

Habilitation Services for Children and Young People with Vision Impairment:

Information for Commissioners
and Service Planners



What is habilitation?

- Habilitation involves training children and young people, between 0 and 19 and up to 25, who have a vision impairment. They are helped to develop their personal mobility, navigation and independent living skills.
- Through habilitation training a child or young person's existing independence skills are systematically identified. What they will need training in, to maximise their independence as they grow up into a young adult, is also identified.



Why is habilitation training needed?

- A child who can see typically develops their independence skills as they grow up. They do this in their family, based on what they see other family members and other people do, day by day.
- Children imitate what they have seen. They then practise and adapt it, until the skills become automatic. Children with impaired vision cannot observe others. They need alternative strategies to help them to acquire independence skills.





Who should receive habilitation training?

Habilitation training can support a range of visual impairments ranging from blindness to low vision, and is relevant for:

- ‘...any level of visual impairment that has an effect on education, mobility and the ability to live independently.’ (Quality Standards (QS) , Section 1, p6).
- Visual needs may be inherited, associated with premature birth, result from an infection or be caused by an accident or injury.
- Habilitation training also supports children with additional or complex needs and those with Cerebral Visual Impairment (where the brain is not able to process information from the eyes).

How are habilitation needs identified?

- Parents or family members are often the first to notice that a child may have a visual need, particularly for babies and young children.
- Others, for example health professionals or school teachers, may notice something that suggests a visual need.
- Following indication of visual need:
 - › A referral to an eye clinic starts the process of meeting the child's visual needs.
 - › At the eye clinic a medical assessment (a clinical vision assessment-CVA) identifies any visual needs using standardised tests.
 - › Following a diagnosis, other professionals will be involved depending on the age of the child, their visual need and how it arose.
 - › These professionals may be based in educational, health or care services: all work together as a team to support families.



Who delivers habilitation training?

Two types of habilitation professionals are involved in providing habilitation training and support. They work with parents who are viewed as the child's first 'habilitation specialists' and who know their child best. The two types of habilitation workers are the Habilitation Specialist and the Habilitation Assistant (QS: p9-11:)

- **Habilitation Specialists (HS)** observe, assess, plan, implement, train, review and monitor a child or young person's habilitation programme. They liaise with parents and other professionals, for example physiotherapists from Health and qualified teachers of the visually impaired (QTVI) from Education. The HS takes responsibility for all the teaching of practical habilitation skills and strategies (from body and spatial awareness skills to long cane use) and independent living skills (e.g. cooking, bus travel and purchasing goods).
- **Habilitation Assistants (HA)** work under the direct supervision of the HS. Their role is to support individual children and young people to practise their habilitation skills and strategies. They do this inside and outside of school and other educational settings. They also contribute to the monitoring of habilitation progress.
- **Habilitation Specialists and Assistants**
Habilitation Specialists and Assistants can be based in education, health, social service or voluntary organisation settings.
- N.B. it should be noted that job titles for those delivering habilitation training vary between local authorities and include (but are not limited to) Mobility and Independence Specialist, Paediatric Mobility Instructor and Rehabilitation Worker



QTVIs and HSs both use a child's clinical vision test results. In addition, both types of professional use tests to see what practical vision a child has and how they use their available vision. These functional vision assessments are used to plan classroom-based learning (by the QTVI) and habilitation work (by the HS). They may take place at home, in school or in public settings e.g. during a habilitation lesson when learning the route to a shop or bus stop.



Where does habilitation training take place?

There are four key places that habilitation training can happen (QS: p12-13):

- In the child or young person's **home** (including where children and young people are 'looked after').
- In all **educational** settings (from nursery through to university).
- In **public spaces** (such as on the pavement, on a train, in the high street or in a shopping centre).
- In moving between home and school, school and college (or university), and from school to work.



How are Habilitation Specialists and Assistants trained?

- Habilitation Specialists undergo a two-year period of practical and professional training at university level followed by a probationary year of practice to become registered as practitioners (Habilitation Assistants train to a similar standard but only for a year followed by a year's probation).
- Rehabilitation Workers who are primarily trained to work with adults with vision impairment can undertake further professional training in relation to working with children and young people.
- Habilitation VI UK is the voluntary professional body for Habilitation workers in the UK and maintains the UK wide register of qualified practitioners.

www.habilitationVIUK.org.uk

The Quality Standards¹ inform the training of habilitation workers and the delivery of habilitation services.



What other responsibilities do habilitation specialists have?

Habilitation Specialists are qualified, in addition to training children and young people (between 0 and 19 and up to 25), to be able to:

- ▶ Undertake the detailed task analysis of any mobility, navigation or independent living skill. This involves breaking down what needs to be learnt into small, manageable steps. These are adjusted to the needs of an individual child/young person.
- ▶ Audit places where children/young people do their habilitation work, including their homes, at school (in conjunction with the QTVI) and public places.
- ▶ Do risk assessments for all the training activities they undertake.
- ▶ Manage risks, reducing them as much as possible.
- ▶ Provide training in habilitation skills and strategies for parents and school or health staff, as needed.
- ▶ Liaise with a wide range of other professionals (for example paediatricians, physiotherapists, occupational therapists, speech and language therapists, portage workers, social workers, visual impairment professionals, Special Educational Needs Advisors (SENCOs) and QTVIs and those supporting hearing and multiple needs).



How does a Habilitation Specialist help when a child changes schools?

- ▶ Habilitation Specialists support children/young people as they make the various changes between settings (transitions), between different stages of their schooling and as they progress to college, university, apprenticeships or employment.
- ▶ Working with parents and other professionals, the HS visits the school (college, university or workplace) the child/ young person is moving to. This is done before the move takes place.
- ▶ The HS (alongside QTVIs as appropriate) audits the setting for its accessibility in light of the child's/ young person's needs (visual and otherwise). They undertake risk assessments and plan routes. These will be the ones needed to allow the child/young person to navigate and move around the new setting inside and outside. This includes getting to and from the setting to the child's/young person's home or accommodation.
- ▶ The HS makes recommendations on any changes that might be needed to the setting, to maximise a child's/ young person's use of it.



References

Miller, O., Wall, K.R. and Garner, M. (2011) Quality Standards: Delivery of Habilitation Training (Mobility and Independent Living Skills) for Children and young people with visual impairment. London.M21/IOE/RNIB/DCSF/DfE. Developed by the government funded Mobility 21 Project (2007-2010: Director Dr Olga Miller; Principal Researcher, Dr Karl Wall) drawing on extensive, UK wide, consultations with existing practitioners, parents, children and young people, with visual needs, vision professionals and providers of VI-related support. It also drew on contemporary worldwide research and practice.

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