Developing effective collaboration between O&M Specialists, Visiting Teachers, Parents, and Schools

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Doctor of Education research study

O&M intervention in early childhood (0-8 years)

Perspectives of visiting teachers, parents and children
Findings of my research

1) Young children can learn O&M techniques, including long cane mobility, at a very young age.

2) Early O&M intervention facilitates the learning outcomes of the Australian Early Years Learning Framework (2009).
EYLF

- Children have a strong sense of identity
- Children are connected with and contribute to their world
- Children have a strong sense of wellbeing
- Children are confident and involved learners
- Children are effective communicators
Findings of my research

- 3) The development of O&M and braille skills are the two key underlying components of the early years expanded core curriculum.

- 4) Early intervention O&M can potentially change perspectives toward blindness.
This presentation focuses on the first of my research findings...

Young children can learn O&M techniques, including long cane mobility, at a very young age:

- through opportunities for parent-mediated and community-based everyday learning opportunities
- working within a family-centred, capacity-building model that utilises a key worker and transdisciplinary service delivery model
- using a combination of direct teaching, coaching, and consultation to support interventions
Concepts underpinning Early Childhood Intervention Services (ECIS)

- Children’s learning is cumulative (opportunity to practice)
- Children are shaped by their environment
- Children develop through relationships with their carers
### ECIS Concepts and O&M Intervention

<table>
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<tr>
<th>Children’s learning is cumulative (opportunity to practice)</th>
<th>The foundation for O&amp;M skills are built during infancy and early childhood</th>
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<tr>
<td>Children are shaped by their environment</td>
<td>O&amp;M concepts and techniques are developed in the child’s home environment and community</td>
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<tr>
<td>Children develop through relationships with their carers</td>
<td>Parents are a child’s first and most important teacher</td>
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Core Concepts of Early Childhood Intervention

- Strengths based intervention
- Family-centered practice
- Natural environments
- Routines-based intervention
Core Concepts of Early Childhood Intervention

- Provide families with **knowledge**, **skills** and **support** to:
  - Meet the needs of their child
  - Optimise their child’s development
  - Participate in family and community life
Key Elements

- Information
- Collaboration
- Emotional Support
- Capacity Building
- Goals
So how can we....

- Develop effective collaborative practice between O&M Specialists, Visiting Teachers, Parents, and Schools to enable families to reach their O&M goals?
My research context

- Visiting Teacher service – first point of contact for family

- Early Childhood team

- Specialist Visiting Teacher

- O&M Specialist Teacher

- Other interventions (physiotherapy, occupational therapy) accessed as required through external agency
Provision of Information to Families

- What is O&M?
  - How do I obtain O&M intervention for my child?
    - Should my child use a long cane?
      - Who do I talk to?
        - What role does my family play?
Family-Identified Goals

“"I thought it was important for her to be mobile and independent." [Olivia, parent]

“"I sat down and thought, when she is older, she is going to need to move around eventually. She doesn’t want to rely on her mum forever to carry her around, that’s for sure.” [Mary, parent]
O&M Goals Supported by...

- Visiting Teacher
- O&M Specialist
- Others e.g. staff at educational setting

Child and family
Collaborative Practice Requires...

- **ALL** individuals involved with the child to develop a shared meaning and shared perspectives toward O&M intervention.
Collaborative Practice Requires...

- Working toward achieving shared goals
Collaborative Practice Requires...

- Educators (Visiting Teachers, school personnel) developing a sense of professional empowerment toward O&M intervention at the program level

[Steven Soodak et al., 2002]
Collaborative O&M Practice

- O&M Specialist
  - Specific O&M skills and knowledge
  - Impart this knowledge to visiting teachers

- Visiting Teachers
  - Develop a shared perspective and philosophy toward O&M intervention

- Shared perspective and philosophy extended ‘outward’

- Parents and Education Personnel
  - Home and education environments
  - O&M techniques become absorbed into child’s everyday life and routines
How does this work in practice?
Visiting Teacher Goals

“"I wanted them not to have to rely on their peers and other adults to get around."” [Amy, teacher]

“"First intention would have been independence."” [Sophie, teacher]
Refining Teacher Goals

“"I pretty soon realised that without some sort of mobility device that these kids weren’t going to be up and moving. They were going to be sitting where they were."” [Kirsty, teacher]
Integrating Specialist Knowledge

O&M Specialist Knowledge

Visiting Teacher Early Childhood Knowledge
Coaching: “an adult learning strategy used to support the coachee in identifying, obtaining, and mobilising the knowledge and skills necessary to achieve an intended outcome” (Rush & Sheldon, 2011, p. 15)
Coaching Is:

- A partnership between coach and coachee
- A positively focused way to explore options and opportunities
- A process to create solutions resulting sustained change

Coaching Is Not:

- A method to get an expert’s advice on what to do
  - (That’s “consulting.”)
- Observing and learning from a seasoned professional
  - (That’s “mentoring.”)
- A quick fix
  - (That’s usually not effective.)

Image source - http://www.greatplacetowork.com/
Coaching

- Joint planning
- Observation
- Action/practice
- Reflection
- Feedback
Coaching

* Allows skills to be embedded within the child’s daily routines and shaped within functional settings through consistent input from all involved.
Fixsen et al. (2005) identify that effective coaching must be “work based, opportunistic, readily available, and reflective” (p. 44).

Employing an O&M Specialist as a core member of the teaching team enabled coaching to occur on a daily basis, both formally and informally.
My Research Found...

- Visiting Teachers felt **confident** and **competent** in supporting and working toward shared O&M goals.
  - Personal investment in child’s O&M progress
  - Sense of professional empowerment
  - Sense of responsibility toward actions to ensure the program’s success
“One of the things you gave us confidence with was being able to experiment. It was, well, let’s try something, this is common sense, let’s try this and see if it’s effective.” [Emily, teacher]
Emotional Responses to Early O&M

“"It was really exciting to watch it."” [Emily, teacher]

“"It was incredible. The really tiny ones that we first started with...it just made your face light up, watching them explore and learn and be independent.”” [Sophie, teacher]
Emotional Responses are Important...

"Emotions are at the heart of teaching."

[Hargreaves, 1998, p. 835]
Emotional Responses are Important...

- Emotions form the basis of our social relationships, connecting us to others and influencing our actions. [Denzin, 2009]
Emotional Responses are Important...

- Visiting Teachers remained motivated and committed to early O&M intervention.
- Enabled the teaching group to work within a process of trust and a structure of shared meaning toward O&M common O&M goals worked toward.
Collaboration with Schools

Support educational personnel to implement O&M techniques in educational settings

O&M Specialist

Visiting Teacher
Collaboration with Schools

• Requires **coaching** and **consultation** skills from both the O&M Specialist and the Visiting Teacher.

• Ongoing coaching within the educational setting is the only evidence-based form of training shown to change adult behaviour in the classroom (Fixsen et al., 2005).
Provides the opportunity for school personnel to take advantage of incidental “teachable moments...the interweaving nature of learning lived through experiences and opportunities that may arise when students are excited, engaged and primed to learn” (Hyun & Marshall, 2003, p. 112).
Collaboration with Schools

“The whole school can really respond to helping that child develop their O&M. They would know to leave that student to problem solve and use their skills without jumping in too early to ‘rescue’ them.” [Amy, teacher]
Effective Collaboration Therefore...

- Places families and children at the centre of practice.
- Requires all involved with the child to develop a shared meaning of, and perspective toward, O&M intervention.
- Calls for professionals (O&M Specialists, Visiting Teachers) to develop effective skills of coaching and consultation to impart knowledge to others.
Challenges in Australia

- Shortage of qualified O&M Specialists, particularly with early childhood education knowledge (Wells, 2008; Deverell & Scott, 2014).

- Shortage of qualified specialist Visiting Teachers (Watkins, 2005; Brown & Beamish, 2012).

- State and regional variations in educational provision, policies and procedures (Forlin & Forlin, 1998).

- NDIS – what does this new funding model mean for the provision of O&M services in educational settings?
Looking to the future...

- As professionals in the blindness/low vision field, we need to:
  - Reconsider how the Expanded Core Curriculum is implemented from the early years onwards.
  - View O&M as a core educational goal, and train and employ O&M Specialists accordingly.
  - Raise the profile of professional bodies such as SPEVI and OMAA.
  - Promote further quantitative and qualitative research into the field within the Australasian region to ensure we are delivering appropriate quality interventions.
A Final Thought

“When we succeed in helping children gain the skills that enable them to participate meaningfully in the key environments in their lives, we improve the quality of their lives.

Meaningful participation is the engine of development and the key to attaining a true sense of belonging...”

[Dr Tim Moore, Centre for Community Child Health, 2012, p. 6]


References


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