing upon

'keywords', such as that undertaken by Seale et al (ibid.), was not undertaken as there were a number of interviews to be compared, and the initial aim was to identify the *range* of words used by the participants, rather than compare the level of use of particular words, or to identify 'keywords'. The tools used were the WordList and Concordancer tools, and the three steps undertaken using Wordsmith are described below:

1. First, the voice of the researcher was removed, and then Wordlists were compiled for each interview in order to look at the range and frequency that words were used by each participant. This enabled a more objective view of the data, since the actual words used by participants could be seen 'out of context', meaning that the analysis was not overwhelmed by the context of the speakers. In essence, the method divorced *what* was being said from the *underlying meaning* of what was being said.

2. The second step involved using the Concordancer tool to consider the *context* in which some of the words were used; this was important to understand the particular meaning of the word (since a single word can sometimes have more than one meaning). This enabled the identification of words that were deemed to be of interest, in terms of the broad discourses that they suggested by association with particular theoretical frameworks relating to disability, such as those described in the previous section (entitled 'What discourses may have been drawn upon?'). However, use of the Concordancer tool proved to be a particularly clumsy and time-consuming process, and only showed the enclosing sentence in which the word was used (this did not always allow a full understanding of the context in which the word was used by the participant; the full text *could* be seen for each occurrence of the word, but this proved much too time-consuming considering 300+ words were being analysed). Thus, only words which were deemed to have multiple meanings were checked with the Concordancer tool; whilst this was not ideal, the words were analysed in more depth in Stage 2 of the analysis, so rigour was not thought to have been compromised.

3. This helped to construct a discursive framework that could then be applied to the interview data to help identify discourses that were being used by the participants.

It is difficult to describe the methods used without presenting the findings at the same time since the two are so intertwined. The findings are presented in detail in the following chapter; however, it is important to provide an overview of the findings from Stage 1 of the DA at this point since the findings were then applied to the interview data in Stage 2 (a process described in the next section), and thus provide an indication to the reader of the 'lens' with which the data was analysed in Stage 2. To summarise then, words associated with 8 broad themes were identified, which included: rights discourses, charitable / philanthropic language, the environment (as a barrier / examples of changing it), within the person language (e.g. problem within the child / adapting the child), professionals' views of their role, and labelling and categorising (see Table 8 for the words that were associated with these broad themes in 'Chapter 6: Findings and discussion from the discourse analysis').

Stage 2: Applying the discursive framework and tools for identifying broad discourses and themes

Stage 1 involved an examination at the level of the 'word', which meant that interesting features or differences at the level of the sentence or phrases (such as the use of metaphor) were not detected, and interactive features of communication between people such as contradiction, turn taking, and so on were also not identified. Stage 2 embodied a more conventional qualitative analysis of the interview data that was designed to identify the use of discourses by participants beyond the level of the word, using a 'lens' that was provided by the findings from the Wordsmith analysis described above.

The process undertaken in the second step of the DA involved an amalgamation of some of the 'techniques' advocated by discourse analysts that were described earlier in this section, particularly the 'intuitive' method described by Burr (1995).

As in Phase I of the study, the qualitative data analysis software package NVivo (this time, the updated version 7) was used to help code and retrieve the data in a rigorous way, by searching for, highlighting and drawing out themes. The broad themes or discourses that were identified in Stage 1 using the Wordsmith software (see Table 8 in the following

chapter) were applied to the interviews using the 'text search query' function and the 'node' coding system, to see whether there was any evidence of their use by the participants. In this sense, the broad themes identified within Stage 1 were used as the lens with which the interview data was then analysed.

NVivo also enabled the recording of thoughts and theoretical positioning as they developed throughout the analysis, using the memo and annotation functions available in this version of the software (see Bazeley, 2007).

The absence of discourses identified in Stage 1 of the analysis, and presence of 'new' discourses that were not identified in Stage 1, were also noted, along with the ways in which discourses were used by participants, for example, instances where discourses contradicted each other and so on.

CONCLUSION

This chapter described the secondary, more in-depth process of analysis that was undertaken on the data from six interviews. The method of analysis used was discourse analysis, which, far from being a solitary method, encompasses a number of different methods of application used in different disciplines including critical theory, sociology, philosophy and social psychology amongst others.

The various different definitions of 'discourse' were considered, before describing the definition employed within this thesis; that is, Foucault's definition which states that discourse is about identifying systems of language, a process of making sense of the social world.

In terms of epistemology, the same belief was adopted in Phase II of the thesis as that in Phase I (see Chapter 3: Methodology (Phase I)): far from there being one definitive truth or reality waiting to be discovered, there are instead several versions of 'reality' which are socially constructed. If one looks historically, discourses can be seen as systems of knowledge which change and are relative to different periods of time. Thus, a consideration of the

background and training of M&I professionals is important, since it will provide an understanding of the historically specific systems of knowledge that professionals are drawing upon when they talk about their work with children. Consideration of how training has changed historically helps to delineate how practices have changed and developed, in a historical context.

The chapter then described the importance of considering the context in which language is spoken due to its reflexivity, i.e. how it both reflects and (re)constructs people's perceptions of 'reality'. There are essentially two levels of context for understanding language in use: the first, 'context of *culture'* is what an observer needs to know about the broader culture in order to understand the meaning of what is being said or written (e.g. the training and employer of the professionals), whilst the second, 'context of *situation'* is what an observer needs to know about the immediate situation in order to understand a particular instance of language (e.g. the 'researcher effect' since the researcher actively co-constructs versions of reality with the participants).

The aim of the discourse analysis was to explore whether the professionals involved in delivering mobility and independence held different 'world views', demonstrated by drawing upon different discourses to describe their work with children. The sampling attempted to include six participants from a range of different backgrounds, with some representation (though not full representation due to the small number of interviews selected) of: the different environments in which the participant was employed at the time of interview (i.e. social services, education, voluntary organisation); varying levels of previous work experience (if any); and different types of professional training (e.g. rehabilitation focus, courses in developmental education/working with children).

The DA process involved three main steps:
- transcription
- developing a discursive framework
- undertaking two stages of DA using different techniques.

The first step involved transcribing the interviews, which involved pragmatic decisions regarding the quality of audio recordings that could be re-transcribed verbatim, followed by decisions regarding the type of DA to be carried out, i.e. looking at linguistic detail or at the level of the word (the latter being the focus of this DA).

The second step involved the exploration and development of a discursive framework based upon a review of literature in relation to discourses in special education, rehabilitation and special needs education. This collated ideas about the discourses that exist around the topic as identified in the existing literature, and helped to build a picture of the discourses that professionals may have drawn upon in the interviews. Although no literature was found that related specifically to discourses used by professionals involved in its delivery, literature about special education, rehabilitation and disability in general proved to be a useful source. The discursive framework was also constructed using findings from the first Stage of the DA, as described below.

Finally, the two stages of techniques used to identify discourses (including those identified in the literature, but also other discourses) in the interviews were described. The first used Wordsmith software to undertake a micro level of analysis at the *word-level*, which complemented the main approach carried out in Stage 2 which was a more macro-analysis, looking for broad discourses that the participants drew upon in the interviews, using the NVivo software used in Phase I. Importantly, the findings from Stage 1 of the analysis indicated the 'lens' with which the interview data was then analysed in Stage 2.

The findings of the DA are described and discussed in the next chapter.

CHAPTER 6: FINDINGS AND DISCUSSION FROM PHASE II - AN EXPLORATORY DISCOURSE ANALYSIS

OVERVIEW

This chapter describes and discusses the findings from the two-stage discourse analysis (DA). First, findings from the Stage 1 micro-analysis of the interview data using Wordsmith are described, which involved a number of steps to identify words associated with broad discourses, that had been identified in the literature review of discourses found in special education and rehabilitation.

The findings from Stage 2 of the DA are then presented, including the identification of discourses in relation to: Social model, Individualistic model, Administrative discourse, Charitable - Philanthropic discourse, Rights discourses, Professional discourses, Educational discourses, and Categorisation of children. These findings are discussed in relation to a critique of the DA method, the use of DA with the six selected interviews, and finally a detailed discussion of the findings and their implications. This discussion of the findings summarises and discuss a number of themes, including: evidence of both shared and contrasting language and world views between the participants; commonly used discourses amongst the participants; a discussion of whether some discourses can co-exist despite the fact that they are traditionally seen as being at odds with each other; discourses that were less prevalent in the interviews; followed by a description of policy and national developments that relate to the findings. Finally, higher level themes related to policy and practice are drawn out.

Note that throughout this chapter, excerpts from the interviews are presented as figures, and lines of text are numbered in order to refer the reader to the appropriate line of text from a particular interview that is being described and discussed. For example, the first column in the example below indicates the line number, the second column indicates who is speaking (i.e. letter of first name of participant – J for Julie in example below, or letter of first name of the researcher, referred to as 'S' for Sue), and the third column contains the text of the conversation (see example below):

1	S	Are you the only member of staff who works through the holidays?
2	J	I am, yes.
3	S	Has that always been the case?
4	J	Yes.

Example Figure

FINDINGS FROM STAGE 1 OF THE DISCOURSE ANALYSIS

The WordList tool in Wordsmith enabled an analysis of the Wordlists for each interview to identify words that were deemed to be of interest, in terms of the broad discourses that they suggested. This first step of the Stage 1 analysis (see Chapter 5, section entitled 'Stage 1: A micro analysis of the text using Wordsmith' for a description of how it was carried out) reduced the total of 2436 different words used by the six participants in the interviews to just 371 words which looked interesting in terms of which participants used them, how often they were used, and their association with particular theoretical frameworks relating to disability.

The second step involved using the Concordancer tool to consider the *context* in which some of the words were used. Following this approach, the number of words deemed to be of interest was further reduced to 202 words, which consisted of 97 different clusters of words; a cluster of words consisted of words that had a similar meaning, for example 'need', 'needs', and 'needing'.

This grounded approach inspired the generation of ideas about the type of discourses that the participants were possibly drawing upon in the interviews, a process which was aided by a

consideration of the literature relating to disability discourses as well as the researcher's own world-view about disability based upon personal work and life experiences. This helped to construct a discursive framework (see section in previous chapter entitled 'The use of a discursive framework') that could then be applied to the interview data. Table 8 below details the words associated with broad discourses that were identified (listed in no particular order).

BROAD DISCOURSES	EXAMPLE WORDS
Rights discourses	Access, Choice, Diversity, Entitled, Equalizes, Inclusion, Independence, Individual (being), Integration; Opportunities, Option, Participate; Same (experiences, opportunities as peers)
Charitable / philanthropic	Benefit, Care, Help, Legacy; Looked after, Obligated, Responsibility, Subsidised, Supporting, Voluntary (Volunteer), Welfare
The environment (as a barrier / examples of changing it)	Adapt, Assess, Awareness (removing barriers of attitude/ignorance), Modified, Problem, Restructured, Safety
Within the person (problem within the child / adapting the child)	Adapt, Aids, Assess, Building (Confidence), Cope, Esteem, Functioning, Genetic, Hereditary, Impairment, Nature, Need(s), Overcome, Physio, Potential?, Problem, Safety, Skills/Skilled,
Professional's view of role (which may overlap with other broad discourses)	Advisor, Assess, Awareness (raising), (Building) Blocks, Counselling, Develop (Development), Intervention (Early), Educating, Enlighten, Evolve, Experts, Facilitate, Holistic, Learning, Maternal, Monitoring, Negotiating; Observe (Observation), Promoting; Rehabilitation; Reinforcing, Specialist, Teaching, Therapy, Training
Labelling and categorising (which again overlap with other broad discourses)	Blind, (Educationally Blind), Capable, Cases (Caseload), Challenging, Client (Clientele), Deficit, Delicate, Difficulty (Learning), Disabilities (Learning), Disorder, Failing, Label, Mainstream [as in "Mainstream Child], MDVI, Mental, MLD, Normal, Proficient, Progressive?, Registered, SLD, Special, Vulnerable

Table 8. Words and the broad discourses they are associated with, as identified in Stage 1 of the discourse analysis using Wordsmith

FINDINGS FROM STAGE 2 OF THE DISCOURSE ANALYSIS

The second stage of analysis involved searching for the words and phrases identified in the Wordsmith analysis (Stage 1), using the 'text search query' function in NVivo followed by a more rigorous and time-consuming approach of reading and re-reading the transcripts a number of times to identify themes that were not picked up in Stage 1.

Once broad themes were identified (and coded into tree nodes – see Chapter 3, Methodology (Phase I) for a description of terms used in NVivo), these were analysed and coded further into sub-themes (referred to as child nodes of the tree nodes, in NVivo). The tree nodes and their associated child nodes can be seen in Table 9 below; they are not listed in any particular order of importance.

DISCOURSES IDENTIFIED
Social model Adapting equipment or environment to suit child's needs Demands of school a barrier Example of flexibility to meet child's needs Peoples lack of knowledge about VI a barrier People's negative attitude(s) a barrier Parents a barrier Poor support a barrier Raising awareness of others
Individualistic model Notion of applying training to the person - adapting them Problem within the child - competence Problem within the child - confidence Problem within the child - coping Terminology - disabled person has the problem Terminology - negative
Administrative discourse 'Needs' terminology Description of processes, e.g. referral, assessment Eligibility for services Priorities and waiting lists
Charitable - Philanthropic discourse Charitable / philanthropic language or sentiment VI role models

Rights discourses
To have same opportunities as peers
Independence
Choice of child / Listening to child
Parental choice
Professional discourses
Credibility or importance of their role & of M&I
Expertise involved in role
Holistic view
Importance of experience
Working with gut reaction / instinct
Professionalism
Professional's view of role
Educational discourses
Early intervention (importance of)
Educational terminology
Encouragement of child
Making M&I part of education - so acceptable
Categorisation of children
Child as problem or a 'project' categorisation
Disability(ies) categorisation
Educational categorisation
Functional vision categorisation
Maternal type categorisation
Medical & old SSD categorisation
Multiple categorisation
Need categorisation
Registration categorisation
SSD categorisation

Table 9. List of discourses identified (tree nodes) with their associated sub-themes (child nodes) in the DA using NVivo

The following section describes the themes that were identified, and discusses their implications.

Individualistic model discourses

As described earlier in Chapter 5, section entitled "Discourses that may be drawn upon", essentialist perspectives relating to disability are based around the belief that an individual is disabled by their impairment which is an internal state within them, and therefore requires support (usually from able-bodied, so-called 'normal' professionals), in order to become

"normal" or as "normal" as possible, often in the form of training such as rehabilitation training.

Discourses based upon this perspective were evident within the interviews with the participants, particularly in the negativity that was attached to having visual impairment, and suggestion that the 'problems' which the professionals are there to 'deal with' are attributed to having a visual impairment, rather than being due to disadvantages imposed by society (i.e. people involved with the child) and its reaction to children with visual impairment (as is the broad argument within the social model of disability).

For example, when talking about the difficulties that the children face, this was sometimes attributed to personal factors related to the child, e.g. that they lacked competence in a particular skill, or did not have self confidence or an ability to 'cope' with the problems they faced. The description of the children's visual impairment (and in some cases, other disabilities) was also often negative; for example:

1 B "Once again as they are members I feel obligated to look at them
2   holistically at the whole of their problems."
Figure 7. Brendan, VO employed RO

In the excerpt above, the clients are portrayed as having problems to be overcome, due to their visual impairment. Interestingly, the majority of such portrayals were from participants who had trained to be rehabilitation officers.

Derek, in particular, repeatedly described the children's impairments as 'problems' that needed to be 'resolved' or 'dealt with':

1 D "Right, the first page is name/address, are they registered or not, blind or
2   partially sighted, eye condition, visual acuity, hearing. Because
3   sometimes you may need to get the audiologist involved because if they
4   have a hearing problem, that needs to be resolved because we can't do
5   mobility, because it's all important you see."
6   "…"
7 D "With the mobility, is the multiple disabilities. Because obviously they
8   need to be addressed as much as a single, sort of, sight loss problem.
9   You have to deal with, if they have got multiple disabilities, and children,

10   like I was saying earlier on, are more than likely to have more than one
11   problem if it is not a genetic one of sight loss, like retinitis pigmentosa. If
12   they have rubella, they may have additional problems that need to be
13   resolved before we can actually do a mobility programme.

Figure 8. Derek, SSD employed RO

Derek later describes VI role models within society, which, he claims, proves that the

'problem' of visual impairment can be 'overcome':

1 D "Yes, so, children are, I find them a very delicate subject to cover because
2   if the parents say, 'if I have got a blind child, how do we overcome this?'.
3   Some parents cope with it very well and see what is available out there for
4   people. And also people that are now in employment can do a wider
5   range of jobs. I mean you have got blind barristers now, teachers,
6   accountants. I mean, we've got, we have the Secretary of State isn't it?
7   David Blunkett, so there are ways round it."

Figure 9. Derek, SSD employed RO

This also draws upon philanthropic discourses whereby people with disabilities who are

considered to be successful in terms of their career are portrayed as 'extraordinary' figures,

implying that their achievements are even more impressive due to the fact that they have

acquired them despite having a visual impairment (Shapiro, 1993).

Interestingly, Brendan, who is himself visually impaired, described himself as being a good

role model for the children he works with, though this was prompted by the researcher who

was in effect helping to co-construct this notion:

1 B "I am visually impaired myself, I have got no central vision but my
2   mobility is quite good."
3 S "Do you think that has helped you in a sense, working with people with a
4   VI?"
5 B "Yes, I think it helps me and I think it helps them. They are much more at
6   ease with me knowing that I have a problem, that I can relate to them,
7   sort of thing."
8 S "How do you think other people relate to that, perhaps like parents, do
9   they find that reassuring as well?"
10 B "I should imagine it frightens the life out of them. Once again, it is an
11   understanding of sight loss. It is a big basket of eggs, the word sight
12   loss. There are so many varying degrees and so many different types. I
13   need very strong magnifiers to read with but I can get anywhere in the
14   country, not necessarily use a cane either."
15 S "Would you say you are a good role model for the children?"

16 B "I would like to think so, as long as they do not pick up on bad habits, it
17   will be alright."
Figure 10. Brendan, VO employed RO

However, significantly he still describes his own visual impairment as being a "problem" (line 6). He assumes that parents would react negatively towards him working with their children (due to him having a visual impairment), and attributes this to a lack of awareness or understanding about visual impairment and its consequences – a lay perception about visual impairment and its (negative) consequences. This suggests that he feels that the lay perceptions that people hold about visual impairment are unfounded. Thus, he appears to hold contradictory notions about disability; on the one hand he personally views visual impairment as a 'problem' in itself, but on the other recognises that this perception (when held by others) is somewhat unfounded.

Brendan then continued to describe how he became a rehabilitation officer:

1 S "What was your background before you decided to go into rehabilitation
2   and mobility?"
3 B "I was a technical representative for a brewery."
4 S "That was very different, quite a career change then!"
5 B "Well, it was forced on me because my sight started to go in my mid 30s,
6   by the time I had got into my 40s I could not drive any more."
Figure 11. Brendan, VO employed RO

It is interesting here how Brendan says that his career change was "forced" upon him due to his deteriorating vision; this is quite a negative metaphor, suggesting that his loss of vision, in his view, was a negative occurrence in his life that had to be overcome and adapted to. This is a further example of a visually impaired person drawing upon the essentialist model, demonstrating that it is an all-pervading discourse in our society.

All of the participants drew upon the individualistic model of disability through describing how the work they do involves helping the children to adapt to their visual impairment – a notion of applying training to the person. This is perhaps unsurprising as the history of rehabilitation and M&I education is based upon this notion that people (children) with visual impairment need to learn to live in their surroundings, since it is unlikely that their surroundings (and the people in them) will change and adapt to accommodate their needs (see

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Chapter 2, Literature Review and also Chapter 5, section 'Discourses that may be drawn upon').

For example, Brendan describes applying skills training that the professional decides is required following an initial assessment of their needs:

```
1   B   "Yes, when somebody is first registered, child or whoever, a BD8 comes
2       to social services and that is passed to us and we action it by doing an
3       initial assessment on it and apply any skills training that might be needed.
4       That works for children, pensioners, working age people. "
```
Figure 12. Brendan, VO employed RO

In Figure 12 he describes his approach as a 'one-size fits all approach' that "works" with people of all ages from children to pensioners. The language he uses is very much that the organisation and professional do things *to* the clients, the receivers of the service – there is no suggestion of working *with* the 'clients', supporting them to do the things that *they* want to do - rather the clients are there to be dealt with, to have skills training 'applied' to them in order to correct the problems caused by their visual impairment.

This is similar to how Charlie describes his work; that the professional is in control of when the child is seen again - they have control of the process, whereas children are receivers of the service, and do not have any power as such. This appeared to be the case in the interviews with all of the participants. One participant mentioned that she had one student who self-referred as he wanted to get a guide dog, which at first suggested that he had some control over the process; however, it transpired that he requested long cane training as this was compulsory in order to be eligible for a guide dog, so there was still an unequal power relationship between the student and the professional.

Once again, Derek drew upon interesting metaphors when describing how he 'completed' a 'case':

```
1   D   "I look at everything.  I don't have a form because it's all in my head, I've
2       been doing it for so long now.  There is a form I complete when I finish the
3       job that tells my bosses, my care managers, what had been said, what
4       had been done."
```

```
5   S   "That is after the assessment or after the whole programme?"
6   D   "After the whole programme.  But it is altogether.  There are so many
7       forms that I have to fill in to complete a person, the case.  The
8       assessment, what's been done, lesson plans, are all in one document."
```
Figure 13. Derek, SSD employed RO

The language used here seems somehow controlling, painting an image of control over his clients and the training they receive, describing them as a 'case' which suggests they are a project or problem to be worked on and then completed and 'solved'.

Educational discourses

A number of educational discourses were used by participants; notable from the Wordsmith analysis was the use of educational terminology, for example when describing their role as teachers who 'teach' the children (see later section on 'Professional discourses that describe what they do' for further discussion of this term), as well as other educational terms such as 'curriculum' used by all three of the education employed professionals but not by the others; and targets or target setting, again used by Michelle and Julie (both employed by education), but not by the others.

Discourses relating to the educational development of the children were also drawn upon by the participants, particularly focusing upon the need and importance of early intervention; interestingly, Brendan and Charlie (both rehabilitation officers who worked predominantly with adults) only talked about this when prompted by the researcher, and Charlie appeared to have misunderstood the question and talked about the benefits of early intervention not for the child in terms of their development, but for the professional (see lines 3-4 in Figure 14):

```
1   S   "Do you feel that you would like to work with children who are younger,
2       do you think that is a good thing?"
3   C   "Yes, I would say, it would be a benefit to me because I am working
4       in the field of visual impairment so I do have an interest."
5   S   "So you think it would benefit the children by starting mobility earlier on?"
6   C   "Yes, like as early as you can, or even as much information and advice
7       for the actual parent, to alleviate whatever fears they may have."
```
Figure 14. Charlie, SSD employed RO

This suggests that he was not drawing upon discourses about early intervention at all, but was drawing upon professionalism discourses (see later section), where he talks about the benefits of doing something for the professional rather than for the child. An interesting outcome of such interaction could be that in the future, Charlie may well draw upon such discourses relating to early intervention (in terms of arguing its benefits for the child) as the researcher introduced this notion (or discourse) to him, since discourses are constructed, contested and ultimately changed during interaction (Fairclough, 1992; Howarth, 2000).

Michelle in particular talked at length about the importance of early intervention; she drew upon developmental language by describing the 'building blocks' of independence, describing skills that need to be learned early on if the child is to attain independence and be able to function on a par with their sighted peers:

```
1   M   "… the way I would come at it in providing building blocks of
2        independence.  You cannot just put a long cane in a blind child's hand at
3         11, you have got to have all those pre-cane skills.
4        "…"
5   S   "… early intervention, do you see that as really key?"
6   M   "Oh yes, definitely.  It is developing along with all the other skills.  You
7        can take a totally blind pre-schooler, you are developing self help skills,
8        self confidence, self awareness, if you are getting them to move freely,
9        getting them to move away from the wall and not trailing.  You are just
10        giving that child so much more confidence prior to school and that helps
11        integration, inclusion, or as complete inclusion as we can possibly have
12        in mainstream schools.  If you have a child that can go to the toilet
13        independently and go and get a coat on, same as the rest of the class,
14        you have got a child who is functioning on a par. So yes, the earlier the
15        better with intervention.  Get those early independent skills – dressing,
16        mobility – and they are away."
```
Figure 15. Michelle, Education employed dual-qualified QTVI

This excerpt is drawing upon the notion that visually impaired children need to develop their skills in mobility and independence and function at the same stages and in the same ways as their sighted peers, a notion that is underpinned by a normative ideology (Quicke 1984).

Categorisation of children

One of the first themes to be identified was the different use of categorisation by the participants to describe the children with whom they work. This is not so much a discourse in itself; rather, the use of categorisation by participants is interesting as in many cases the categorisation they use appears to have been drawn from other discourses, for example the individualistic model, when categorising children.

The most common type of categorisation used to describe the children that the professionals worked with was educational; this included describing the children as having "learning difficulties", "challenging behaviour children", "mainstream child/children", "educationally blind", and "educationally blind braillists", "blind braillists" and "mainstream braillists". In one case, the participant (Julie, an education-employed MO) used these terms to differentiate between children in terms of their perceived educational potential which is linked to educational placement:

1	J	"I went yesterday to work with a 12 year old girl who has never
2		ever had any sight. She finds, she attends the enhanced
3		resource secondary and she is an average or above sort
4		of child very articulate. You know, when it comes to SATs
5		she is definitely a mainstream child."

Figure 16. Julie, Education employed MO

Perhaps not surprisingly, educational descriptors were used most often by the professionals who were employed by and worked predominantly in educational settings, though all but one of the participants used such a descriptor at some point in the interviews; the most commonly used was to describe a child as a "mainstream child". Only one of the participants did not use an educational label throughout the interview; Derek, a rehab worker employed by social services. This possibly reflects the different philosophy of his employer, but also his background and training, which had an adult and rehabilitation focus, rather than an educational focus. This is also likely to be connected to his tendency to work with families in the home setting rather than with education-employed staff who would use educational descriptors, and his apparent affiliation to social services and medical staff rather than to

educational staff, with whom he appeared to be at odds throughout the interview (see section on 'Professional' discourses).

Derek, along with the other two participants who were trained as rehabilitation officers, tended to describe the children using social services categorisation (i.e. "clients") or medical descriptors; indeed, Derek explained that when carrying out an assessment of his 'clients' (whether children or adults), part of his job was to record the primary client type or 'sub-set'. These included: whether they are disabled, frail, or have a learning disability (note use of this term rather than 'learning difficulty', which is more educational); dementia; physical disability; sensory disability; visual impairment; dual sensory loss; temporary illness; diabetic, and so on.

The education employed participants also described children in terms of their additional disabilities, in particular describing some children as "MDVI children" (multiple disabilities with visual impairment), which in some cases was used to indicate that the children had different potential in terms of the type of skills they would be taught, and by whom, compared to the "mainstream children". The other participants did not use this term. Children were also occasionally categorised in terms of their visual impairment registration status (i.e. registered versus non-registered) and their functional vision, i.e. "totally blind" and "partially sighted" (mainly by the education employed participants), and also as "light perception children" (Brendan, VO employed RO).

Other types of categorisation were used by the participants; for example, one of the education-employed participants, Julie, talked about the children somewhat maternally as "small", "tiny" or "little" ones:

1   J   "If I get a referral for a little one
2   the initial visit is normally a joint visit with the advisory teacher and it
3   would be a getting to know, talking to parents, sort of help that could
4   be put in place, what support could be given. For a small one, if there
5   is a child that has not been seen as a tiny one in nursery…"
Figure 17. Julie, Education employed MO

Sometimes children were categorised according to their perceived level of 'need'; this type of categorisation is discussed in more detail under 'Administrative discourses', later in this section.

Another interesting type of categorisation used was by Brendan, an RO employed by a VO. He referred to two children as "*a good study case*" and "*quite a good challenge*" respectively, suggesting that he sees working with the children as something of a project or 'problem' to be solved; this links to discourses relating to the individualistic model of disability.

Social model discourses

Whilst the support that the professionals described giving to children was based predominantly on the individualistic model of disability, there does appear to be a slight shift towards describing activities that fall under the social model of disability. This was particularly highlighted in Phase I of the thesis (see Chapter 4: Findings and discussion, Phase I) by a number of professionals who described carrying out two broad tasks in the course of their work; this included carrying out advisory work with other professionals and parents and families in order to increase their awareness and understanding of visual impairment and on how they can best support the children by changing the way that they interact with them; and an increasing number of environmental assessments (being requested and carried out) which lead to recommendations for changes and adaptations to the environment (rather than the child having to adapt to the environment), to enable the child to be safely mobile and independent.

Discourses relating to the importance of raising awareness of others

All of the participants talked about how they tried to raise the awareness of those around the child, in order that they could then support the child in their mobility and independence; the following are some examples:

1 S   "The type of training that you provide, do you have formal training days
2   for people like LSAs?"
3 M   "No it tends to be when they are new to a child then I will do a top up or

4   refresher on awareness. I do that individually as and when it is needed
5   on an informal basis.   I have done some training as a group to my
6   colleagues years ago when I first came back from the course. I keep
7   them up to date. Whenever I go to the MISE meetings at Coventry, I
8   feed back so they are up date as far as latest information and where I
9   am coming from. The LSA training is done on the job if you like. I don't
10   get them altogether, again because of the numbers involved and they
11   are all scattered."

Figure 18. Michelle, Education employed dual-qualified QTVI

1   D "Fortunately a lot of the kids in mainstream now, they have, all kids get
2   a certain amount of self help don't they? A lot of children… the lads
3   and the girls, they are encouraged to make their own pizzas and
4   sandwiches through technology. That is a great help but occasionally,
5   you will often get the teachers asking 'how can we help such and such
6   with this because this is coming up?'."
7   S "So you would actually be in more of a sort of advisory role then?"
8   D "Yes, very much. You tend to advise more because you know that
9   the support assistant is going to be there so you might be advising the
10   support assistant as to how they would best support the child."

Figure 19. Douglas, Ed employed MO

Similarly, Brendan talked about the importance of raising people's awareness about visual

impairment generally and how they can help to support the child by making sure their needs

are met, though he admitted he rarely carried out this type of work:

1   S "Do you ever give any formal training more generally to people
2   that are involved with the children?"
3   B "Unfortunately no."
4   S "Is that just lack of opportunity?"
5   B "Lack of opportunity and it is not taken up. We have a visual awareness
6   training officer here, all the rehabs do visual awareness training as well,
7   we can do it at all levels, but unfortunately we do not get asked by
8   Education an awful lot to do that sort of thing. We would be only too
9   pleased to do it."
10   S "That is a shame. Do you think things like training would be really
11   important, really helpful?"
12   B "I think not just in the school environment but out for everybody really,
13   just having an awareness of it."
14   S "What sort of things do you think would be key things?"
15   B "What, to the staff and that sort of thing?"
16   S "Yes."
17   B "Well, being aware of the person, the child's particular eye condition so
18   that they are seated correctly in the class, the light from the window
19   might be bothering them, being aware that they may not have any sight

20   on one side and plenty on the other. Observing around school,
21   educating peers as well into VI difficulties and disabilities of all sorts
22   really. At the school with the support unit in it, the children there are
23   much more au fait with disabilities because they work with their peers all
24   the time."
Figure 20. Brendan, VO employed RO

Brendan also talked about the importance of raising the parent's expectations of what their child can achieve with the right support – note lines 15-16 in particular in Figure 21 below:

1   S   "Do you think working with parents, do you think it is possible for
2   rehabilitation officers and mobility officers [to do], or is it quite time-
3   consuming?"
4   B   "Yes, it is time-consuming. One of the things I try to do is, if I am doing a
5   biggish programme like that, at the last lesson, to have achieved
6   something, and then get mom or dad to come along and trail us, follow
7   us, so that they can see what the child has done."
8   S   "So that would be at the end, not the beginning?"
9   B   "Yes, the end. They are quite amazed at how competent they can travel
10   at times."
11   S   "Yes, that is a really good idea. Perhaps easier than just telling them,
12   more effective?"
13   B   "Oh yes. My aim with this particular one when I first started was that she
14   was going to take her mom for a cup of coffee and she does that now.
15   That was good, you see. Enlightening parents. There is an awful lot of
16   work to be done with the parents."
17   S   "Perhaps it should be a responsibility more generally of all people
18   involved?"
19   B   "Yes."
Figure 21. Brendan, VO employed RO

When talking about the assessment process, Charlie also talked about working with the parents and staff involved with the child in order to raise their awareness about visual impairment and how they can help the child (in terms of adapting the environment to their needs through colour contrast, etc):

1   C   "Always at home. First initial contact would be at home, find out about
2   the family, like a chat, we would do an holistic assessment. We would
3   even talk about benefits as well to make sure that the person is getting
4   everything they are entitled to. It would cover… because it is age
5   appropriate as well, you would not expect a young child to go out walking
6   across roads himself, it might be sighted guide at the start, just general
7   awareness, promoting colour contrast, light and so on."

8   S   "Would you do similar sort of thing with the school, go in and talk with
9   staff working with child."
10 C   "Yes, I have in the past held vision impairment awareness training to
11   classroom assistants who are doing one to one with VI children.
12   I know last year, when I was working with the youngest child at the
13   school who was five years old. I would go in there and mostly the peri
14   teacher was there or the classroom assistant. Basically, I'm transferring
15   what kind of skills that I am passing on to make sure that everybody else
16   is aware of. When I am gone, these will be carried on by the teachers
17   and even the parents as well Like body protection, and so on."

Figure 22. Charlie, SSD employed RO

Drawing upon the social model of disability was perhaps more overt in the interviews when
participants described how the attitudes of people around the child could disable them, in
particular parents who at times did not allow their child to be as independent as they
potentially could be; for example:

1   D   "When I find the parent is over protective, I tend to teach them the mobility
2   as well. It's a bit long winded but what it is, they are suddenly realising
3   what a child can do and then they will say 'Oh, that is fine'. I have one at
4   the moment that always used to hold hands. Now she is able to walk
5   along the pavement with the child ahead of her so long as the child is in
6   sight she is happy, and the child has a mobility cane, so he's going
7   around, she knows he won't be tripped up, and she is happy because she
8   sees he knows where he is and what he is doing."

Figure 23. Derek, SSD employed RO

1   S   "What are her problems?"
2   B   "Her sight level is light perception and she gets two hours per week in
3   term times so she is quite a good study case. She has had local to
4   school training and then city centre travel training. In the time I have
5   been working with her, she has really come on with her confidence.
6   Mobility also includes dealing with the general public of course. If you
7   bump into them, go into a café, ordering yourself something to eat or
8   drink, and she has come right through all of that now so she is travelling
9   much more independently. Once again, though, it is the parents, they
10   are not that keen to let her use her cane when they are out with her
11   which is a shame. They use sighted guide just for expediency which is a
12   shame because she could get around just as quick if they just walked
13   with them, let her use her cane semi-independently. She could do it."

Figure 24. Brendan, VO employed RO

In Figure 24 above (lines 9-13), Brendan describes how the parents are preventing the child
from being independent despite the fact that, in his opinion, she is capable of being so, as

they feel that guiding her is quicker and thus more convenient; their desire for expediency is in a sense disabling their daughter.

Another participant described how staff members had refused to provide support that he had advised them to give the child:

```
1   S   "So the mobility officer moving to more of an advisory role or just
2         generally…"
3   D   "That is up to me, so I dictate what I do, but I know a lot of my work now,
4         there is more advisory work coming up all the time."
5   S   "How do you feel about that, is it a good positive thing, or is there a
6         problem with that?"
7   D   "It is a good positive thing providing the advice you are handing out gets
8         acted upon."
9   S   "So that is perhaps a problem then?"
10  D   "Yes, because there have been a lot of times I have been into schools
11        and advise a course of action for a child and they will say, 'I cannot
12        do that I am too busy'.  At times, one of the examples, I went into the
13        SLD schools, the MDVI schools, and I just said what this child needs
14        is just basically five minutes a day walking around the playground
15        because he is not mobile.  He is far too comfortable just sitting on his
16        backside all day and he needs to be motivated to get on his feet and
17        actually move.  The response was, 'well, we cannot do that, we are far
18        too busy'.  I looked around and thought, 'there are four adults in this
19        room with six kids – you are too busy!'  [But] I cannot make any judgment
20        on that."
21  S   "Very difficult, very much up to them what they take on?"
22  D   "It is. It is very much whether they take on board what you are saying.
23        So you can advise until you are blue in the face really."
```
Figure 25. Douglas, ED employed MO

It is interesting however that he doesn't explicitly explain the resulting outcome of this, of their failure to support the child as advised; he does not overtly state that this serves to disable the child, but rather, this is implicit in his statement.

Related to this point, it is interesting that when describing the work that they do in order to raise people's awareness or improve the child's environment, the participants rarely described the reason behind doing so, as if it were implicit, or a shared understanding with the interviewer; indeed, only Douglas explained on one occasion why he felt it was important, i.e. in order to make children's lives 'easier' (lines 2-3):

1   D   "I would like to tell the schools there is an awful lot you can do just by
2   keeping the place tidy and good housekeeping. It makes life easier for
3   visually impaired children, keeping your thoroughfares clutter free."
Figure 26. Douglas, ED employed MO

Discourse describing how the environment disables the child

One of the participants in particular talked at length about the need to adapt the environment in order to help children with visual impairment:

1   S   "Are the schools generally quite receptive [about] getting involved
2   in that type of thing?"
3   D   "The schools are very, very grateful actually. They find it very daunting.
4   The parents of this particular child insisted that this child went to this
5   particular school. The school were worried because they have never
6   had a visually impaired child enrol before. They have had other
7   disabilities but they have never had a totally blind child and this child is
8   totally blind. There was a lot of fear from the school's point of view.
9   Once they had actually met the little lad and seen what he was actually
10   capable of and realised that he was just a little lad, it was just that he
11   could not see very well or see at all. Basically he was capable of doing
12   what the other children were doing as long as it was adapted to suit his
13   disability."
14 S   "Did you do an environmental assessment of the school?"
15 D   "Yes, we did a lot of that, send a report into the LEA saying what sort of
16   things needed doing. Obviously with a totally blind child there is a
17   different type of assessment [compared with] partially sighted child
18   because you do not have to worry about painting the edges of steps
19   and things like that."
Figure 27. Douglas, Ed employed MO

In lines 11-13 he stated that a child with visual impairment can do whatever sighted children do so long as things are adapted to his needs; this notion of having equality in terms of opportunity as sighted, non-disabled children relates to a rights discourse, which is discussed in more detail in the next section.

Rights discourses

There was some evidence of participants drawing upon a 'rights' discourse which is aligned with the social model of disability, in emphasising the rights of impaired people to independence and what they *want* rather than what professionals deem they need, in terms of services. It centres on a notion of equality, and views independence as the ability of impaired individuals to be able to make their own life choices, and thus is in opposition to charity and philanthropic discourses that espouse impaired people's dependency and need for 'help' (Fulcher 1989).

All of the participants talked about the importance of children with visual impairment gaining independence in terms of their mobility and daily living skills. One of the participants described it as a 'need' (line 2):

1 B "The young lady I work with now, she is thinking of going to university so
2   she needs to know how to look after herself totally and up to now, mom
3   tends to do it because it is quicker."
Figure 28. Brendan, VO employed RO

And:

1 B "Yes, some of them might need something later on when they become
2   more fully independent. They might not now travel on a bus at the age
3   of maybe 10 or 12 but pretty soon they are wanting to go to the centre
4   with their friends."
5 S "So a lot of things like that are age appropriate?"
6 B "Yes, and there are all sorts of other issues as well isn't there with children
7   travelling on their own now. Once again, parents are very worried about
8   visually impaired children travelling on their own because there is an
9   added problem. But it is something that has got to happen."
Figure 29. Brendan, VO employed RO

In Figure 29, Brendan described the importance of children having age appropriate skills akin to those of their sighted peers, and described how this was essential (line 9) even though parents were sometimes anxious about it; thus he appears to be reinforcing the rights of the child to attain independence above parents' concerns.

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In contrast to this, two of the participants, Charlie and Derek, talked about how they encouraged children to become independent, but only to the extent of their parents' wishes:

```
1  S  "Talking about the different skills you teach, in the main it is travel skills,
2        that type of thing?  Is most of the work around the home area or is most of
3        it in schools?"
4  C  "It could be a mixture of home area and schools.  For instance, for an
5        older child I have, he is just going on to his last year at primary school so
6        his mom feels he ought to have more independence.  Basically that is the
7        type of work I am doing with him."
```
Figure 30. Charlie, SSD employed RO

```
1   D  "I do mobility awareness, that is the basics of it all.  Then I develop their
2        senses, their skills.  If they are able to walk around I try to develop with
3        awareness of traffic when people are out but one thing I do not do is a
4        child, I do not say they will be independent, I always say they can be
5        independent because it is up to the parent whether they can go out.
6        Because as a father, I would not let a child out unless they were a certain
7        age.  Another parent may say that child is OK.  So I can't dictate that, the
8        parent has to."
9   S  "Do you try and make the skills age appropriate though?  If that parent
10       was very over protective, would you sort of maybe try and allay their
11       fears?"
12  D  "When I find the parent is over protective, I tend to teach them the
13       mobility as well.  It's a bit long winded but what it is, they are suddenly
14       realising what a child can do and then they will say 'Oh, that is fine'."
```
Figure 31. Derek, SSD employed RO

Once again, intervention with the child was often justified in terms of whether or not they felt the particular independence skills in question were 'age appropriate'; indeed, even the researcher helped to build this discourse by asking about age appropriateness. This draws upon a normative discourse (described earlier under 'educational discourses'), whereby the development of children with visual impairment is continually compared to their sighted (and thus 'normal') peers.

A further theme that was evident in the interviews, which to some extent relates to a normative ideology, was where the participants argued that children need to be 'on a par' with their peers, so that they do not appear different to them; this could also be interpreted as being a rights discourse whereby the children have a right to equality in terms of opportunity and experience with their sighted peers. Michelle in particular talked at length about the importance of this (lines 6-8 in Figure 32. Michelle, Ed employed dual-qualified QTVI):

1	M	"You can take a totally blind pre-schooler, you are developing self help
2		skills, self confidence, self awareness, if you are getting them to move
3		freely, getting them to move away from the wall and not trailing. You
4		are just giving that child so much more confidence prior to school and
5		that helps integration, inclusion, or as complete inclusion as we can
6		possibly have in mainstream schools. If you have a child that can go to
7		the toilet independently and go and get a coat on, same as the rest of the
8		class. You have got a child who is functioning on a par. So yes, the
9		earlier the better with intervention. Get those early independent skills –
10		dressing, mobility – and they are away."

Figure 32. Michelle, Ed employed dual-qualified QTVI

And:

1	M	"Just that we have got to, and we have successfully over the last couple
2		of years through MISE, have heightened that awareness and respect for
3		mobility. It is a term – mobility and independent skills or orientation, pick
4		a label – but those three key words are very much written on documents
5		now in school and they are certainly on the statements which is the first
6		thing I did when I came back to the LEA was to make sure that we had
7		on children's statements that they needed mobility and independence
8		orientation skills because it was not there. They had perhaps physio
9		written on, speech therapy written on, they had 'needs QTVI', 'needs
10		Braille', needs this bit of kit, that bit of kit so I think the awareness, we
11		need to keep plugging away and raising that awareness that it is a major,
12		major issue and without that, it is still, [I] believe very passionately and
13		strongly in that, if you do not have a child who is mobile, then you are not
14		going to get self esteem, you are not going to get a positively creative
15		environment for that child. You are going to get a static, stodgy pudding
16		sitting at a brailler all day. Whereas a child who is able to move around
17		the school as their peers and take messages, do this, they are going to
18		feel great about themselves, they are not going to feel different."

Figure 33. Michelle, Ed employed dual-qualified QTVI

However, there appears to be a fine line between trying to 'normalise' the children so that they 'fit in' at school with their peers, and accepting the children for what they are and celebrating their differences; some advocates of the social model of disability would argue that children should not have to appear to be the same as their peers, but rather should be accepted for the way they are, whilst others would argue that by helping them to become independent there is the additional benefit that they can participate in school and their communities as equals. This is particularly difficult as most visually impaired children would probably express the desire to fit in with their peers (Nzegwu and Dooley, 2008) and would

not want to be seen as different, even if ultimately, it would be better if they were accepted for the way that they are; as Derek points out:

```
1  S  "Do you work set hours Monday to Friday, 9 to 5 type of thing?"
2  D  "Officially but unofficially I do all sorts of times.  One of the things that
3     happens with the children is that they do not want to be noticeable that
4     they are the odd one out."
5  S  "That they are having mobility?"
6  D  "Yes, so they don't appreciate me going in during school time taking them
7     out of a lesson, because they do feel they are the odd one out.  So I see
8     them after school."
```
Figure 34. Derek, SSD employed RO

Few of the participants appeared to draw upon rights discourses about the choice and 'consumer wants' of the child, and even where they did, these appeared to be tempered by the use of other, apparently conflicting discourses. For example, Brendan described how he gave the child a choice in terms of the route to learn, but within a 'limit':

```
1   B  "Yes, make a game out of it to a certain extent, making sure the safety
2      is always pushed home.  I think, otherwise, it is a real boring task,
3      Mobility, if you just keep it to the puritanical route.  I try and make it so
4      if I am doing outside mobility we go where they want to go.  I believe
5      mobility is for the individual to travel freely to places they want to go to,
6      so we find a record shop, we find a coffee bar and that type of thing and
7      give them the control of where we are going to go.  And you will naturally
8      come across all the problems you are going to get on any other route."
9   S  "So it is making it relevant to the child."
10  B  "Give them a choice.  We find three or four different shops, say 'where
11     are we going to go?', and they make the choice.  [But] I do not let them
12     get away with the easy ones all the time!" (laughs)
```
Figure 35. Brendan, VO employed RO

Even though he said it jokingly, there appears to be some tension between a rights discourse, in terms of allowing the child to choose what they learn, and a professionalism discourse, in which the professional 'knows best' (lines 11-12). Similarly, Derek at first appears to draw upon a rights discourse in terms of seeking the child's opinion as to what they want to do, but then describes how he ultimately makes the decision in order to ensure that everyone involved is happy with the plan:

```
1  S  "So would an assessment be over a number of sessions rather than just
2     one then?"
3  D  "Yes.  The assessment is usually done over two because the first one is
4     always with the parents, the second with the child.  And I try and keep
5     them separate because I want the child to be able to say 'well, this is what
6     I want' – I don't want the parents jumping in saying 'well, that is not what
7     we want'.  Then I say 'this is our plan', what I need to do for everybody so
8     that everybody is happy."
```
Figure 36. Derek, SSD employed RO

In contrast, Douglas appeared to draw heavily upon a rights discourse, by reinforcing the importance of the child having a 'voice'; for example, he praised the children for their input noting that they had perspectives that he would not have considered:

```
1   D  "We had to go and do a risk assessment on behalf of the visually
2      impaired children at this nature reserve, looking at the footpaths, stairs,
3      steps, the general things you would do for a risk assessment.  It was
4      valuable in that we did it, there was no problems, you knew everything
5      to look at before you got there.  It was very good, no problem at all. It
6      worked even better because I took one of the VI children along with me
7      when I did it.  I got them to point out anything they found particularly
8      difficult."
9   S  "That's interesting, so you involved the child ?"
10  D  "It involved the child as well.  You can see it from one point of view and
11     they can see it from a completely different point of view. She was one of
12     the older children, she was a 14 year old who did it.  She was very
13     good, picked out a lot of things I would not have thought of."
```
Figure 37. Douglas, Ed employed MO

He also promoted the idea of involving the child's peers in lessons:

```
1   D  "When you are doing a familiarization, something like that, it is a very
2      false situation sometimes when you are in a shop.  Let's take, for
3      example, we are in a shop and we are doing some environmental work,
4      looking at prices, products, goods like that.  An adult looking at things a
5      child would be interested in is a bit of a false scenario so you can take a
6      child, one of his peers, the peers can do a lot of that familiarisation
7      work.  You are sort of instigating what is happening but you are trying to
8      create the real scenario rather than one that is purely artificial.  I think
9      the peers have an important role to play in this."
```
Figure 38. Douglas, Ed employed MO

This suggests a 'rights' discourse, whereby he is arguing that children's own opinions and desires are important. He appears to acknowledge that, as an adult and a professional, he cannot know what is necessarily appropriate or preferable for the individual child. He also talks about the importance of getting to know the child and building up a relationship of trust with them in order to work with them:

1	S	"Obviously your course was doing mobility with children but I also notice
2		that you come from a teaching background."
3	D	"I am a teacher as well. In fact, I am doing the Birmingham VI teachers
4		course, becoming multi-skilled, whatever."
5	S	"So you were doing teaching before you did mobility?"
6	D	"Yes."
7	S	"What sort of area was that in teaching?"
8	D	"Children with emotional and behavioural problems."
9	S	"Do you feel that has been really beneficial in your work, teaching
10		mobility?"
11	D	"It certainly has been very valuable in forming a relationship with a child
12		in the first place."
13	S	"So you think that is really key?"
14	D	"I think you have to have this huge relationship between the child and the
15		mobility instructor, certainly a relationship of trust. Ah, you are informing
16		a child, almost enlightening a situation, in some cases. I think that trust
17		is certainly something that has to be worked on."

Figure 39. Douglas, Ed employed MO

This notion is interesting as it was not drawn upon by the other participants.

Administrative discourses

Not surprisingly, considering that most occupations in the social services and education sectors are built upon administrative processes, all of the participants drew upon administrative discourses of one kind or another. These included discourses relating to processes of assessment and review, eligibility for services that they provided, priorities and waiting lists, and the level of 'need' that children or other 'clients' had, upon which, it is argued, eligibility criteria, waiting lists, and prioritisation criteria are built upon.

All of the participants talked about processes of referral (with some talking about 'eligibility' criteria for receiving services that excluded some children, e.g. those labelled as MDVI); assessment; and review. In part, this is because the questions within the interview schedule focused upon these processes since services are commonly modelled in this way (see Chapter 2, Literature Review). Arguably then, the researcher co-constructed these discourses with the participants by questioning them about these processes.

All six participants talked about their work in relation to the needs of the children, describing how programmes of intervention are designed for the child according to an assessment of their needs; for example Derek, a SSD employed RO:

1   D   "Your starting point with a child would obviously be where their need is."
Figure 40. Douglas, Ed employed MO

Another example is from the interview with Brendan, a VO employed RO:

1   B   "I go along and assess their needs; sometimes they need nothing,
2   sometimes they might need something for next year."
Figure 41. Brendan, VO employed RO

This suggests that the services are needs-led, and designed to meet the needs that the children have. Several of the participants said that they prioritised clients that they work with according to their level of need (as perceived by the professional, rather than the child or family); for example:

1   S   "Is it a manageable caseload or do you have to prioritise a lot?"
2   C   "We have to prioritise and we normally have a 10 week waiting list.
3   But obviously if people are of more need, they can be seen sooner… So
4   it means we have had to prioritise, there have been 6 referrals which
5   have come in recently for children, [and] we have had to prioritise them
6   immediately as priority 1."
Figure 42. Charlie, SSD employed RO

Note how in the excerpt above the researcher introduced the notion of prioritising children into the conversation (line 1), as if it is a matter of 'fact' that prioritisation should and does take place. This underlying belief reinforces the control that the professional has in deciding

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what is a manageable caseload and how they should 'manage' it. However, whilst it is perhaps tempting to criticise the professionals here, it should be remembered that they often use such principles since they are forced to due to a lack of time and resources to deal with ever increasing caseloads.

Children are often prioritised according to the category assigned to them by the professional; for example, one participant (Julie, education-employed MO) talked about working mainly with "higher need" children who were located in enhanced resource schools (suggesting that children with more severe sight loss have greater needs than partially sighted children):

1   J   "In the enhanced resource schools which provide quite a bulk of my case
2   load – they are the high level of need children."
Figure 43. Julie, Education employed MO

Julie also categorised children as 'MDVI children' in terms of their perceived needs:

1   J   "the MDVI children are so individual with such very, very specific needs"
Figure 44. Julie, Education employed MO

Note that whilst the nature of the children's 'needs' is decided upon by the participants, in some cases they claim to draw upon information given to them by others, including other professionals working with the child and in some cases the family and the child itself. Nevertheless, the final conclusions made about the needs of a child appear to be those of the professional rather than what the child or family might want.

Professional discourses

A number of professional discourses were drawn upon in the interviews by the participants which provided fascinating insights into the way that they perceive the nature of their role, their affiliation to their employer, and how they relate to and regard colleagues working in the same organisation they are employed in as well as professionals in other organisations. This is of interest as it says something about how and whether different professionals can work together, which is important since M&I education is often delivered by a number of different

professionals and agencies working together (see Chapter 4, section on 'Multi-agency provision'.

The professional discourses drawn upon by the participants fall into two broad categories: discourses that *describe* what they do as professionals, and discourses that *justify* what they do as professionals. Interestingly, the professional discourses drawn upon often overlapped with other types of discourse, most notably philanthropic discourses and individualistic discourses.

Professional discourses that describe what they do

The participants described the nature of what they do as mobility and independence specialists in a number of different ways. For example, one of the participants, Julie (Education employed MO), described how she "supported" children in mobility and independence some 12 times throughout the interview, e.g.: *"I support any child attending a city school"*. The use of the word *"support"* has undertones of a philanthropic discourse. Other professionals used the word 'support', but in relation to how other staff and parents support the work that they do, rather than describing the work they themselves do with the children.

Other participants described their role using educational discourses; Douglas (Education employed MO) described his role as *"informing a child, almost enlightening a situation, in some cases"*, which is a somewhat educational description of passing on knowledge. Another participant described his role as "*teaching*" the child, or professionals working with the child, in aspects of mobility; interestingly, it was Derek (SSD employed RO) that repeatedly described his role in this way, rather than the education-employed participants. In one paragraph, his description of how he teaches other professionals serves to portray him as the expert, passing on his knowledge to others who would then work with the children:

```
1   S   "So I'm just thinking, when you carry out mobility lessons then, if it is
2        in school time, do you try to encourage the people who are working
3        with the child, for example if there is an LSA or class assistant or
4        whatever they're called in [his area], or a class teacher, would you try
5        and get them to reinforce the skills?"
6   D   "Definitely, I would take them round as well."
```

7	S	"OK, so they would take them out on a lesson?"
8	D	"It's strange but I actually teach them mobility."
9	S	"So you teach them to teach the child?"
10	D	"No I don't teach them to teach the child, I teach them to know that
11		when the child does something wrong, they will pick it up."

Figure 45. Derek, SSD employed RO

This excerpt is particularly interesting as, at first, it appears that he is drawing upon the social model of disability, in that his role is to raise the awareness of the staff working with the children in relation to their mobility and independence. However, he then seems to draw upon the individualistic model of disability, since he describes the need to pick up instances where "*the child does something wrong*", which suggests the child (and their disability) is the problem to be solved. Furthermore, it could be interpreted that he stops short of suggesting that he teaches the class assistants to *teach* the child (as suggested by the interviewer in line 9) as this would undermine his skills and expertise, by suggesting that others could do what he does with the children.

Derek (SSD employed RO) was the only participant who talked about the role and importance of counselling:

1	D	"it's definitely an important part of the job. You could not do the job
2		unless you knew a bit of counselling because, one of the things, with
3		children, it's genetics, and also with children they may have multiple
4		disabilities as well... it happens from a very, very young age, even at
5		birth. I have two children at the moment with a tumour of the brain. One
6		is the size of a grapefruit so I have to counsel the parents because, it is
7		still growing you see, so we have to understand the child may not be
8		around longer than the teenage years."

Figure 46. Derek, SSD employed RO

This probably reflects his background and training in social care, which would place emphasis on rehabilitating people, normally adults – note he talks about counselling the parents rather than the children and helping them come to terms with their child's disability.

The other participants also described how some of their work involved advising others around the child about the best ways they can support the children, e.g. parents and other staff who work with the child; for example, Julie and Douglas (both education employed MOs)

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described their work in this way at several points in the interview. This could be seen as drawing upon the social model of disability, whereby the difficulties a child is facing is attributed to the attitudes and/or actions of staff working with him, rather than due to the child's impairments; the following example is taken from the interview with Douglas:

```
1   D   "I dictate what I do but I know a lot of my work now, there is more
2        advisory work coming up all the time."
3   S   "How do you feel about that, do you feel that that's a good positive
4        thing, or is there a problem with that?"
5   D   "It is a good positive thing providing the advice you are handing out
6        gets acted upon."
7   S   "So that is perhaps a problem then?"
8   D   "Yes, because there have been a lot of times I have been into schools
9        and I've advised a course of action for a child and they will say, 'I cannot
10       do that I am too busy'.  At times, I mean one of the examples that I
11       can give you, I went into the SLD schools, the MDVI schools, and I just
12       said what this child needs is just basically five minutes a day walking
13       around the playground because he is not mobile.  He is far too
14       comfortable just sitting on his backside all day and he needs to be
15       motivated to get on his feet and actually move.  The response was,
16       'well, we cannot do that, we are far too busy'.  I looked around and,
17       thought there are four adults in this room with six kids – you are too
18       busy!  But I cannot make any judgment on that."
19  S   "Very difficult, very much up to them what they take on?"
20  D   "It is, it is very much whether they take on board what you are
21       saying.  So you can advise until you are blue in the face really."
```
Figure 47. Douglas, Education employed MO

Raising the awareness of staff and parents about issues relating to mobility and independence was described as a regular activity by all of the participants; as with advisory work, this could be seen as a role which draws upon the social model of disability. Derek (SSD employed RO) described his role as building the awareness of teachers in a school, so that they understand how to best meet the child's needs:

```
1   S   "Do you get invited along to annual reviews? Do you try to go along
2        or…?"
3   D   "Yes. I ask the parents if I can be invited along because sometimes the
4        teachers don't realise what they can do. Because, especially if they are
5        in a mainstream school and that child is the only one who has got a
6        visual impairment, they think everything has got to be enlarged when that
7        is not necessarily the case. So it's building awareness for the teachers as
8        well."
```
Figure 48. Derek, SSD employed RO

Note here he talks about education professionals as if they do not have a very good awareness of issues relating to visual impairment – he portrays himself as the expert, and does not affiliate himself with education-employed professionals. There is also an emphasis on contact with parents rather than other professionals, but as consent givers, rather than as experts on their own children. What is also interesting in this particular excerpt is that he was not talking about issues relating to mobility and independence, but rather broader issues relating to the child (i.e. print size and reading). Throughout the interview, Derek talked about the holistic nature of his job, whereby he covered not only mobility and independence but also other areas of a child's life in order to ensure their needs were being covered 'holistically':

```
1   D   "D      Yes, we are very holistic.  We cover from birth to grave
2       really, basically, all disabilities."
3   S   "S      Do you use any sort of assessment forms when you do an
4       assessment.  Do you go in and look at just the problem that has been
5       raised or do you look at...?
6   D   D      "I look at everything."
7       "…"
8   D   "I'd like to be involved with what is going on in the school so
9       that I can make sure that everything holistically is being covered"
```
Figure 49. Derek, SSD employed RO

In lines 8-9 of Figure 49, it is as if Derek feels that he has to oversee what other professionals are doing in case they do not meet all the needs of the child – he is perhaps suggesting that the education staff do not do as thorough a job, and by implication, that he is better than them.

Derek was not alone, however, in talking about the holistic nature of his role as all but one of the participants (Julie) talked about the 'holistic' nature of what they do; in doing so they appear to be both describing and justifying their role. For example, Brendan (an RO employed by a VO) explained his role as follows:

```
1   B   "No, that is everything, shed erection, lawns, liquid level indicators,
2       whatever happens really.  We tend not be just pure rehab officers, we
3       tend to go towards social services and benefits and to do anything that
4       we can for the clients, including referring them on when necessary."
```
Figure 50. Brendan, VO employed RO

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And:

```
1  B  "Once again, it is the whole thing really.  I approach the child like I would
2        an adult, not only looking at the mobility but I would want to know about
3        their Independent Living Skills and their playing skills.  So it is not just
4        purely their mobility skills that we are looking at with the children in the
5        school. Although it is the main issue, that is what the contract is for. But
6        once again, as they are members, I feel obligated to look at them
7        holistically, at the whole of their problems."
```
Figure 51. Brendan, VO employed RO

Not only is Brendan suggesting that the service provided covers everything that the child or member might require, but he describes feeling *obliged* to do so; this sense of obligation draws heavily upon a philanthropic discourse whereby the service provided is described as going beyond that which they are contracted to do because they feel they have to help people that are in 'need'. It is perhaps of no surprise, then, that Brendan is employed by a voluntary organisation. The use of this discourse is described later in this section.

Whilst Michelle and Douglas, both employed by Education, did not use the term 'holistic' to describe what they do like the three participants trained in social care and rehabilitation, they did describe their work as covering many different aspects of the child's life. Michelle in particular described how she, in conjunction with other education-employed professionals, provided mobility and independence support as part of a "whole" or "school package", on three separate occasions during the interview:

```
1   M  "I mean it is a whole team approach, so no profession or specialism,
2        it's in isolation.  We work very, very closely.  There may be a box
3        sitting group that the physio and OT have, they have a group of
4        children to work on, on their actual physical sitting.  Whereas I might be
5        involved in that because you are looking at the visual development. And
6        then with the mobility hat on, how is that child getting into that room, do
7        they know what they are doing when they get there, do they know when
8        it is finished, how to get back, the travel point of view.  So it's the whole
9        package for the child."
10       "…"
11  M  "But then it has the positives that you're taking them out, doing
12       independence as well, going to the shops, looking at public transport,
13       so it is the whole package."
14       "…"
15  S   "Do you feel that helps being that you are the mobility person, that
```

```
16        you can then raise [the parents'] awareness about mobility as well?"
17   M   "I think so.  I mean I always make it clear to them that they can have
18        the mobility and independence provided by social services if they want
19        to or through the LEA via me.  And they tend to just have it through the
20        LEA just because it is all one part of the school package if you like."
```
Figure 52. Michelle, Education employed dual-qualified QTVI

Professional discourses that justify what they do

A number of the participants described their role in a way that portrayed them as the 'expert',
drawing upon an 'expertise' discourse (Vehkakoski, 2004), which appears to justify their role.
For example, Michelle (education employed dual-qualified QTVI) described monitoring
children and the targets they have been set, which served to portray her as the expert who
monitors and oversees the work that she has set for other professionals to implement with the
child:


```
1   M   "if they've [the children] got a mobility target as an annual objective then
2         I will be setting two, three or four objectives on a termly basis [that]
3         everyone involved with that child will be working on, and I will be
4         overseeing that, monitoring it. That is the accountability if you like."
```
Figure 53. Michelle, Education employed dual-qualified QTVI

Sometimes the participants used professional discourses to portray themselves positively, by
contrasting what they do with other professionals and in some cases, the parents of children.
For example, Brendan (VO employed RO) described a breakdown in communication between
him and the Heads of Schools:


```
1   S   "Do you also get children referred to you throughout the year
2         though?"
3   B   "Can do, yes.  We do not get it very often which is a bit of a shame.
4         If a school felt a VI child needed some extra mobility, they can contact
5         us, yeah?  We are quite open to that.  But we do not get that often
6         because I do not necessarily think the Heads would know about it, which
7         might be a breakdown in communications there."
```
Figure 54. Brendan, VO employed RO

Whilst he does not place all of the blame upon the Heads (he says it is a breakdown in
communication but does not overtly state whose fault it is), in line 5 he describes himself and

his colleagues as being 'open', suggesting a contrast between them. Although not overtly, this could be implying that the Heads protect their schools and do not want 'outsiders' coming in, that their interests do not lie particularly with the visually impaired child; this is in contrast to Brendan's (and his colleagues') interests, which *do* lie with the child. He describes his organisation very positively as being 'open' to other professionals (note the use of 'we' suggesting a strong affiliation to his employer). Douglas (education employed MO) described a similar experience, whereby the Heads only bring in support for the children because they have received positive feedback from the parents:

```
1   S   "Do you think if there was more training and awareness sessions,
2       people might be more… or is it just a case of there are so many
3       demands on people that they are not going to take it on.  Do you feel
4       generally that people have a high regard for mobility or is it that they
5       think you are just taking the kid out for a walk and do not really see the
6       importance of it?"
7   D   "It is an increasing one.  It is getting much better than it was. It used to
8       be a case of 'Oh, you are just here to take them out'.  But what you tend
9       to find now is if the school gets positive feedback, particularly off the
10      parents, then the schools become very positive about it.  If the parents,
11      say, notice a noticeable improvement in the child's mobility, then you
12      suddenly become flavour of the month, because they then report, 'Oh he
13      is much better than he was'.  Then the schools think, 'Oh we have done
14      something positive here'.  Quite right enough, they take the credit for it,
15      they have brought you in in the first place.  That has certainly improved
16      over recent years, when the school gets positive feedback from a third
17      party."
```
Figure 55. Douglas, Education employed MO

Interestingly, Douglas is very diplomatic about other professionals throughout the interview, rarely criticising them in an overt way, and giving credit to them where he feels they deserve it.

In contrast, when Derek (SSD employed RO) describes his working relationship with education employed professionals, it suggests there is some tension between them as to what should be covered by whom, as their remits (the boundaries of which do not appear to have been agreed) overlap:

```
1   S   "Do any of the forms you fill in get sent to anyone outside social
2       services. I mean, would like, for example, the education service get a
3        copy, or the school, or the parents and so on?"
```

4	D	"We are debating it."
5	S	"So it is possibly something that might happen."
6	D	"It might happen."
7	S	"Do you think that is a good thing in your opinion, or do you think there
8		will be drawbacks in that because there is obviously a lot of
9		information?"
10	D	"No, there won't be any drawbacks because what you put down is
11		checked to make sure it is correct – that what you put down is what
12		you put down. But also, you have got to have it the other way as well.
13		For example, if we send these forms to education, I would want the
14		education forms file – it has to work both ways – because, again it will
15		become more work for me because I have to get it all photocopied and
16		sent round to everybody. I would like some feedback, this is why it is
17		being debated at the moment."
18	S	"What sort of feedback would you like?"
19	D	"Well, Education, what they're doing, because they deal with the stuff in
20		the schools and what is being changed in the school for the child.
21		Sometimes we could be the last ones to know about it. Or it could
22		be something we could implement and they might not realise it."
23	S	"What sorts of things?"
24	D	"They say, for example, enlarging of the text. Now they say "oh, we
25		enlarge text to as large as we possibly can". I come along and
26		say, 'well, that could be too big, even for the magnifier to pick up.
27		It is distorting it too much'. Sometimes the person may want an
28		ordinary print and then enlarge it with their magnifier and then they
29		know their magnifier has been assessed for them by a specialist."
30	S	"I guess then its just more communication on what is going on both
31		sides?"
32	D	"Also it goes the other way where it is something the education authority
33		cannot get as in equipment to teach a child, I can. Different budget,
34		different restraints. Basically, our budget is, I control it, I decide what to
35		get and I get it. For example, I got a car seat the other week because
36		the child, they say, the child needs something that supports the head
37		and it needs to be in the chair because they've got a sight problem. All
38		the others were saying this was too much, too expensive, and I say sod
39		that I'll go and get it, get it sorted. So the child could have a car seat.
40		The other thing that the Education came up to me about was they
41		wanted bread spreaders."
42	S	"Bread spreaders? is that a special...?"
43	D	(laughs) "They're a little piece of board with two pieces of wood either
44		side, you put a slice of the bread on it and then you are able to spread
45		the bread and the bread won't move. But the education authority would
46		not get them because they are not in their [remit? recording unclear] so
47		I got them because I felt they would be beneficial to the child."
48	S	"Was that for using in home economics lessons or whatever, or in the
49		home?"
50	D	"For the education authority, that would be in the school, but if I find it is
51		working in school I try and get it home. That is where my problem is

52		with the local education authority. They are very good at getting
53		everything for the school but they tend to leave everything to me at
54		home."
55	S	"I guess they feel it is not their remit or whatever."
56	D	"That's right, so they contact me as I am getting on quite well with
57		the teachers of VI, the QTVIs, and they tell me they have done this at
58		School, 'can you do it at home?' I say OK I will do it at home. I'd like
59		to be involved with what is going on in the school so that I can make
60		sure that everything holistically is being covered."
61	S	"Right, so there are no gaps?"
62	D	"Yes, basically."

Figure 56. Derek, SSD employed RO

In the excerpt above, it is interesting that he describes having a 'problem' with the LEA, and that there is a debate going on between social services and the education professionals about sharing information, whilst later stating he gets on with the education staff well. He is also contradictory in that he says on the one hand they do not do anything outside the educational remit and leave it to him, but earlier suggested that what they do overlaps with what he does. It appears that, in terms of 'social goods' (Gee, 1999), he is questioning whether they have the expertise and even the 'right' to do certain things with the child, and he is also questioning their integrity - that they are secretive about what they do with the child in school.   Later in the paragraph (lines 37-39), the language is also quite philanthropic (i.e. implying that he is going above and beyond the call of duty to get the children what they need), and he is also drawing upon a professionalism discourse, as he is demonstrating that he possesses power, since he is the budget-holder and can get things that the education professionals cannot.

Later in the interview Derek describes a child who attends a residential school for the visually impaired in term time who was struggling with their mobility and independence:

1	S	"OK. Obviously there is a mobility department in [name of special VI
2		school]. Do you sort of liaise with them to find out what they have been
3		doing during term time?"
4	D	"Yes I do. Again, I also listen to the child as well because they may say
5		it is not enough. I had a recent one where he kept failing his mobility
6		lessons for the [name of special VI] School. What it boils down to is he
7		wasn't given the awareness of what senses he should be using and why
8		he should be crossing at certain points. He had never been told to
9		question it. He'd been told, you cross the road here, that's it. And then
10		he failed and he thought "why?" So I took him out and say well, 'why do
11		you cross here?' and I'll get him to answer the question and say,

12   because I see traffic both ways, I hear it both ways. Also at this point is,
13   there's a distance in the middle, I'm not on the corner, not too near
14   roundabouts, that sort of thing. Hopefully, I haven't spoken to him
15   recently, but hopefully he's passed his mobility test now."

Figure 57. Derek, SSD employed RO

Once again he appears to question the expertise of education professionals, in this instance, those working within a special school. He is suggesting that they did not teach the child properly, though he does not actually know whether or not the child passed his mobility test in the end despite his intervention.

Also interesting is the way that Derek depicts himself as a problem solver:

1   D   "Yes. The assessment is usually done over two [sessions] because the
2   first one is always with the parents, the second with the child. And I try
3   and keep them separate because I want the child to be able to say
4   "well, this is what I want" – I don't want the parents jumping in saying
5   well, "that is not what we want". Then I say 'this is our plan', what I
6   need to do for everybody so that everybody is happy."
7   S   "So it's a negotiation almost?"
8   D   "Yes, that's it."
9   "…"
10   D   : "I try to be amenable towards the parents as well because they need
11   their lives sorted out."

Figure 58. Derek, SSD employed RO

In the excerpt above he claims to get the child's point of view when assessing them as well as the views of their parents (though he does not appear to involve other professionals like other participants). He then describes how he decides from what they both say what is actually best for the child – this suggests that he is the expert and knows 'what's best' - rather than the child or the parents. At another point in the interview (lines 10-11), he described how he 'sorts out' the lives of parents by helping their children with their mobility and independence; there is once again some notion of 'professionalism' here, or an 'expertise' discourse.

In the interview with Derek, there is some inconsistency when he talks about the need for training; on the one hand, he says that additional training in working with children would be good, but on the other hand, he describes how he himself has adapted to work with children,

because he has the ability and expertise to do it and learn 'on the job' unlike other some professionals:

```
1   S   "I assume you did a rehabilitation course, like a one or two year full
2       time course?"
3   D   "Yes, that was 18 months full time."
4   S   "Was that predominantly working with adults?"
5   D   "Yes."
6   S   "Did it cover any aspects of working with children?"
7   D   "Very, very little."
8   S   "Do you feel that has been a problem or not?"
9   D   "Because I am quickly adaptable, I found it not a problem but I can see
10      it being a problem. For example, we just had a new rehab officer
11      appointed through our department and, er, where she came from, she
12      never dealt with children so she is finding it a bit of a culture shock.
13      Now she has 20 children on her books which she has to deal with.  She
14      has never dealt with children before and she has been a rehab officer
15      for 10 years. Whereas I came out of college and almost went straight
16      into the job and told, "right, you have got 20 children".  You adapt to it…
17      Ever since then, have got too many children now.  They come in and
18      say, 'right, you deal with it'.  There is training courses for, about
19      children's mobility and dealing with children's multiple disabilities, that
20      sort of thing, but it is always up to us, 'is it beneficial to us' and basically
21      a few of us will say "well yes it is".  Well then, put in for training and then
22      we find it has been refused.  They say you are actually doing the job
23      anyway so why do you need training to do the job?  They find it very
24      difficult to understand that we do need this information."
```
Figure 59. Derek, SSD employed RO

He appears to be portraying himself in a positive light by comparing himself with another professional that he argues does not have his level of expertise and experience, and ability to adapt to the job. It is worth noting that he is talking about a colleague here; unlike the other participants who spoke highly of their colleagues in a collegial way, to some extent Derek does not appear to have much affiliation with his employer or fellow employees. This is particularly interesting when comparing to the interviews with the other participants, who all spoke highly of their immediate colleagues. Interestingly, Derek is very complimentary about professionals in the low vision unit, whom he described as "very, very good" in terms of their response time and how they work with children whom Derek refers to them; he appears to think highly of medical professionals, which contrasts with the more negative way that he portrays his employer or education staff.

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Indeed, whilst Derek appeared quite willing to criticise his employer, Brendan, for example, did not do this - in fact, Brendan used the word 'we' a lot when describing the good work that his service carries out, whereas Derek talked much more in the singular – e.g. "*I did this*", "*I do that*", etc. The results from the Wordsmith analysis show that Derek was indeed the highest user of 'I' and Brendan the highest user of 'we'. This is particularly striking when looking at the context of what was being said in the interviews. Derek spoke several times during the interview about how his employer is perceived by people; he was very aware of the negative 'reputation' that social services departments have, which could affect his practice, for example:

1   S   "So you would take referrals from anyone, so it would not just be
2   from education or health?"
3   D   "From anyone. Parents, grandparents, the whole lot. The only thing I
4   would stipulate is if it is a child involved, that the parents must know who
5   I am and what I am because I don't want to be knocking on someone's
6   door and saying 'I am from social services'. I don't want to panic people.
7   Do you see what I mean?"

Figure 60. Derek, SSD employed RO

This is very different to how Brendan appears to feel about his employer:

1   S   "So the ones that are not registered that you get in contact with, how
2   generally do you come to know about these children?"
3   B   "We try and put our name out. One of the things we do in the hospitals is
4   we have leaflets of [VO] and try to get people to contact us who go there.
5   Unlike some social services areas that will not help or have any input
6   until they are registered, we feel obligated to help anybody who's
7   got a sight problem, being registered or not. As long as it is beyond
8   refraction, beyond normal spectacles, we put input into them at that point.
9   And that works for children as well."

Figure 61. Brendan, VO employed RO

Brendan appears to see himself as the 'face' of a charity, working at its frontline to help and support people, whereas Derek is the 'face' of social services, which, stereotypically, people do not trust. Interestingly, Brendan also draws upon this stereotype, suggesting that they (the voluntary organisation) help support people that social services would not consider. Note also Brendan's use of very philanthropic language here such as "obligated" and "help" when describing the service provided by the VO he works for.

There were a number of insights within the interviews regarding how the participants felt towards their employers; for example, Derek was obviously aware of the limitations imposed on him by being employed by social services. Whilst he apparently feels that he does a good job, he implies that it is within the constraints that are imposed on him by his employer, e.g. due to its negative reputation and the management's refusal to allow staff to go on training courses. Anything he does not particularly like he portrays as being the authority's doing - not his. He does not take any responsibility for negative things. A recurring theme in the interview is a lack of loyalty to his employer – this links with his use of the term 'I' much more than 'we'. Derek only used 'we' if describing something that his employer does that he thought highly of. The scene he depicts is one of an 'us and them' situation, between the workers (like him) and the management. In another section, he used a metaphor of fighting against the system (the department he works for), rather than depicting harmony, when describing the ongoing 'battle' to get records computerised.

In terms of the interview with Douglas, his use of language in the interview was generally quite neutral; he rarely criticised other professionals or organisations and did not appear to draw upon an expertise discourse whereby he portrayed himself as the expert 'who knows best'. Indeed, on several occasions throughout the interview he attributed good work to others, e.g. other teachers in the team that he works within and support staff who help to reinforce skills with the children. He also appeared to respect professional boundaries with other mobility officers working with the children:

```
1   S   "When you work with those [out-of-borough] children, do you liaise with
2        the mobility officers that are in the schools?"
3   D   "Yes, I always have a chat with them.  Sometimes they send me a
4        written report, not always but sometimes they do.  We always try to
5        have a chat, basically to find out what level the child is at, because what
6        I don't do is I don't take them beyond the Stage they are at.  As far as I,
7        am concerned their mobility teachers are the ones they have got at
8        school. I am the one who lets them practise their existing skills in the
9        home area. It gives them the opportunity to do that. Does that make
10       sense?"
11  S   "Hmm, yeah."
12  D   "Otherwise you are almost treading on people's toes."
```
Figure 62. Douglas, Education employed MO

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He even talked about professionals working in social services in a very diplomatic and neutral way, without really offering his opinion of them:

```
1   D   "No, I don't work in FE colleges, I work in sixth form. Once they have
2       passed their school leaving age, I think 19 in [town], then they pass
3       on to social services. We have little chats about who is going over, you
4       know (laughs)"
5   S   "Is the liaison or communication with social services quite good, do
6       you feel?"
7   D   "Not too bad, better than some places.  At least we talk to each other.
8       Not as often as probably either of us would like but it is a matter of when
9       needs must I think."
```
Figure 63. Douglas, Education employed MO

Other participants justified their role by talking about the importance of mobility and independence, and their role in helping children to develop their skills; like some of the participants, Michelle was really keen to get across how important M&I is as a curriculum area (which also reinforces the importance of education, which is perhaps unsurprising considering her educational background/ employment):

```
1   M   "Because, as I said before, you are heightening the awareness, getting
2       mobility recognised and respected as a curriculum area so as a child
3       might go out for extra reading to a volunteer reader, or might go out for
4       speech therapy, so a VI child goes out for mobility.  It's just accepted,
5       and while you are out, if you are going on a shopping trip, then they are
6       doing their numeracy work, doing their maths, they are using money,
7       estimating distances.  You can bring in all the other… you can justify it,
8       it's not just walking from A to B and having a lovely walk in the sunshine
9       (laughs)."
```
Figure 64. Michelle, Education employed dual-qualified QTVI

The interview with Michelle is interesting as there was some contradiction going on in the interview - on the one hand she is stressing how important M&I is and describes the expertise that is needed in order to deliver it, but then says it is just down to "common sense" really (see Figure 65, below):

```
1   S   "Perhaps somebody with rehabilitation background, they would be more
2       looking at the wider picture, living skills etc?"
3   M   "They have got time, haven't they, hopefully, to look at the whole
4       package because that is their brief.  I was not trained… it was
```

5	predominantly travel that we did on the course. We did very little
6	independence skills. Most of the work that I do is just wearing a
7	maternal hat and common sense really. Most of it to be honest is really
8	is what the mother should be doing with the teenage child anyway. I
9	am just going in to do some demonstration work that yes, she is safe to
10	use the knife, he is safe to catch a bus. This is how to do it, confidence,
11	confidence, go away and do it and they do. It just needs a little shove
12	sometimes with the parents."

Figure 65. Michelle, Education employed dual-qualified QTVI

Contrary to earlier statements, she suggests that what she does in terms of ILS is just 'common sense', and what a mother should be doing anyway (the metaphor of wearing a 'maternal hat' is quite striking here); this appears to be placing some blame upon the parents for not doing it, whilst at the same time belittles the skills area which she argues is a rehab worker's remit (in contrast to mobility, which she describes as being a more specialist skills area which requires expertise such as that which she has).

In another interesting excerpt, which draws heavily upon an expertise discourse, she argues that early intervention is key but then says it is impossible to measure whether it really does make a difference, but that it is her 'gut reaction', an instinct almost, that it does work:

1	M	"I mean I have no proof that the children I have worked with from the age
2		of 3 and 4 who are now 11, you cannot test that they are better off for
3		having had that early intervention and that they are better cane users,
4		and safer, independent walkers, travellers. You know, you cannot judge
5		that can you? You cannot measure it in any way. It's just a gut reaction,
6		just experience really that says, yes, special awareness is great."

Figure 66. Michelle, Education employed dual-qualified QTVI

She appears to be suggesting that because she is an expert on the matter, one does not need proof – she is arguing that she knows best, even if she cannot prove what she says. The last sentence (lines 5-6 above) is also contradictory, in that she states it is both her 'gut reaction' and 'experience' that tells her it makes a difference to the child – two things that to some extent oppose one another.

In another excerpt, she explains that assessing a child comes down to *experience*:

```
1  S   "So, so when you decide on the things it will cover, obviously you
2      are saying it is tailored to the individual, again, do you have any sort of
3      mobility curriculum or type of thing you would start from and tailor it to the
4      individual child?"
5  M   "It is very much tailored. Most of it is in my head to be absolutely
6      honest because you come down to experience and you just go through
7      what's the next step."
```
Figure 67. Michelle, Education employed dual-qualified QTVI

This draws upon an expertise discourse, which is reinforcing her level of expertise in the job, since she does not need to consult a check list because she has so much experience in the role. Other participants also talked about their level of experience which meant they did not need to consult check lists or an M&I curriculum, thus reinforcing their expertise; an example is this excerpt from the interview with Brendan (VO employed RO):

```
1  S   "Do you use any type of checklist when you do an assessment?"
2  B   "No, not officially, only in my head really."
3  S   "Using your past knowledge?"
4  B   "Yes"
```
Figure 68. Brendan, VO employed RO

A similar example can be seen in the interview with Derek (SSD employed RO):

```
1  S   "Do you use any sort of assessment forms when you do an assessment?
2      Do you go in and look at just the problem that has been raised or do you
3      look at...?
4  D   "I look at everything.  I don't have a form because it's all in my head, I've
5      been doing it for so long now."
```
Figure 69. Derek, SSD employed RO

Another discourse drawn upon by the participants appears to be one which describes their level of 'professionalism'; this is part of the professional's view of their role whereby they justify what they do by demonstrating how hard their job is, and how dedicated they are to it. Derek, in particular, drew upon this discourse throughout the interview; for example:

```
1  S   "So talking of a holistic assessment, looking at everything, what sort
2      of things, can you break it down?"
3  D   "I've got a form with it all."
4  S   "Do you take it all home with you then?"
```

```
5    D   "Oh yes. I haven't got enough hours in the day, I assure you."
6        "…"
7    D   "Would those types of lessons be more in school holidays because
8        they take a lot longer?"
9    D   "Yes, they would be in school holidays, or even sometimes weekend
10       work."
11   S   "So you work the weekend if necessary?"
12   D   "Yes."
13   S   "Do you get a day off in lieu in the week or is that extra?"
14   D   "If I am able to get the time off, it's not so much the fact they will not
15       give it to me, it's me having the time with so much work.  They do know
16       about it, they do appreciate what I do.  When I do get a quiet period, like
17       this afternoon, I will do some paperwork but they know that I will clock
18       off early but they don't worry about it because they know I work [till] 6 or
19       7 o'clock in the evening, so they don't worry about it."
20   S   "Do you feel your case load is too excessive for you to do the things
21       you want to do or is it manageable?"
22   D   "I have to be committed doing it otherwise, for some people, it could
23       be unmanageable."
```
Figure 70. Derek, SSD employed RO

Once again, he argues that the caseload is manageable for him due to his strong commitment to the job, but claims for others it would not be manageable – thus portraying himself in a positive light.

Whilst not so overtly as Derek, Michelle (education employed dual-qualified QTVI) also drew upon a professionalism discourse, when she described the demands of the job which required her to work long hours, implying she has a high level of commitment to the job:

```
1    S   "Are there any problems taking the children out after school or does
2        it seem to work?"
3    M   "No, it works, other than me being tired and a long way from home
4        at 6.30 at night (laughs).  Just anti-social hours for me but it's OK."
```
Figure 71. Michelle, Education employed dual-qualified QTVI

Similarly, Julie (education employed MO) suggested she had a high level of commitment to the job as she did not take her holidays in term time for the sake of the children and her employer, even though she was within her rights to do so, which she emphasised by stating twice (in lines 12-13 and 18-19):

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1	S	"Do you think it is important that mobility carries on through the holiday
2		or is it in only certain cases perhaps?"
3	J	"Erm, how can I say, at the moment I am sitting in the office with
4		everyone else gone on holiday (laughs). So a part of me feels a little
5		bit miffed but on the other hand I quite enjoy the holiday work because,
6		like this working with this girl yesterday, I could spend the time it needed
7		in a very relaxed way and you can build up the links with home."
8	S	"Quite an important time then for working with parents?"
9	J	"Yes, and it can be very useful. But part of me feels a little bit miffed
10		that I am here! (laughs)"
11	S	"I can understand."
12	J	"I keep threatening to take all my holidays in term time (laughs) which
13		I could do but I don't."
14	S	"Yes, do you just get 4 or 5 weeks holiday?"
15	J	"I get just over 5 weeks and I can work a flexi system."
16	S	"Yeah, oh well, I guess its swings and roundabouts."
17	J	"But because of the nature of the work I try not to take time during term
18		time but I am, you know, quite entitled to take my holiday whenever
19		I like really."

Figure 72. Julie, Education employed MO

As well as a professionalism discourse, this hints at a philanthropic discourse, whereby the professional goes above and beyond 'the call of duty'. These discourses are discussed in more detail in the next section.

Charitable / philanthropic discourses

As mentioned above, a number of the participants talked about the time and commitment they put into the job which sometimes portrayed them as 'heroic' individuals dedicated to the cause of 'helping' children with visual impairment. For example, Derek spoke at length about his excessive work load that others would struggle with (see Figure 70 above), but which he copes with due to the additional time he puts in and his experience and expertise. Similarly, when Julie (see Figure 72 above) talked about working in the school holidays when other professionals are on holiday, and not taking her holidays in term time, she was drawing upon a philanthropic discourse in that she is flexible and accommodating to the needs of her employer and the children.

One of the participants in particular drew heavily upon charitable and philanthropic discourses throughout the interview: Brendan, a rehabilitation officer working for a voluntary organisation that was contracted in to work with visually impaired people in the county by social services. In fact, Brendan used almost all of the words relating to a charity discourse that were identified in the Wordsmith analysis, and used them much more than the other participants.

For example, Brendan used terms that described the work that he and colleagues did as '*caring for*' and '*supporting*' clients, which depicts clients as people who need others' help due, presumably, to their disabilities; in particular, he described "looking after" children and other clients many times throughout the interview (lines 1, 5 and 8 below):

1 B "Yes, I deal with [city area] but they obviously look after the whole of
2   [county]".
3   "…"
4 B "[City] went unilateral so they maintain the contract from social services
5   so basically we got the contract from social services to look after visually
6   impaired people"
7   "…"
8 B "I predominantly look after the children".

Figure 73. Brendan, VO employed RO

He also described how they (the organisation) felt *obligated* to help children beyond the terms of the contract:

1 S "So the [city] VI service, how is the provision organised? Is it that
2   you provide mobility education for a certain number of hours per year?"
3 B "Yes, that is right. For [city] area, we have four hours per week for
4   mobility for children of the education level."
5 S "Is that flexible if, for example, you have children…?"
6 B "That is in term time only. Yes, it is obviously not all taken up every
7   week and some weeks it would be, so yes, it is pretty flexible. We cannot
8   just shut the door just because we have done four hours, we cannot
9   show you across the road… We cannot do that."

Figure 74. Brendan, VO employed RO

And:

```
1   S   "Do you work all year round or do you only work in school…?"
2   B   "I work for [name of VO] all year round, fulltime."
3   S   "So what about working with schoolchildren?"
4   B   "The education allocation of hours is for term time but we will work with
5       children outside term time, as I say you just cannot not do it.  Because
6       they are a member of the [name of VO], when somebody becomes
7       registered, they automatically become a member of [name of VO].  What
8       happens then if they are outside of school time, say in the summer
9       holidays?  Like last year, I had a student from Guide Dogs with us and he
10      did some work with a couple of children outside the school, in the school
11      holidays because they needed a little bit of road sensing.  Yes, it is
12      flexible, yes, we do work outside."
```
Figure 75. Brendan, VO employed RO

At several points in the interview then, Brendan was at pains to explain that the service often

goes above and beyond what they were contractually obligated to do, drawing heavily upon a

philanthropic discourse.

There is evidence to suggest that the researcher helped to construct this philanthropic

discourse since Brendan was asked whether the service they provided was "subsidised" (note

the use of a very philanthropic term) as they were a charity:

```
1   S   "Does [name of VO] actually subsidise the service in any way being it is a
2       voluntary organisation?"
3   B   "Officially no, but unofficially yes, in many ways really I think.  We have
4       a voluntary section of people; we have visitors, drivers, resource centre
5       in [city] as well as this resource centre here. So unofficially yes, they
6       are subsidised. If you went puritanically to social services supply they
7       would have to pass them over to the voluntary organisation but as we
8       work here, we bridge that gap. There is no demarcation line really."
```
Figure 76. Brendan, VO employed RO

Throughout the interview, Brendan continually promoted the work that the organisation he is

employed by does, including many services that were not relevant to the interview as they

were not aimed at children. This is quite interesting, as it seems he could not help but talk

about all of the things that the service does, that he felt somehow compelled to advertise and

promote their work even though it was not relevant to the central theme of the interview; this

drew heavily upon a charitable discourse whereby he is continually promoting the kind, generous and charitable work that they do with people who are assessed as being 'in need'.

At one point, Brendan describes the registration process as a "safety net" which some children miss out on as they are not registered; this is a striking metaphor of the need to *save* children (see line 7, Figure 77):

1	B	"Yes, when somebody is first registered, child or whoever, a BD8 comes
2		to social services and that is passed to us and we action it by doing an
3		initial assessment on it and apply any skills training that might be
4		needed. That works for children, pensioners, working age people.
5		Sometimes, one of the things that does happen is that consultants are
6		sometimes quite reluctant to register children early on so sometimes a
7		child will miss the net and go right through the education system without being registered
8	S	"That's not very good. Why is that?"
9	B	"I don't know. I think it is that they are still hoping to do something with
10		the sight or that it has not settled down and of course the eye is still
11		developing up to the age of about four or seven years. It is just
12		something that has not been done readily if you know what I mean. That
13		could explain why we have got this other 14 or 15 children on the other
14		list of non-registered that we have had contact with."
15	S	"So the ones that are not registered that you get in contact with, how
16		generally do you come to know about these children?"
17	B	"We try and put our name out. One of the things we do in the hospitals
18		is we have leaflets of [name of VO] and try to get people to contact us who go
19		there. Unlike some SS areas that will not help or have any input until
20		they are registered, we feel obligated to help anybody who has a sight
21		problem, being registered or not. As long as it is beyond refraction,
22		beyond normal spectacles, we put input into them at that point. And that
23		works for children as well."

Figure 77. Brendan, VO employed RO

Brendan once again described how they, the organisation, felt an *obligation* to help visually impaired people regardless of whether or not they were registered (see lines 20-21). Note also in Figure 77 how Brendan draws upon a professionalism discourse, by portraying how good his service is by comparing it to an inferior service provided by some social services departments that, in contrast, will only support people if they fit certain criteria (in this case, being registered).

Interestingly, Brendan's description of why he wanted to train as a rehab officer was also very philanthropic, in that he wanted to help others who he felt were worse off than himself:

```
1  S  "Out of interest that you have got a visual impairment, did you undergo
2     any mobility training?"
3  B  "No, never seen a rehabilitation officer in my life."
4  S  "I wondered if that might have attracted you to the job."
5  B  "Well it did because of the lack of them.  What happened is that, after a
6     long time, I started going to touch typing courses with visually impaired
7     people and I found that I enjoyed being with them and helping them
8     and that my sight was not half as bad as some of them there. I  decided
9     then that I wanted to work in the field of visual impairment."
```
Figure 78. Brendan, VO employed RO

DISCUSSION OF THE DA: METHOD

Critique of the DA method

It is important to reiterate here that this is something of a 'pilot' study or first exploration in the use of discourse analysis, and that the aim was to generate ideas, rather than reach definitive conclusions about the different ways that professionals talk about the work that they do.

Another aspect of the analysis that was particularly difficult to 'come to terms with' was the need to let go of the desire to be 'objective'; the description of the discourses is the researcher's personal take on what the participants are saying, a subjective perspective. When carrying out a discourse analysis, there is a need to make the analysis personal, but descriptive too.

One of the difficulties of this method is that it forces one to present what people are saying in a rather negative way – it often felt uncomfortable describing the discourses that people were drawing upon, as these are often seen as very negative, i.e. where people appear to be drawing upon the individualistic model of disability, which in the disability field is often criticised,

particularly when these discourses are drawn upon by professionals who are seen by many as wielding a disproportionate amount of power over the people with whom they work.

In many cases, the professionals working with people arguably hold good intentions towards the people they work with, and whilst there is always room for improving the way they think about and carry out their work, it is not necessarily fair that they should be subject to a great degree of criticism. The drawback of this method is that it is difficult to present the discourses that one thinks they are drawing upon without having to take a *position* as to whether it is a good or bad thing that they have drawn upon these discourses. It presents a further dilemma when considering that the participants were not aware that the interview data would be used and analysed in such a way when they consented to taking part in the project (since at the time, the researcher was not aware that this would happen either); at the time of recruitment, they were approached as 'experts' on the topic, and that they were equal collaborators in the funded research project. So there is a concern that the six participants whose data were analysed using DA might feel that they were in some way 'betrayed' by the researcher. However, it is important to bear in mind that the aggressive style of the analysis is really just a means to an end, one which is almost impossible to avoid when carrying out DA, and it is hoped that the participants would be interested in the interpretation of their discourse, in that this might help them to reflect upon the way that they view and talk about the work that they do and the role that they themselves play.

As this method is about the researcher's own individual interpretation, which would very likely differ from other researchers' interpretations (Burr, 1995), one cannot go back to the participants to check whether one's interpretation of what they are saying, the discourses they are drawing upon, is correct since their own interpretation of what was said and the discourses they were drawing upon would likely be different and unique. So there is in a sense a dilemma for the researcher in terms of being able to check the validity and reliability of one's interpretation of the discourses being drawn upon, and the reasons why. Johnson (1999) writes about the so-called 'horrors' of research, including the problem of indexicality. She describes indexicality as the idea that a qualitative piece of research is only of a certain place and time and therefore is problematic as it is not generalisable to other populations. However, she argues that by carefully describing the situation, settings and influences in which data is

collected and analysed, one can overcome this difficulty as the detail will allow the reader to make their own judgement as to the finding's wider applicability. It is important to note that the data collection in this study is very much of its time; the context in which each interview took place (as in the location, the period of time, the status and circumstances of those involved and how this affected the interview and what was discussed and co-constructed) cannot be controlled or removed; whilst this raises issues about reliability of the data and analysis, it is important that the context of each interview and the method of analysis are described and thus shared with the reader so that the judgments and conclusions made by the researcher can be more easily understood. The participants have been carefully described in terms of their training and employment situation at time of interview (see Table 7 in Chapter 6), and the effect of the researcher's background and influence upon the discourses used in the interviews is considered in the next section.

Furthermore, although the interviews were carried out almost 10 years ago, the relevance of the issues involved (i.e. the mixing of discourses and emphasis upon some rather than others, the difficulties in different professionals working together, etc) are arguably still very important today, particularly as services are in many cases being disbanded and brought together, a practice that will probably continue in light of the new coalition government's austerity measures leading to cuts in services across the board. However, it should be noted that at the time of writing, the particular emphases of the government's policies and principles relating to education (particularly special education) are unclear as the White paper on education and SEN has not yet been published.

The use of discourse analysis with the six interviews

As discussed previously (see bridging section in Chapter 4 – findings and discussion (Phase I)), the interviews were not ideal data sources for the purposes of this PhD, since they were designed for a different purpose – namely, to establish broad recommendations for the provision of M&I education within the field. Since there were a number of topics or areas that the research team wanted to cover in the interviews, the questions were often leading and focused upon particular aspects of the participant's work, and if the participant did not bring up a topic of their own accord, they were prompted by the researcher. Ideally, more general

and open-ended questions would have been used in the interviews, allowing the participant to take control of the direction of the interview and to describe at length, in their own words, what they believe and do as professionals who work with visually impaired children. For example, questions such as:

- "What does the term mobility mean to you?"
- "How would you describe the type of work you do with children?"
- "What are the overall aims of the work you do with children?"

Of course, these would come with their own set of problems, for example, some participants find it difficult to engage in an interview without a certain amount of prompting, and the interviews could come to a grinding halt. Lawson, Parker and Sikes (2006) used a narrative approach to explore teachers' and teaching assistants' views of inclusion; they found that in trying to remain 'neutral' and avoid leading the topics or turn of the conversation, the conversation often had awkward pauses or felt 'stilted', leading to the uncomfortable, formal atmosphere that they had wanted to avoid. Certainly one of the six interviews focused upon in Phase II of the study (i.e. the interview with Charlie) would have been very challenging indeed without a number of prompts to encourage the participant to describe the work that he did.

As a novice researcher at the time of the interviews, and being new to the field of visual impairment, the personal approach adopted was to build a rapport with the participants, often agreeing with them on a topic or offering a personal opinion, at times with the effect of making one cringe when looking back and listening to the interviews. In this way, the researcher was also playing a key role in the interviews of co-constructing the particular discourses that were being drawn upon. Far from being an objective observer, the researcher was also responsible for co-constructing many of the discourses, even those which, upon reflection, one might feel personally uncomfortable about having used. Therefore in critiquing the discourses that the professionals drew upon, one is also self-critiquing the role that was personally played, albeit subconsciously.

DISCUSSION OF THE DA: FINDINGS

Shared language or different world views?

The findings show that, at least amongst the 6 professionals focused upon here, a number of different discourses are drawn upon, and in some cases these were opposing views held by the same professional or by different professionals. It is therefore important to consider the implications of professionals holding different world views and using different vocabularies. For example, can professionals successfully work together if they think differently? How does it affect their working in their day to day job? How could it affect the child/family?

There is a growing body of literature on the use of language relating to children with special educational needs, particularly focusing upon the positive and negative effects from professionals' and parents' use of categories to describe children with SEN. In a study looking at the experiences of disabled children, young people and their families, Lewis, Parsons and Robertson (2007) found that there was ambivalence about disability identity and language, with some feeling resentment about the labels applied to them, which they described as being 'unhelpful'.

Farrell (2001) argues that whilst categorisation can help to ensure that professionals and parents are better informed and supported about the possible causes and long-term outcomes of their difficulties, this can also suggest that "the problem lies within the child" (Farrell, 2001: p4; see also Lauchlan and Boyle, 2007), a concept aligned with the medical model of disability. Indeed, some of the participants in this study did describe the difficulties children have drawing upon individualistic models of disability, e.g. that children require support for their mobility and independence because of their visual impairment, rather than attributing the difficulties they face to social attitudes or physical barriers that could be changed.

Farrell (ibid.) argues that the outcome of this belief is that professionals and parents do not then have to take any responsibility for the difficulties that a child faces, and that the very act of categorisation can lower any expectations relating to the child's potential for achievement.

He believes a negative consequence of labelling is its use in explaining a child's failure to make educational progress, rather than looking at possible external causes and effects.

In the case of the assessment forms which one of the rehabilitation officers, Derek, has to complete for each 'client', it is possible to see how misdiagnosis or identification of a difficulty they are having could adversely affect a child, when the RO is expected to assess so many different conditions and circumstances that they could not possibly be qualified nor expected to assess. A misinterpretation of the reasons for a difficulty that a child is experiencing in terms of their mobility and independence could mean that they do not then get appropriate support.

Far from being an objective process of identifying an unquestionable truth or scientific fact about an individual, Lauchlan and Boyle (ibid.) suggest that the categories used to label children with special needs are socially constructed using personal prejudices and values:

> "we [professionals working in special education] do not observe
> dysfunctional behaviour: rather we observe behaviour that we label as
> dysfunctional, on the basis of a set of values which we apply in a
> professional capacity (and which may not be shared by others in our field)"
> (p39)

They argue that this subjectivity may not be accepted or recognised by many professionals, who instead believe that their assessment and diagnosis are indeed representations of an objective 'truth' or 'reality' about an individual, rather than one of many versions that could be postulated. This can be seen in the professional discourses that were drawn upon within the interviews, whereby the professionals spoke of their expertise and in some cases compared themselves favourably with other professionals with whom they worked.

Sarangi (1998) looked at competing discourses in conversation about cases of child protection involving different professionals, and found that the evidential status of information can change, i.e. 'facts' are not 'facts' until there is relevant evidence to back them up and what constitutes evidence for one profession is only circumstantial evidence for another. In the example of the context of child protection, involving numerous professionals such as doctors, police, social workers, lawyers and health visitors, different perspectives will come to the fore, despite the cooperative ideology implied by their inter-agency working. She found that

different professional groups draw on different coding systems, to highlight different types of evidence. She concluded that this is inevitable, particularly when there is little agreement about the nature of the phenomenon under debate. One could postulate that this would be true of M&I education, since there is not really agreement between professions about what M&I education constitutes (as evidenced in findings from Phase I). However, this was not apparent following the analysis of the 6 interviews, which may in part be due to the interview method used in these particular interviews which did not explicitly seek to explore the professionals' thoughts about what mobility and independence constitute (see earlier comments in 'The use of DA with the six participants').

Lauchlan and Boyle (ibid.), note that a positive outcome of the use of labels in special education is perhaps the increase in communication between professionals, who "often use shared terminology as a quick way to describe children…[therefore] it can aid professional communication through the use of shared language and concepts" (p38); however, they counter-argue that generalisations of the issues involved with a child can ignore their individual needs, and categories used can be ambiguous and mean different things to different professionals.

Indeed, whilst some of the language used to describe the children was shared by the professionals interviewed here, there was a difference in the language used by professionals employed by and working in different settings (i.e. education settings compared to social care settings). Therefore one could postulate that they may not necessarily have a shared understanding of the language, which could potentially present difficulties when communicating with one another about a child as would be necessary in service delivery models involving more than one agency, models which appear to be commonplace in the field of M&I (see 'Chapter 4: Findings and discussion, Phase I').

Findings from Phase I support this, with some participants describing poor communication and liaison between different professionals working with the same child, whilst others described good working relationships with professionals from other agencies. The question, then, is why in some cases, professionals were able to communicate effectively and work together; the findings from the first phase of the study suggest that this occurred when

different professionals were based together or employed by the same agency, or where the professionals had undertaken training together or had worked for the same type of agency in the past. This suggests that the key to effective communication is having a shared understanding of the philosophy (aims, 'modus operandi', and world views) adopted by other professionals and agencies, as well as having a shared culture, or at least an understanding of the different cultures within which professionals work (Lacey 2000).

Common discourses

One discourse that was drawn upon by all of the participants, but in particular Derek, Michelle and Brendan, was that of professionalism. One of the reasons that professionals in the field of M&I and rehabilitation may have drawn upon this discourse is that there has been an ongoing struggle over a number of years to raise the profile of their profession in line with that of other professionals, for example Occupational Therapists, Speech Therapists and specialist teachers in SEN (see Tomlinson, 1982 who describes the movement to create and develop a 'special' professional autonomy). This has been the case both for education-based professionals working predominantly with children (as evidenced by the formation of the group MISE) and for rehabilitation professionals working in social care settings predominantly with adults (see Franks 2000a). Furthermore, Tomlinson (1982) argues that professionals have a vested interest in increasing the numbers of children assessed as having special educational needs, needs that professionals would claim require their 'expert' knowledge that other professionals (and even parents and children themselves, despite their first hand, intimate experiences) would not have. Thus it is not perhaps surprising that the professionals spent much of their time describing their expertise.

Fulcher (1989) argues that "the language of professionalism is embedded in, and constitutes, various versions of an individualistic gaze. The politics of the individualistic gaze are that they construct or interpret problems out of their wider social, political context" (p263), instead focusing upon the problems within the individual. In this way the discourse is political by exercising power over the people they work with, in this case children. She goes on to say that professionalism is borne out of and recreated by institutional bases such as language, bureaucracy and professional training, which all serve to reinforce professionalism to the

extent that professionals are not aware of the politics of their occupational discourses as they are so deeply entrenched in their thinking and reasoning, disguised as a technical discourse rather than a political or moral one.

Indeed, the study undertaken here reinforces the professionalism discourse, since the central methodology of the sponsored study was based upon consulting a group of 'experts' regarding the delivery of M&I education; in this respect the research team co-constructed and reinforced this discourse in the interviews, as the underlying theme was that the participants were 'experts' in the topic, chosen to take part in the study upon the unequivocal basis of their having this expertise. The researcher did not seek to question this authority or claim to exclusively held expertise, as it was a shared viewpoint and understanding from the beginning.

Further common discourses, that all of the professionals drew upon when describing their work with children, were administrative discourses, which is perhaps not surprising since their methods of working are built upon administrative processes that they learn and internalise throughout their training and subsequent professional practice, regardless of the agency for which they work.

In terms of the philosophy upon which services are supposedly built, Shakespeare (2000) suggests that the rhetoric of a needs-led service is very common amongst professionals, and yet this does not meet the reality whereby most services are actually delivered according to the limited resources available. This certainly appeared to be the case for the professionals interviewed here; even in the case of the voluntary organisation, which arguably has the most altruistic reasons for delivering services to children (and adults) with visual impairment (as was frequently advocated by Brendan, the RO employed by the organisation), the reality is that services are still restricted and administered according to available resources rather than the members' needs. Brendan drew upon both of these competing discourses, i.e. a 'needs led' discourse and a 'resource-led' discourse, when stating that they cannot 'not do' something for a client if they need it, but then describing how the service is constrained by what they have the capability of providing (in relation to the terms of the contract with the local authority as well as resources). This appears to be common in agreements of this type; in

a two year study of local authority provision, Powell and Lovelock (1995) described the difficulties involved when voluntary organisations are contracted by local authorities to provide various social services to visually impaired people, including lack of autonomy and flexibility which limits their traditional roles of advocacy and campaigning for visually impaired people, as these are seen as being beyond the terms of the contract.

Can discourses co-exist?

A particularly interesting finding was that the participants drew upon a variety of different discourses, which in some cases appeared to be at odds with each other. However, Gee (2005) argues that world views (or 'discourse models', as he describes them) held by individuals do not have to be "complete, fully formed or consistent (...) [and] this partiality and inconsistency reflects the fact that we have all had many diverse and conflicting experiences, and belong to different, sometimes conflicting groups, and are influenced by a wide array of texts, groups, institutions, and media that may reflect our "best interests" more or less poorly" (p84-5). Therefore it is perhaps the norm that people hold conflicting views about things rather than subscribing to one view, since we are all subject to so many influences in our everyday life. This process of holding conflicting views could be how we manage to reconcile with things that happen, and how we start to change and mould ideas and, eventually, practice.

Lewis, Parsons and Roberston (2007) found that parents of disabled children often held opposing views of disability, with many having "a pragmatic stance that takes into account both their experiences of different environments and the reactions/attitudes of other people, as well as the very real and everyday struggles their children were facing because of their disabilities or additional support needs." They conclude that this could be due to an "acceptance that personally experienced difficulties as well as societal barriers and attitudes, contributed to lived experiences of disability" (p137).

This may well explain why some of the professionals in this study held opposing world views, particularly in relation to the reasons that children have difficulties and require support.

Less prevalent discourses

Following on from the notion discussed earlier that services are dictated by resources rather than 'needs', it would appear from the interviews that the needs of children are ultimately decided by the professionals, rather than the children themselves. There was very little evidence of the participants drawing upon discourses surrounding the rights of the child, particularly in relation to the individual choice of the child. There is a difficulty here in that, in some respects, one could not necessarily expect a child to decide for themselves what their needs are, as they may not be aware of their own potential or the possibilities achievable in terms of their mobility and independence; nonetheless, it suggests that there may be a case to enable children to have more input into the decisions made regarding the nature of the support they receive and when/how they receive it, and to garner their opinions as to what their objectives are or should be. Whilst this may happen to some degree in practice (certainly, many participants in the main sponsored study talked about involving children in decision-making), this was not evidenced in the discourse analysis of the 6 interviews which concurs with views expressed elsewhere (see Sinclair Taylor, 2000) that a belief in the rights of children is not yet a pervasive view amongst professionals, nor more widely in society.

Supporting this notion is that some of the participants appeared to draw upon discourses related to the rights of the child, but which at closer examination, were more related to 'normative' ideologies; for example, that the child should be the same as (and thus compared with) his or her peers rather than being given similar choices and opportunities as their peers in order to take part in school life. The emphasis appeared to be more on helping the child to be seen as 'normal' as possible so that they 'fit' in.

Sinclair Taylor (2000) describes the history of the development of rights for children. She argues that legislation and popular thinking have operationalised a deficit view of childhood whereby children are viewed as the property of their parents and do not have any role in decision-making about their lives. From the 1980's, views were beginning to change, and children were seen as having the potential to hold views and ideas about their lives and the right to participate in decision making that affected them. In educational terms, the UN Convention on the Rights of the Child, 1989 which was ratified by some 177 countries

including the UK, "asserted the rights of children to participate in decision-making, have equal opportunities in accessing an appropriate education (in an inclusive setting) and of being protected from harm" (p26). However, despite such landmark legislation, Taylor argues that far from embracing these concepts, educational policies in the UK have regressed to the extent that the voice of the child and their rights in education are almost non-existent. Taylor argues that in education, children are seen as commodities to be trained in order to become adults who can compete in the labour market and contribute to the wealth of the nation; policies about children with SEN in particular operate using a deficit model of SEN whereby children are allocated support and placed in educational provision based upon their disability or perceived need, rather than upon their strengths. The National Curriculum, with its rigidity and emphasis upon continual assessment of children's abilities in the basics of Maths, English and Science, does not allow the rights and needs of children to be placed at the centre of educational provision. Sinclair Taylor argues that "inclusivity requires a system where individuals can progress according to their own talents and needs rather than some artificially imposed notion of achievement" (p29).

It is maybe unsurprising then that the professionals in this study did not draw heavily upon discourses relating to the rights of and voice of children, since they have been trained and employed in a culture that does not put much, if any, emphasis upon this view of children and their education.

Arguably, this is something that needs to change in the future, as studies have shown that the attitudes of professionals can affect, both negatively and positively, children's quality of life and emotional adjustment, and that quality of life can only be improved when attitudes are based upon a belief in children's rights (Hess 2010). This suggests that there can be fundamental consequences from professionals holding particular ideas and world views about children with whom they work, and that the rights of children need to be focused upon.

There are widespread and growing calls for children, particularly those labelled as having special educational needs, to be given a voice in terms of their education and be placed "at the centre of investigations which directly concern their schooling" (Humphrey and Lewis, 2008: p25).

Policy and national developments

Around the time that the sponsored study was being completed, the Visual Impairment Working Group (2002) drew up a set of 'Quality Standards in Education Support Services for Children and Young People with Visual Impairment' that related to specialist support provided to children and young people by LEAs; whilst not mandatory, they were intended to enable services to evaluate whether they are providing "consistent, high quality provision" (p2). Whilst there is no detailed focus upon the provision of mobility and independence support, the standards recommend that services provide teaching in specialist curriculum areas including mobility and daily living skills from qualified staff, and describe the importance of services working collaboratively.

With the previous Labour government, there was a shift from 'standards' to 'outcome' measures. This was perhaps most clearly seen in the Every Child Matters (ECM) agenda which emanated from a 2003 Government Green paper that debated and scrutinized services for children, young people and families (in response to a well-publicised case of child cruelty). It also outlined 5 key outcomes that children and young people had expressed a desire for (though it is unclear how these views were collected and analysed), including "being healthy; staying safe; enjoying and achieving; making a positive contribution; and achieving economic well-being" (H M Government, 2004: p4). In order to realise this ambition, the Children Act 2004 placed "a duty on Local Authorities to make arrangements to promote co-operation between agencies and other appropriate bodies (such as voluntary and community organisations) in order to improve children's well-being (where well-being is defined by reference to the five outcomes), and a duty on key partners to take part in the co-operation arrangements" (ibid. p5).

Of particular relevance to this study, the then Government proposed the integration of universal services in early years settings, schools and the health service, which involved the "reconfiguration of services around the child and family in one place, for example[…] the bringing together of professionals in multi-disciplinary teams" as well as "listening to children, young people and their families when assessing and planning service provision, as

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well as in face-to-face delivery" (ibid. p4). Hence there has been a very strong emphasis upon multi-disciplinary working, and taking into account the views of children and their families, though as discussed earlier (in section entitled 'Less prevalent discourses') whether the latter has been widely put into practice is debatable.

Building upon the ECM agenda, an organisation founded by parents of disabled children who felt they were marginalized and under-represented, put together a Charter of rights, which emphasises their "right to be involved in decisions that affect them ensuring equal access, equal respect, equal opportunities having a positive impact on their quality of life" (Include Me Too, undated). The charter has been signed up to by a range of parliamentary representatives as well as national voluntary organisations.

A similar Charter specifically for families of young children with visual impairment was developed through the research of Fielder, Boulton, Clegg, and McDonald (2005); in an attempt to embrace both the individualistic and social models of disability, it calls upon services to reduce the disabling effect of visual impairment and society to minimise the disabling effect of social and environmental barriers. Like the 'Include Me Too' charter, it also emphasises equality of access to the same opportunities and experiences that other (non-disabled) children and families enjoy and states that children's uniqueness should be recognised and their contribution celebrated, drawing upon rights discourses. However, its impact upon services to children, and M&I services in particular, is unclear. According to the Low Vision Steering Group (undated), a sub-group of the voluntary umbrella organisation Vision 2020 UK, a survey was reportedly being carried out in 2007 to assess the impact of the Charter, with the results due to be reported in 2008; however, there is some uncertainty as to whether this was completed.

In 2008 the Guide Dogs for the Blind Association reported on a study (Nzegwu and Dooley, 2008) that aimed to describe and explore the needs of blind and partially sighted children, from the children's point of view. Ninety-four children and young people with visual impairment aged between 11-22 years took part, and in addition, separate surveys were carried out with parents, teachers, teaching assistants, and rehabilitation/mobility workers. According to the authors of the report, the study revealed "an ambitious, active and vocal

group of young people who had strong opinions but did not always have a forum where they could be heard. Their ambitions and aspirations were sometimes thwarted by lack of access and insufficient provision of information or materials but most of all by the attitudes of other people who acted on preconceived notions of their limitation" (p18-19); this suggests that the children drew upon the social model of disability when describing their circumstances and the barriers they faced in their lives.

Arising from the findings, the report outlines 8 rights of blind and partially sighted children "as articulated by them and the significant adults in their lives" (p204); these include:

> "The right to be included and to participate in all spheres of life; the right to be different and equal; the right to mobility education; the right to independence training; the right to read and access all materials like sighted peers; the right to have their views and those of their parents respected; the right to develop and fulfil their potential with the same opportunities and responsibilities as sighted peers; the right to have their parents supported in support of them" (Nzegwu and Dooley, 2008: p15).

However, in the absence of a detailed description of the analysis, it is difficult to say how far this is a true representation of what the children expressed, as it is a synthesis of their views along with those of parents, teachers and teaching assistants, and rehabilitation/mobility professionals. It is also unclear whether the research has had any impact upon services, even those provided by Guide Dogs. Therefore it is difficult to deduce whether the charter of rights will help to eventually move discourses that professionals in the M&I education profession draw upon, towards a 'rights of the child' discourse, rather than the main focus being upon professionalism discourses.

Recently, the GDBA has commissioned the University of Birmingham to design an assessment tool that will capture the outcomes of their M&I programmes for children with visual impairment from the point of view of the child, their parents, and professionals working with them; this focuses upon outcomes relating to the 5 outcomes of Every Child Matters, by attempting to capture the more indirect outcomes of M&I education, including improvement of the child's quality of life. The project is due to complete in early 2011.

It would appear then that the ECM agenda has been quite influential in instigating a number of campaigns and attempts to promote the rights of children with SEN; it would be interesting

to explore what effect this approach has had upon M&I services, since the ECM agenda came into being some 3 years after the interviews for the sponsored study took place. Are services now more integrated? Is there greater multi-agency and multi-disciplinary working amongst professionals involved in M&I education? Regardless of whether services have become more integrated in practice, has this shift in ideology had an impact upon the way that professionals view the work that they do with children?

Since the sponsored study was carried out in 2001, there has not been a systematic study of the delivery of M&I education to children in the UK. The GDBA study (Nzegwu and Dooley, ibid.) described earlier consulted rehabilitation and mobility workers, but it involved a small sample which did not appear to be representative of the different types of agencies and configuration of services that were identified in the sponsored study and it did not include any description of how the professionals delivered services. Furthermore, whilst the study explored the professionals' views on service delivery, it did not carry out any type of discourse analysis, and the data was collected via self-completion questionnaires, a method of data collection which would not have lent itself to the DA method anyway.

CONCLUSION

This chapter began by describing how Stage 1 of the discourse analysis utilised a grounded approach, which generated ideas about the type of discourses that the participants were possibly drawing upon in the interviews, a process which was aided by a consideration of the literature relating to disability discourses as well as the researcher's own world-view about disability. This helped to construct a discursive framework that was then applied to the interview data in Stage 2 of the DA. Stage 2 of the DA involved searching for the words and phrases identified in Stage 1 to see whether they related to the broad discourses, followed by a more rigorous and time-consuming approach of reading and re-reading the transcripts a number of times to identify additional themes. In total, 8 discourses or broad themes were identified. These themes were then described at length, along with discussion about their implications.

It would appear, then, that there are a number of different discourses that professionals involved in M&I education with children drew upon in the interviews, to varying degrees. However, whilst professionals from different agencies and backgrounds drew upon different discourses, the differences were not quite as clear-cut as one might have anticipated at the outset. Rather, there was often a mixing of discourses used by individuals, including those that one would not have expected to see together. This could be a consequence of the increasingly common practice whereby different professionals work together, so that ideologies become shared and reconstructed during their interaction.

One of the most striking differences in the language used was in the categorisation of children; all of the professionals interviewed used a categorisation process of some kind, since their professions are built upon assessing their needs based upon this approach, but there were differences in the categories used to describe, and thus assess, children's needs. Farrell (2001) concludes that it is likely that categorisation of children with SEN is likely to stay in our education system despite the many concerns surrounding it that have been voiced in the past 30 years or so, since it appears that it is an entrenched process which is difficult to dispense with and has become a part of life at every level. Thus rather than trying to avoid categorising children, professionals need to use categorisation simply to help describe a problem and predict the long term future for the child, but should not use it to design educational provision as a one-size fits all approach; this should be based upon each individual child's circumstances, taking into account the context and environment in which the child operates, not just their disability.

Keil, Miller and Cobb (2006) describe the development of a new educational framework in Scotland (the Education (Additional Support for Learning) (Scotland) Act 2004) which focuses upon support needs rather than the child's impairment, and thus "heralds a move away from the medical model towards the social model" (p.171).

There have been a number of calls for the UK government to clarify SEN terminology in the interests of children, parents and professionals who can be confused by its inconsistent use across services (Robertson, 2010). However, any changes in language would arguably be meaningless if there is not also a corresponding change in practice; in a description of the

evolution of language used in relation to SEN since the 1960s, Corbett (1994) cautions that in the new era of political correctness, some people are very careful in their use of language when they describe something, but this may not necessarily reflect their actions. She argues that any change in SEN terminology is pointless if it is not accompanied by a radical change to the way children are educated and treated.

In relation to the social versus individualistic model debate, one cannot say that participants presented conflicting views which are at odds with each other and irreconcilable simply because there were elements of the two main disability models being drawn upon, as it does not appear sensible to argue that one view of the world is always right and that the other is therefore always wrong; rather, it appears to demonstrate that over time, views and opinions are starting to evolve and encompass both approaches. It does not appear to be as clear-cut an argument as saying "the world needs to change, the individual doesn't need to change at all" as this is simply too simplistic. It surely depends upon a careful and informed analysis of the situation at hand that any child is facing, to see which approach is necessary in order to bring about the best outcome for the child, and in many cases this would involve a range of approaches including making changes to their environment, raising awareness of those around them so they can best support the child, as well as equipping the child with skills necessary to navigate their way as independently as they would be able.

Writing as a visually impaired person, French (1993) argues that whilst agreeing with the basic tenets of the social model of disability, i.e. that we need to change social and environmental barriers that have a disabling impact upon people with impairments rather than expecting impaired people to fit within existing environments, she argues that the most profound problems that she faces, for example difficulties with her mobility on very sunny days or the ability to read and emit non-verbal cues when interacting with people, would be almost impossible to eradicate by social 'manipulation' alone. In addition, due to the heterogeneous nature of impairments, an act that could remove a disabling barrier for one impaired person could itself be disabling for another person, hence it would not be practical or even moral to carry out its removal. She argues that activists within the disability movement have had to reduce and simplify the argument that any disability could be reduced or eradicated through social change, in order to convince a 'sceptical' world, but in doing so it

has rejected any aspects of disabled people's lives that do not 'fit' the model. She believes that the way forward is to broaden the scope of society's examination of disability.

Similarly, Thomas (2004) argues "impairment plays a role in causing restricted activity that constitutes disability and [disability theorists] agree that the social model of disability is flawed because it denies this causal linkage" (p580). The difference between the two approaches is the emphasis upon what causes restriction to the individual – the individualistic model being more concerned with the effect of the impairment whilst the other more concerned with social barriers.

One could argue then, that holding seemingly opposing views about disability is not necessarily a 'bad' thing; perhaps the key is to understand when one could usefully attempt to change attitudes or remove/adjust physical barriers (for example, by raising awareness and educating teachers/parents about how to support a child), as well as recognising situations when the best way to en-able a child is to help them learn how to navigate their way around barriers (effectively helping them learn how to adapt to barriers), that would be difficult to remove – a more 'individualistic model' approach.

What this study has shown is that different professionals draw upon different discourses in varying degrees, so that some have encompassed more than others the social model of disability into their personal theories about disability that they use to underpin and explain what they do in their work with children.

It also demonstrates the differing degree that professionals have internalised other more recent and progressive discourses such as those that emphasise the rights of the child, in terms of their participation and role in decision-making that affects their education and life. This indicates that people's world views do change over time, though perhaps more slowly than many concerned with education and SEN/disability issues would like. However, it is difficult to envisage a time when the professionalism discourse is not drawn upon as strongly since professions and the institutions in which they are based are built upon principles of expertise.

Interestingly, there was not overwhelming evidence of professionals from different backgrounds having internalised a specific discourse type rather than another, as one may have predicted. There were only a couple of exceptions to this; the first was in the case of the RO who worked for a voluntary organisation, who, as one might have predicted, drew very heavily upon charitable and philanthropic discourses, to a much greater extent than the other professionals. The second was in relation to educational discourses relating to early intervention, which were drawn upon almost exclusively by Education employed participants. Of course, such patterns would be difficult to generalise to different professional groups in the field, since the interview data of only a small number of professionals were involved in Phase II. Wider generalisability of the findings to professional groups in the field was not an aim of the DA anyway.

One of the limitations of this study is that it does not enable one to look at how discourses are negotiated and changed over time in recurrent conversations as it only looks at the discourse of professionals during one snap-shot of time, and does not look at how they are negotiated in group settings with a number of professionals interacting and communicating their views and opinions. Linnel (1998) described inter-professional communication situations that involve different kinds of professional knowledge and ideologies, and different cultural and professional approaches to the same or similar phenomena. This process which Linnel calls 'intertextual chains' involves several discourses, conversations, and texts that form links in chains of communication situations, in which the same issue is reconstructed, reformulated, and recontextualized. In contrast, this study focuses upon isolated interviews with professionals, rather than looking at a series of events where professionals come together. This is a further limitation of the study; whilst one can identify instances whereby the discourses drawn upon in the interviews have been constructed and reconstructed by the interviewee and interviewer, one cannot look at how it is reconstructed, reformulated, and recontextualized over time between professionals. This could usefully be explored in the future, particularly in contexts where different professionals work together in multi-agency M&I education services.

The study also does not demonstrate that what the professionals say is necessarily what they do in practice, in that the discourses that they draw upon may not be reflected in the way they

actually carry out their work. Whilst there is some triangulation from the findings in Phase I where they describe 'systems', this still relies on their subjective description of what they do in practice. Without some form of observation, it would be difficult to *prove* a link between what professionals say and what they do. Lawson, Parker and Sike (2006) argue that in research about sensitive and 'political' topics like inclusion, participants can present ideas and attitudes that they think are expected of them by the researcher or that are 'politically correct'. In relation to their study of teachers and teaching assistants' views of inclusion, they conclude that:

> "we cannot claim to be able to make definitive, accurate and 'truthful' pronouncements about what inclusion is and actually means to those individuals in the schools we visited. Rather, ours was an attempt to capture something of the multiple realities and visions which contribute to the realization and enactment of inclusion in those institutions" (p65).

Thus, whilst the many different views that were expressed by the six participants in Phase II of this study may reflect and affect their practice of working with children and other professionals, one cannot say that this is actually the case as this was not, and cannot, be demonstrated from the solitary interview method and analysis of the 6 interviews carried out for this study. However, many discourse analysts would argue that language and practice are inevitably intertwined, both creating and recreating each other, and that a theory of language is indeed a theory of practice since "language has meaning only in and through practices" (Gee, 2005: p8).

It is also very important to try and get the voice of the child, discourses which in addition to being largely absent in the interviews with the professionals, were also missing from the aims of this study that focused predominantly upon the views of the professionals involved, drawing heavily upon a professionalism discourse from the point of view that they were the 'expert' in their field, and thus should be consulted. This imbalance ideally needs to be addressed.

The following and final chapter, 'Chapter 7: Conclusions', will now bring together both phases of the thesis in order to assess the impact of the findings and consider whether they are still of relevance some 10 years later, as well as reflecting upon the personal journey taken in completing this thesis.

CHAPTER 7: CONCLUSIONS

OVERVIEW

This final chapter provides an overview of Phases I and II of the thesis, describing the initial aims and research questions of the sponsored study (Phase I), as well as the additional research questions that related to the world views and approaches of a sample of professionals involved in delivering M&I education to children (Phase II).

The chapter reflects upon the implications of the findings upon the field of M&I education, particularly in relation to how policy and practice have changed since the original study was carried out in 2001; this includes a discussion of the impact of the original sponsored study, but also the relevance that the findings from Phases I and II have today. It will also suggest further research that should ideally be carried out.

In conclusion, this final chapter reflects upon the 'journey' undertaken by the author in completing this thesis, including challenges and opportunities encountered along the way.

OVERVIEW OF THE THESIS: AIMS AND RESEARCH QUESTIONS

The literature review identified substantial gaps in the existing research that had been carried out previously regarding how mobility and independence support was provided in mainstream settings around the country. The two aims that were presented at the outset of the research were to:

- describe how mobility and independence support was delivered in mainstream schools (e.g. who was involved, how they were involved and when, challenges that were faced)
- and to draw up recommendations as to how mobility and independence education *should* be delivered in mainstream settings, based upon examples of good practice evidenced in the field.

Phase I of the thesis successfully met the first aim by describing in detail the somewhat complex delivery of mobility and independence education for children with a visual impairment educated in mainstream education in the UK, at the time of the research. Recommendations were also made as part of the sponsored study (though are not covered in detail in this thesis – see later section entitled 'Personal reflections about the journey' for further discussion).

The decision to use an inductive approach in order to generate data about what was in essence a little understood subject, along with using a mixed-method approach to collect the data in Phase I (Stages 1 and 2) proved to be the right choice under the circumstances. The research was certainly grounded and had an emergent design, though the timescale of the sponsored study meant that 'theoretical saturation' was not possible. One has to admit, then, that there is a possibility that other models of provision existed, though a significant number of professionals were consulted and offered some validation when preliminary findings were presented. For example MISE and the steering and management groups were in broad agreement with the findings and conclusions that the research team had drawn.

The overarching question that was raised by the literature review was: 'if children with visual impairment in mainstream education are not receiving adequate support in mobility and independence, what are the reasons for this?' Although the review of the literature did not provide answers to this question, it highlighted a number of areas where further research could usefully be carried out within the realms of the thesis. These were grouped into three main areas relating to:

- The context of delivery;
- The training and background of professionals involved; and
- The processes involved in the delivery of mobility and independence support.

Phase I of the thesis provided a detailed description of procedures and the people involved, within a cyclical model of delivery involving six stages that included: referral into the system, assessment of the child's needs, design of the programme of intervention, the delivery of the designed programme, followed by review of the programme, and finally completion of the programme. A key finding was that several different 'models' of provision existed, and

Chapter 4 summarised the different agencies and professionals who were involved in M&I services for children around the UK at the time of research, in particular noting their main distinguishing features including the different emphases placed upon what, how, and where they taught.

However, as well as there being several different models, there was often a mixed model approach identified in which more than one agency was involved in a particular service. Whilst the 'main provider' could be defined as the agency delivering the majority of mobility and independence education, many main providers were found to work alongside another agency who was involved in the delivery of particular aspects of the M&I curriculum. Therefore a mixture of models was often implemented with different agencies being involved in different parts of the M&I curriculum at different times. This was a significant finding as it has important implications for *how* the service is delivered. For example, in terms of intervention, the division of provision between agencies has clear implications in terms of the areas of the M&I curriculum that are covered, and the location and time in which M&I education is carried out.

The findings also suggest that in many cases, there were a number of challenges related to multi-agency provision: first, there was evidence of poor communication and liaison between a number of agencies and professionals who worked with the same child, and secondly, many participants felt that families could be confused over whom to approach when they needed to seek help if more than one professional was in contact with them, particularly if the professionals were also from different agencies.

Due to the patchy and inconsistent nature of provision in the UK and the broad boundaries of M&I education that were established, it was perhaps inevitable that more than one professional would be needed to adequately cover all of the skills which encompass not only educational skills but also life skills; therefore the multi-agency approach that was identified is perhaps not surprising. However, the needs of children in terms of mobility and independence support are somewhat different to those of adults in terms of aims and objectives, content and teaching methods, yet in some cases professionals involved in providing M&I education to children were not trained or experienced in working with

children, but rather were trained and employed by organisations in which their case loads were predominantly adult-focused. This placed a question mark over their suitability to work with children.

Distinct professional identities were emerging from Phase 1, in that different professionals *appeared* to have competing ideologies about their work. The aim of Phase II was to explore whether different ideologies were observable in what the participants talked about when describing their practice using discourse analysis. The specific aims of Phase II were to explore:

- how professionals constructed 'mobility and independence';
- how they described their approach to their work, and whether it differed according to their background, training and employer;
- whether the tensions between different agencies working together could be explained by these differing approaches and 'views of the world'.

The discourse analysis (DA) adopted in Phase II encompassed two stages of techniques in order to identify discourses in the interviews. The first stage was a micro-level of analysis at the level of the word using Wordsmith software. This complemented the second stage which involved a more macro-level analysis looking for broad discourses that the participants drew upon in the interviews using the NVivo software. This was, arguably, a rigorous process generating interesting findings. Nevertheless the analysis was limited because the interviews were a snap-shot of time, and did not allow the researcher to look at interaction between professionals over time. Further analysis (and data collection) of this kind may have allowed the construction and reconstruction of discourses to be identified (though arguably discourses were mutually constructed between the researcher and participant in the interviews, as described in Chapter 6).

More specifically in terms of the Phase II research questions, the DA did not reveal the discourses drawn upon when participants constructed the term 'mobility and independence', as the definition of M&I was not really focused upon during the six interviews that were selected for the DA.

In relation to the second research question, whilst there were indeed some differences in the language used according to their background and training or employer, these were not as clear-cut as had been anticipated. Rather, there was a lot more evidence of a mixing of discourses than had been anticipated.

However, with regard to the final research question, the analysis did indeed reveal that there was not a shared view, at least not amongst the professionals included in the analysis; they did not talk in unity like other groups of professionals might, most likely because of their different professional training, backgrounds, and contexts in which they are employed.

OVERVIEW OF THE FINDINGS: THEIR IMPACT UPON AND RELATIONSHIP TO PAST AND PRESENT POLICY AND PRACTICE

It is difficult to assess whether progress has been made in the field or whether the current picture of provision remains much the same as it was in 2001, as there have not been any subsequent studies that have looked at the provision of M&I education to children in any detail. However, some studies have suggested that provision is still inadequate at least in some areas of the UK (see section entitled 'Policy and national developments' in Chapter 6: Findings and discussion from Phase II - an exploratory discourse analysis). A UK-wide consultation focusing upon rehabilitation provision to blind and partially sighted *adults* in the UK was carried out by the Rehabilitation Project Group (2007). Their report concluded that the number of rehabilitation workers is in serious decline, and that demand for services is outstripping the supply of professionally trained workers in the field. This suggests that some of the problems identified in Phase I of this thesis regarding caseload and training have not been resolved. Once more, there were calls for the registration of rehabilitation workers and the creation of a professional body, suggesting that there is still uncertainty and unrest in the field amongst professionals. There appear to have been similar calls for the registration of professionals involved in delivering M&I education to children, though as of yet this is still at an embryonic stage (Broadley, 7th February 2011).

Children of pre-school age/with MDVI

Although the sponsored study attempted to look at children of pre-school age through to 19 years old, the study did not really adequately address the delivery of early and foundation M&I with pre-school age children. Similarly, the needs of children with MDVI, which in many cases would fall under 'early and foundation M&I', were only covered superficially. This was largely due to the fact that the professionals that were targeted as participants (who, in most cases, were rehabilitation officers and mobility officers) were not predominantly involved in working with pre-school children and their families or children with MDVI (particularly those educated in non-VI special schools). In some respects this was not acknowledged until the study was well underway, partly due to the fact that the M&I curriculum (with its emphasis upon early and foundation skills that were particularly relevant to pre-school children and children with MDVI) was established in parallel with the interviews with professionals. Unfortunately time did not allow the inclusion of additional professionals within the study who worked with pre-school children and children with MDVI. The original remit of the sponsored study was simply too broad for the short timeframe of the project, and as a result, the needs of pre-school children and children with MDVI were seen as less of a priority by the management group who were overseeing the sponsored project, and as a result the main focus became children of primary and secondary school age in mainstream education.

To date there has not been any research carried out since the sponsored project which has focused upon providing support for the distinct needs identified in this study of these two groups of children. However, there has been a recent announcement regarding a study to be conducted by Great Ormond St Hospital and the Institute of Child Health that is due to start in March 2011, which will focus upon the development and effects of early intervention on young children aged 0-16 months with a visual impairment. The study will involve parents as well as professionals such as paediatricians, ophthalmologists, early years' health and educational workers and specialist teachers (QTVI) who are providing home based learning and development programmes for babies with a visual impairment. It is described as "the first major national research study of its kind into the early development and support of babies with a visual impairment" (Vision 2020 UK, 2011). It is hoped that this study will fill the gap

in research into the early and foundation mobility and independence of pre-school age children. This links to the development of an 'Early Support Developmental Journal' that provides a structured sequential guide of expected developmental steps in young children with visual impairment aged 0–36 months, which was reportedly based upon the experience of the Developmental Vision team at Great Ormond Street Hospital for Children (Dale and Salt, 2007).

Since the sponsored project was completed, the area of mobility and independence support for children with MDVI has not been looked at in any detail. Arguably, research focusing upon this area is long overdue, particularly as it would appear from the findings of this study that children with MDVI are not often seen as a priority even when they are included in professionals' caseloads.

Relevance of the findings today

The analysis in Phase I of the study provided a detailed description of the complexity of M&I services for children with visual impairment in the UK, and enabled a number of hypotheses to develop regarding the delivery of M&I education at the time; Phase II of the study involved a more in-depth analysis to enable a better understanding of some of the key issues.

A key finding from Phase I is that in many areas, different types of professionals from different agencies were working together in order to provide M&I education to children, but that in some cases this way of working was described as problematic. A key finding from Phase II is that different professionals have different ways of talking about what they do. Whilst it would be difficult to claim from this analysis that the findings from the DA explain the tensions between agencies when professionals worked together, there are still clear implications regarding the services that are delivered to the child in terms of the type of support the child receives. An interesting further analysis beyond the scope of this thesis would be to look at the many possible influences to explore why the professionals drew upon different discourses. For example, the discourses embedded in the culture of different training courses which would likely be different for professionals in education settings as opposed to those destined to work in social care settings; the different media that professionals have

access to during their working practice; and finally the wide variety of personal and professional,interactions and situations that professionals experience, particularly in instances where professionals have worked for some time with professionals from other backgrounds.

Although the data was collected in 2001, the findings are still very relevant today due to the growing emphasis upon inter-disciplinary and multi-agency working in the area of children's services over the past 10 years. According to Glenny and Roaf (2008), the Every Child Matters (ECM) agenda demonstrated "for the first time, a thorough-ongoing commitment to providing a joined up policy context for multi-agency initiatives" and that the framing of the agenda "in response to children's concerns... underlines the impossibility of achieving [the five ECM] outcomes without a response from the whole community" (p7). So prevalent has multi-agency working become since the advent of ECM that it has almost become a 'buzzword' whereby every professional involved in children's services could be described as working as part of a multi-agency team (Ravenscroft, 2008), and terms relating to multi-agency working have come to "dominate the discourse of policy and practice" (Anning et al, 2006: p7).

Brown and White (2006) found that the language used in relation to integrated working in the area of children's services is extremely varied including such terms as "partnership working, joined-up working, inter-agency working, multi-agency working, multi-professional working, inter-agency communication, intra and inter-organisational collaboration and collaborative working" that are "often used interchangeably" (p6). Perhaps of more concern is that there does not appear to be a shared understanding about what different terms mean, with the same or similar terms "meaning different things to different people" (p5). Others have expressed similar concerns that 'multi-agency working' has come to be a term which is used by many but does not necessarily accurately describe the reality of their working practice (Dyson et al, 2009, Ravenscroft, 2008). Dyson et al (2009) describe how a professional could be described as being involved in multi-agency collaboration and yet could be employed in a number of different configurations, for example:

> "by a local authority through its integrated children's services department, delivering services commissioned strategically by a Children's Trust, working for some or all of the time in a children's centre or school where different professionals from different agencies are co-located, [or] contributing to ad-hoc teams supporting particular children and families" (p143)

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This mirrors the findings from Phase I of this study, in that there was great variation in the degree to which professionals worked together. Brown and White (ibid.) conclude that 'integration' should be considered "along a continuum or on a spectrum" (p8) so that the degree of integrated working involved in any service is clear, and that those involved in integrated working need to clearly define what they mean by integrating services, so that it is possible to assess whether or not desired outcomes have been achieved. This lack of clarity about what terms such as 'integrated working' and 'multi-agency working' constitute reflects the findings in this study: that there is not a commonly shared language or understanding of how professionals should work together.

Around the time of data collection in this study, Atkinson et al (2002) carried out a detailed study of multi-agency working, including interviews with 139 professionals who were involved in multi-agency working. They found a number of challenges that needed to be overcome; among them were issues that were identified as existing between professionals working together in this study, including competing priorities, difficulties in communication within and between agencies, conflict over roles and responsibilities, and difficulties due to different professional and agency cultures including "values, customs and accomplishments that underpin and inform its practices" (p130).

Despite being a much more widespread practice today, the same barriers to effective multi-agency working keep resurfacing in the literature which suggests that lessons have still to be learnt in order for professionals to more effectively work together and improve outcomes for children and families. As well as problems with more practical concerns such as administrative procedures and (dis)agreements over the boundaries of roles and responsibilities, the difficulty of different cultures and world views being held by professionals are frequently highlighted in more recent literature. For example, Anning et al (2006) found that a particular challenge for professionals in multi-professional teams was reflecting on the theoretical models that underlie their practice that were not based upon "universally fixed or shared explanatory models" (p58-9). A study by Abbott et al (2005) found that particular medical and health discourses held by professionals with medical training in multi-agency teams came to dominate over the approaches and ideologies of social

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care trained professionals who felt their 'social model of disability' approach was marginalized. Frost et al (2005) carried out a study looking at how five child and family multi-disciplinary teams, comprising social workers, health-based professionals, and in one team a nursery nurse, learnt and worked together. They found evidence of tensions between different professionals' models of professional practice and understanding, and around status and power, as well as conflict around information sharing and links with other agencies. They argue that the concept of joined-up thinking that is required in integrated working has implications for the concept of 'professionalism', since professionalism is "based on developing expertise in specific professional fields" which they describe as "the antithesis of joined-up thinking" (p188). Professionalism discourse was prevalent in the interviews with the six participants in this study, and in some cases the participants contested the status and power held by other professionals that they worked with.

Dyson et al (2009) argue that [the previous] government's policy that focused upon structural reform in order to integrate services does not guarantee that different professionals from different agencies will come to "see the world in the same way" (p144). They conclude that professionals need space to "make sense of the situations they face and the strategies they need to address those situations" without being restrained by their "organisational boundaries" and "the separate priorities and targets that are imposed upon them centrally" (p153).

Research by Edwards et al (2009) that looked at improving inter-professional collaborations found that the process of "making visible current understandings and practices, holding them open to scrutiny and keeping in mind long-term, relatively open, values-led goals such as the wellbeing of children allowed understanding of prevention to be enriched by the different approaches to be found in the debates" (p107). This suggests that the very act of analysing different professionals' language and the approaches, ideologies and discourses that they draw upon (as in this thesis), could lead to better services and improved outcomes for children and their families through the identification of both common and opposing understandings about their work, and the subsequent mixing and renegotiation of discourse. This appears to draw upon Engestrom's activity theory, in which he argues that "in order to effect change, [professionals] must work through processes of articulating differences, exploring alternatives, modelling solutions, examining an agreed model and implementing activities"; in

these 'expansive learning cycles' "conflict is inevitable as tasks are redefined, reassigned and redistributed within changing organizations and teams" (cited in Anning et al, 2006: p11).

Fitzgerald and Kay (2008) argue that good relationships between professionals are necessary for successful integrated working, and that these can be developed using a number of strategies, for example:

> "establishing a shared language that is agreed and understood by all practitioners; producing policy documents that are free from disciplinary jargon and can be understood by all; if service targets are required, establishing these with input from all professionals groups; providing time for practitioners to meet together for formal and informal discussions; taking time to agree and establish uniform assessment procedures that meet the needs of all professional groups and service users and avoid duplication; establishing effective systems for storing and sharing information/records [..]; organising training sessions that provide opportunities for practitioners to learn from each other" (p17).

However, many of these strategies require much time and effort from all concerned, as well as a degree of "professional self-sacrifice" in order to resolve issues relating to identity, power, territory and expertise (Rose, 2011), but it is difficult to see how this will be possible in the current climate of budget cuts to services, particularly given that services appeared to be struggling to achieve these changes before the recession.

In summary then, the evidence from this study of the mixing of discourses and emphasis upon some rather than others, as well as the difficulties identified from different professionals working together who have very different backgrounds and draw upon different ideologies, is still arguably of relevance today even though the interviews were conducted almost 10 years ago. This is because many services are still being reduced and amalgamated, a practice that will probably continue in light of the new coalition government's austerity measures leading to cuts in public-sector services; indeed, early indications suggest that children's services will not be protected from the cuts (Barker, 2011). Multi-agency working is considered to be a more financially cost-effective approach to providing services, though it is arguably difficult to measure whether it actually results in improved outcomes for children and their families despite the fact that this is a commonly held perception. In a review of literature that aimed to explore the evidence base for integrating children's services, Brown and White (2006) found that whilst there is an abundance of literature on multi-agency working, most focus upon "the

process of integrated working rather than the *outcomes* achieved from such working" (p.10, emphasis added), and often draw upon the professional's perspective rather than that of the recipient of the service. They found that in many studies, measuring outcomes was found to be too difficult which casts doubt upon the assumption that integrated working is necessarily the best way of delivering services and improving the lives of children and families. This finding was similar to that of Samuels, Bailey and Brierley (2009) in their later review of the literature relating to integrated working in children's services in the UK.

It remains to be seen, however, whether the new coalition government will support some of the underlying principles of the previous government's Every Child Matters agenda (Barker, 2011), particularly that of teams of specialists working together in partnership in order to support children with SEN. If it continues to endorse multi-agency working, then many of the issues raised in this thesis will continue to be of relevance. The recently published Green paper (DfE, 2011) looking at a wide range of issues concerning provision for children with 'special educational needs and disabilities' in England suggests that at least some emphasis will remain on agencies working together to deliver services. At the time of writing, a four month period of consultation was underway; therefore the coalition government's views should soon be clear. The suggested reforms are described in the Green paper as 'radical'; if the coalition government attempts to change both policy and ideology in the area of special needs education, an analysis of the impact this has upon professionals' thinking and practice would be an interesting and very relevant follow-up study in the future.

Conclusion regarding impact

The aim of this thesis was to achieve an understanding of the complexities of the delivery of M&I education; it did not set out to reach conclusions on how practice, and professionals' thinking, should be changed. However, in reaching an understanding of the differences between the different models of service delivery, and the different ways that professionals think about and approach their work, it may then be possible to instigate changes. To some extent, the sponsored study has already achieved this, as it has been drawn upon by individual services in order to develop provision as well as influencing the development of new training courses for mobility and independence specialists working exclusively with children (i.e. the

Mobility 21 project – see Wall, 2009). It has also been used to develop new M&I curricula for children with the aim of streamlining what different services provide to children around the UK (MISE, undated).

PERSONAL REFLECTIONS ABOUT THE 'JOURNEY'

As with all long term and in-depth studies of this kind, there is much to reflect upon when one is at the journey's end. In addition to all the usual challenges in carrying out doctoral study on a part time basis whilst working full time and with all the possible distractions and tensions that one's personal life can bring to bear, this study is distinctive in terms of being based upon a sponsored study.

Whilst there were obvious practical benefits from basing a thesis upon a sponsored study in terms of allowing a large amount of data to be collected due to fewer financial restraints and access to a wider sample of participants, there were also a number of difficulties that had to be overcome. For example, there were challenges in linking a typically slow and reflective thesis to a commissioned piece of policy research which was rapid and concerned with producing actionable outcomes relating to a particular context occurring within a snapshot of time. Whilst the sponsored study aimed to describe what was happening in a relatively shallow way and explore how provision could be improved in order to put together a series of recommendations for the field, the thesis was concerned with exploring more deeply why things were happening as they were.

A difficulty encountered due to data collection being carried out under the realms of the sponsored project was that due to the relatively short period in which the research had to be conducted, research investigating the boundaries and content of a mobility and independence curriculum was carried out simultaneously with research looking into the best ways of delivering such a curriculum rather than first identifying areas of the curriculum and then concentrating on their delivery. Therefore, aspects that were eventually built into the final curriculum were not necessarily apparent at the outset or in the early stages of the research. 'Mobility' was always an aspect that would be included in any M&I curriculum, and at a fairly early stage, it was acknowledged that independent living skills would also be an aspect

of the curriculum. Therefore it is these areas that were more fully investigated. Other areas however, such as early and foundation skills and social and emotional aspects of the curriculum were defined and included later. Thus much of the early literature that was identified and the research carried out in Phase I, was focused primarily on the provision of mobility support, and then to a lesser extent on the provision of ILS support. Unfortunately, this approach meant that the provision of education in other aspects of the curriculum was investigated in much less detail as they were not acknowledged in the early stages. If time had allowed a more systematic (and, perhaps, generative) approach, the research team could have included other types of professionals with more relevant knowledge and experience (such as teaching assistants, portage workers, QTVIs specialising in early years support). A possible outcome of this is that more obvious and distinctive differences could have been identified in Phase II when exploring the way that different professionals talked about their work.

A further, and related, difficulty of basing this thesis on a sponsored study is that the underlying aims were very different. The sponsored study was aiming to identify processes that would improve provision of M&I education in order to make recommendations for the field; the emphasis was upon establishing opinions about processes and procedures rather than looking in-depth at the differences in people's perceptions about their work on a more philosophical level. Many of the issues that were raised within the interviews and the themes that emerged from the data analysis would have been followed up if the data collection had been carried out for the primary purposes of a PhD. The research would also have been carried out over a longer period of time, with more time in between data collection to analyse and reflect upon findings, before deciding which aspects to explore further. More general and open-ended questions would have been used in the interviews, allowing the participant to take control of the direction of the interview and to describe at length, in their own words, what M&I education should entail.

Robson (2002, p4) notes that "one of the challenges inherent in carrying out investigations in the 'real world' lies in seeking to say something sensible about a complex, relatively poorly controlled and generally 'messy' situation." Linked to this is the balancing of pragmatics and opportunities with the demands of a PhD; 'saying something sensible' whilst carrying out rigorous and ethical research.

In terms of the discourse analysis, it proved to be a useful pilot study of the method, in that it successfully generated ideas about the different ways that professionals talk about the work that they do, though the use of solitary interviews that captured only a single 'snap-shot' of time did not allow an analysis of why different professionals drew upon different discourses or how some discourses were internalised more than others. What proved particularly difficult, however, was the way that the method forced somewhat negative descriptions about the professionals in terms of the discourses that they were identified as having drawn upon in the interviews; it was difficult at times to take responsibility for this somewhat 'uncomfortable' analysis which was the researcher's own subjective 'take' on the data.

Bearing this difficulty in mind, it is hoped that in carrying out and describing this analysis, it will have the positive outcome of enabling professionals to reflect upon and perhaps balance the role that they personally play when interacting with other professionals, as well as reflecting upon the way they design and deliver services to children in need of them. This study set out to explore the different ways that M&I education is delivered to children with visual impairment in the UK; the different modes of delivery have been shown to be linked to complex histories regarding how services for both adults and children have evolved. The analysis of the language used by professionals in the study shows how deeply different systems and backgrounds are embedded in the professionals' ways of thinking, shaping their world view. A challenge for professionals is not only to navigate the complex systems that have evolved, but also the deeply entrenched belief systems that they and other professionals have, and to recognise the effect of these upon the visually impaired child and their family.

Certainly from a personal point of view, it came as a surprise to identify and then acknowledge that the whole premise of this study was based upon a 'professionalism' discourse; that professionals unquestionably hold expertise in relation to children with visual impairment, and that their views should therefore be predominantly drawn upon. The importance of the child's view and a 'rights' discourse, which was largely absent from this study, was not really acknowledged until the analysis in Phase II was carried out. A lesson learnt from carrying out this study is that there are many ways to look at a conceptual problem and that there is not necessarily one 'truth' or 'reality'; rather, there are different ways of

looking at the world, and different discourses that can be drawn upon when describing it. It is worth trying to raise one's awareness of this as it may affect the way that we portray ourselves both professionally and personally, as well as how we influence the views and actions of others with whom we have formal and informal interaction.

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APPENDICES

APPENDIX 1: LETTER SENT TO LAs

<Date>

THE UNIVERSITY
OF BIRMINGHAM

Research Centre for the
Education of the Visually
Handicapped,
School of Education

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«Job_Post»
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Telephone
Fax

Director
Michael J. Tobin PhD Lit(Ed)
CPsychol FBPsS FAEWVH
Professor of Special Education

Dear Colleague

Re: Research into the Mobility Needs of Children with a Visual Impairment

We have recently been awarded a research grant to investigate the teaching of mobility and independence skills to children with a visual impairment. The one year project commenced in January and is funded by DfEE, GDBA, OPSIS, and RNIB. It has the following broad aims:

- Establish key mobility and independence skills required by visually impaired children and young people.

- Identify the ways these key skills can be delivered within and beyond the school curriculum.

- Investigate the specialist standards, skills, knowledge, and understanding required of mobility specialists and the training options presently available for achieving these.

- Explore funding options and implications for the provision of training and the establishment of posts designed to provide mobility education to visually impaired children.

Our research approach will involve a combination of literature review and collection of opinions and approaches taking place in different educational settings. This approach rightly assumes that an enormous amount of valuable work is already taking place in the field and, for this reason, in April we will be starting to interview

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colleagues involved in this work. To assist us in this data collection, we would be grateful if you could send us the following pieces of information:

1.   Any policy documents / approaches you are adopting to the teaching of mobility / independence skills in your setting.

2.   Contact details of someone in your school / service who you would recommend we speak to regarding this mobility project.

3.   Check the attached contact details which we currently hold for your organisation and amend or add any relevant details as necessary.

Please send information to Sue Pavey at the above address.

Thank you for your co-operation.

Yours sincerely,

Miss Sue Pavey   Dr. Graeme Douglas   Professor Michael Tobin
Research Associate   Research Fellow   Special Education
                                                    (Visual Disability)

Enc. Contact details

cc: Project Team:
      Mrs. Chris Arter, Mrs Eileen Hill, Dr. Steve McCall, Dr. Mike McLinden

Contact details held at present:	Amended details (as necessary):
«Title» «First_Name» «Last_Name»	
«Job_Post»	
«Company»	
«House»	
«Road»	
«Area»	
«TownCity»	
«Postcode»	
Email Address (unknown)	

Contact details of someone in your school / service who you would recommend we speak to regarding this mobility project:
Name:
Job Title:
School / Service: (if different from above)
Address:
Postcode:
Tel. Number:
Email Address:

We would be grateful if you could return this information with any policy documents to:

Sue Pavey
Research Associate
RCEVH
School of Education
University of Birmingham
Edgbaston
Birmingham B15 2TT

Thank you once again for your help and co-operation.

APPENDIX 2: MISE QUESTIONNAIRE

Mobility and Independence needs of
children with VI
Questionnaire- MISE Conference
6/03/01

We would be grateful if you could take the time
to complete this
questionnaire.
All information given will be treated as confidential.

THE UNIVERSITY OF BIRMINGHAM

About the job you do

Who you teach
1. Tell us about your students. List the different age groups (e.g. pre-school, 5-7, etc) you work with:
2. If you work with children with MDVI, tell us about them:
3. Do you work with adults?   YES/NO
4. How many hours a week do you work?
5. How many (approx.) students do you have on your 'caseload'?

What you teach
6. List the 'Mobility and Independence' skills that best describe what you teach (e.g. Travel, ILS, Cooking):

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7. List things which you do **not** teach that you think you should:
8. Do you have a mobility curriculum that you follow?　　　YES/NO Tell us about it:

Where and when you teach
9. Describe the work you do with children in school hours?
10. Describe the work you do with children in school holidays?
11. How long does a session usually last?

Other professionals you work with
12. Do you work in a team?　　　YES/NO Tell us about it, and in particular other people's roles:
13. List other people you work with (e.g. teachers, parents, social workers):
14. Who else is involved in **teaching** mobility to your students? Why are they involved and in what capacity?
15. Describe any training in teaching mobility (formal or informal) these people have had:

Breakdown of your time
16. Please give an estimate of the percentage of your time spent on the following:

• direct contact with students	%
• advising other staff/parents	%
• administration	%
• travel	%
• other (give details)	%
	%
Total	100 %

Procedures

Referrals

17. Tell us about the referral process. The following sub-headings may be useful:
• What are the criteria for referral?

• Who is involved?

• Are there criteria for 'discharge'?

• Parental consent?

18. Do you refer children to other providers? Tell us about it:

Guidelines

20. Are there set guidelines for the following?		How does this work in practice?
Student to mobility specialist ratio	YES/NO	
Allocation of time per student	YES/NO	
Money budgeted	YES/NO	
Selection/acceptance of MDVI	YES/NO	
What skills are taught in the curriculum	YES/NO	
Safety	YES/NO	

Insurance	YES/NO
Others (give details)	

Assessment and record keeping
21. Please give details of how a child's mobility needs are assessed (with reference to methods used, e.g. direct observation, discussion, check lists) for the following: Initial needs assessment   On-going progress
22. Do you keep written records? Tell us about them:
23. Does anyone other than the mobility specialist contribute to the writing of these records?
24. Are records passed on when the child moves elsewhere (e.g. transition between schools)?
25. Do you have any input towards a child's Individual Education Plan (IEP)?

Personal Details

*Name
*Telephone Number
*These are optional, we may want to contact you at a later date for further information
Job title

Who is your employer? (e.g. name of independent school, LEA, Social Service)

How long have you been involved in the teaching of mobility and independence? You may also want to tell us about other relevant experience:

Please list any qualifications you hold related to the teaching of mobility and independence? It would be useful if you could tell us name of course, provider and approx. dates:

Thank you very much for taking the time to complete this questionnaire. If you have any further information you feel is important and not covered above or if you have any comments please use the space below:

Return to: **Sue Pavey**   **Tel. No.** ▮▮▮▮▮▮▮
                 RCEVH, School of Education, University of Birmingham, B15 2TT

Appendix 3: Stage 2 interview schedules

CONTACT: suitable for use with mob specs from VOLUNTARY organisations

CLIENTS:

DOCUMENTS:

CONTEXT:

Employer/arrangement/management - How is the service managed/funded? :

- Does (voluntary org) provide mobility education for a certain number of hours per year or does it depend on the number of children referred to them/or the children's' needs?
- Are they paid for the provision? Per child, certain amount per year/term?
- Does (voluntary org) subsidise the service in any way?

Clients – number, setting (type of schools), type of child.

- What is the catchment area that the (LEA VI service) covers? – does (voluntary org) cover this whole area also?
- What age ranges are covered? (pre-school?)
- Do they work with children with all types of VI and additional disabilities?
- Which types of school do they visit? i.e. mainstream (VI units?), special schools, VI schools?
- How many children are on their caseload for mobility?

Contracts/hours/holiday.

- Do the (mob specs) work year round generally? Do they work year round with the school children referred to them?
- Does provision differ in the holidays to that during term time?

DELIVERY:

(Referral)

- How do you get children referred to you?
- Who is involved?
- Is there a referral document in use?

(Assessment)

- Who assesses the child?

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- Do you use any document? History of document?
- Who is involved?
- Is assessment in context?

(Design of Programme)

- Who designs the programme?
- How do you decide what it will cover (use document?)?
- Does the (LEA VI Service) have any input into what skills are covered?
- What about ILS?
- Is it mainly travel skills?
- What about early intervention – what is covered?

(Intervention)

- Who delivers the programme? In what ways?
- To what extent are others involved (e.g. parents, LSAs, Class teachers, QTVI)?
- Training?
- When are lessons delivered – in school time, break time, or after school?
- If during lesson time, who negotiates (and with whom) for time for mobility?
- What contact do you have with parents – nature of it?

(Review)

- How to review progress of child? How does this fit in with other review processes?
- Do you provide reports and feedback to (LEA VI service)?

(Discharge; - Refer on; - Monitoring)

Other skills not covered:

e.g. cooking, dressing, hygiene, money, etc. Who does this?

Training:

Professional background:

Training course(s) in mobility (adults or children?)

Key standards/skills for prospective mobility specialists/others involved in delivery of mobility

CONTACT: Suitable for use with LEA mob specs

CLIENTS:

DOCUMENTS:

CONTEXT:

- Employer/arrangement/management.

- Clients – number, setting (type of schools), type of child.

- Contracts/hours/holiday.

DELIVERY:

(Referral) How do you get children referred to you? Who is involved? Which type of child?

(Assessment) Who assesses the child? Who is involved?

Use document? History of document?

(Design of Programme) Who designs the programme? How do you decide what it will cover (use document?)?

(Intervention)

Who delivers the programme? In what ways? To what extent are others involved (e.g. parents, LSAs, Class teachers, QTVI)?

When (and where) are lessons taught? Who negotiates time?

Mobility provision in school holidays?

(Review) How to review progress of child? How does this fit in with other review processes?

(Discharge; - Refer on; - Monitoring)

Other skills not covered:

e.g. cooking, dressing, hygiene, money, etc. Who does this?

Training:

Professional background

Training course(s) in mobility (adults or children?)

Key standards/skills for prospective mobility specialists/others involved in delivery of

mobility

<u>For use with Heads of Service where social services provision is used</u>

Job title:

Employer:

What is the catchment area that the service covers?

How many VI children are there within this area, and how many of these does the service support? Types of children?

How many members are there in the VI team? What are their roles?

Describe children - age ranges, disabilities, etc

What types of schools are visited by the team?
-   If mainstream, are there VI units attached to any schools?
-   If special schools, what types? (VI, SLD, PD (physical disab), MLD, PMLD)

How many (approx.) students do you have on a mobility 'caseload'?

How many are actually receiving mobility ed?

How many VI children receive mobility ed in mainstream schools?

Is anyone in the ed VI team involved in providing mobility ed to students?

In mainstream school settings - how are they involved, what is their role/input?

Who delivers/assists mobility ed in special school settings?

Why are they involved? (time/money constraints, or is there a 'whole-school' approach

where everyone responsible for mob)

-   If everyone's responsibility, how do you persuade everyone to take it on?

Why is soc serv provision used? Historically how did this come about?

Is it the same soc serv officer(s) who provide mob to children?

What mobility skills do soc serv teach? (i.e. just travel?)
-   Do soc serv teach ILS as well?
-   In what settings? Is it just in/around school or at home or farther afield also?

Does the VI service have any input into what skills are taught?

When do soc serv carry out mobility lessons? In school time (who negotiates with school/class tchr?) or after school?

Who refers the children to soc serv? (Is it always through the ed VI serv?)

Does the VI service have any input into the assessment procedures?

Do soc serv keep records of lessons & progress and do they inform the VI service of the child's progress (do they share records)?

Do soc serv take part in annual reviews/other reviews/IEP's, etc for children?

What contact do you have with parents, and for what reasons?
What role do parents play in mobility for their children and what role *should* they be playing?
Would parents be referred to soc serv about mob or would the VI team assist in enquiries?

What about provision in school holidays?

<u>For use with social service's RO's/Team Leaders</u>

Job title:

Team – service for VI adults or children or both?

How many members are there in the VI team? What are their roles?

Is there one RO for child mobility or is caseload shared? How?

What is the catchment area that the team covers?

How many VI children are there within this area, and how many of these receive mobility support? Types of children?

Describe children who receive mobility ed - age ranges, disabilities, etc
Pre-school involvement? In the home or in nursery?
Primary, secondary children.

What types of schools are visited by the team?
If mainstream, are there VI units attached to any schools? Are most in m/stream?
If special schools, what types? (VI, SLD, PD (physical disab), MLD, PMLD)

Why is soc serv provision used? Historically how did this come about?

REFERRAL PROCESS:

Who refers the children to soc serv? (always the ed VI serv?)
    What are the procedures? (referral forms, etc)

ASSESSMENT:

Who is involved? How many sessions does assessment take?
    Are assessments done in home or school? When?

Does the ed VI service have any input into the assessment procedures?

PROG DESIGN:

What mobility skills do soc serv teach?
    Is it mostly travel skills? Around the home area, in school, or outside of school? (to shops, public transport, etc)
    Do they teach ILS as well? Where (home or school?)

Do RO's have a mobility curriculum or checklist they use?

Does the ed VI service have any input into what skills are taught?

PROG DELIVERY:

When do soc serv carry out mobility lessons? In school time (who negotiates with school/class tchr?) or after school?

Are skills reinforced by anyone within school (LSAs, etc) or within the home?

How are parents involved? How much contact is with parents?

Feedback from schools and parents?

What about provision in school holidays? Do skills taught in holidays differ to those in term time?

RECORDS/MONITORING:

Do soc serv keep records of lessons & progress?
    Do they inform the VI service of the child's progress (do they share records)?

Are children monitored by SS for later mobility needs?

Do soc serv take part in annual reviews/other reviews and meetings/IEP's, etc for children?

AIMS OF SERVICE:

What are the objectives of the SS mobility provision? (For adults & children)

Are SS the best service to provide mobility ed to children?

Training of RO's – have they had training (and/or experience) in working with children?

APPENDIX 4: CODING OF DOCUMENTS IN NVIVO

'Nodes' are representations of categories assigned by the researcher when analysing data; a node may represent a concept, abstract idea, place, group of people or anything else relevant to the project, and can remain as a 'free node' which is left unattached and unorganised, or can be organised into 'tree nodes' when the research begins to develop and ideas are forming and taking shape, and seem to relate to each other.

In the project, some nodes remained 'free' since there was either no appropriate tree node to attach them to, or they could be attached to more than one tree.

Free Nodes

Accreditation
Age appropriate
Choices, decisions by child
Client group
Confidence building
Individuality
Key stage levels
Memo by Sue
Mobility lessons fun
Mainstream v special school
Project run by agency re: mobility
Rare contact with MIE
Real experiences - need for

Tree Nodes

1.   Curriculum - Objective 1

1.1   Age appropriate
1.2   Boundaries of mobility
1.3   Content – ILS
1.4   Content – leisure
1.5   Content - Social skills
1.6   Content - travel skills
1.7   Individuality
1.8   Mobility curriculum concerns
1.9   Mobility skills & activities covered
1.10   Real experiences - need for
1.11   Spatial awareness - importance of
1.12   Stolen ideas - concern of
1.13   Mobility curriculum - use of
1.14   Confidence building

1.15   Transferability of skills

2.   Referral

2.1   Referral - people involved
2.2   Referral criteria
2.3   Referral method
2.4   Referral -parental consent

3.   Assessment

3.1   Assessment – general
3.2   Assessment - of environment
3.3   Assessment - use of curriculum

4.   Programme Design

4.1   Age appropriate
4.2   Target setting, etc
4.3   Relating mob to other subjects
4.4   Project run by agency re: mobility
4.5   Choices, decisions by child
4.6   Real experiences - need for

5.   Delivery of Programme

5.1   *People involved*
5.1.1   Responsibility for mobility
5.1.2   Hands-on v advisory role
5.1.3   Non-MO teaching mobility
5.1.4   Mobility assistant
5.1.5   Reinforcing mobility - by others
5.1.6   Safety & insurance cover

5.2   *When & where*
5.2.1   Holiday provision
5.2.2   Negotiating national curriculum
5.2.3   Communication & negotiation with school

5.3   *Time for mobility*
5.3.1   Time consuming – mobility
5.3.2   Flexibility - need for
5.3.3   Difference between out of school & in school mobility

6.   Review

6.1   Annual reviews, Statements, IEPs

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