

Summary of the Quality Standards (QS)

for the Delivery of Habilitation Training to Children
and Young People with Vision Impairment



Introduction – what is habilitation?

- › Habilitation involves training children and young people with a vision impairment in personal mobility, navigation and independent living skills.
- › A child who can see typically develops these independence skills as they grow up in their family, based on what they see other family members and other people do, day by day.
- › Children imitate what they have seen, practising and adapting, until the skills become automatic. Children who have a vision impairment cannot observe and develop these skills in the same way.



- Habilitation specialists train children and young people with a vision impairment to use alternative strategies to acquire the same independence skills: they support and advise parents on alternative skill learning as the child grows up.
- These strategies involve using the other senses: hearing, touch, taste, smell and balance in a coherent, consistent and systematic way to provide information about the world around the developing child.
- When the child reaches school age, the habilitation specialist works with school staff and other professionals to develop the child's independence when going to, being at and coming home from school.
- The habilitation specialist supports children and young people as they make the various transitions between different stages of their schooling and progress to college, university, apprenticeships or employment.



The Quality Standards (QS) for Habilitation¹

- The QS specify the knowledge, understanding, skills and strategies that a trained habilitation worker needs to have to be able to train and support a child or young person with vision impairments in the age range 0-19 and up to 25.
- The range of vision impairments supported covers blindness to low vision and is defined as
 - ‘...any level of visual impairment that has an effect on education, mobility and the ability to live independently.’ (QS, Section 1, p6)
- The range of skills to be covered includes age and maturity appropriate personal mobility, independent navigation and independent daily living skills (e.g. eating, washing, buying food, cleaning and banking).
- Habilitation is not a form of therapy or a form of care support: it is a way of accessing the world through specific learning strategies and skills (in the absence of vision) to maximise a person’s independence and ultimately, their employability.



Habilitation professionals

The QS specify two types of habilitation professionals: the Habilitation Specialist and the Habilitation Assistant (QS: 9-11);

- **Habilitation Specialists (HS)** observe, assess, plan, implement, train, review and monitor a child or young person's habilitation programme (in liaison with parents and other key professionals from education, health and social care). The HS undertakes the teaching of all the practical habilitation skills (from the development of body and spatial awareness to long cane use) and independent living skills (e.g. cooking, personal care, social skills and purchasing goods)
- **Habilitation Assistants (HA)** work under the direct supervision of the HS. They support individual children and young people to practice their habilitation skills and strategies. They do this inside and outside of school or educational settings. They also contribute to the monitoring of habilitation progress.



Habilitation training

This takes place in four key contexts (QS: p12-13):

- In the **home** (including where children and young people are 'looked after')
- In **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 the **transitions** between these spaces (from home to school, school to college or university, from school to work)

Sections 3 (p12-13) and 4 (p 14-21) of the QS specify how training should work in these four contexts: who else is involved (for example parents, school staff and key professionals from Health and Social Care; key practices such as assessing a child's vision, receiving and using feedback from children and parents; auditing environments where children will be working; assessing and managing risks during practical skills work and the training of others (parents and other professionals).



The QS Annexes

- › **Annex A** gives a sample specification for setting up a habilitation service (QS: p22-26);
- › **Annex B** gives detailed job descriptions for the HS and HA roles (matched against National Occupational Standards for work in the Sensory Support area) (QS: p27-31);

Annexes A and B are particularly significant for those preparing to offer habilitation training provision and for commissioners of services.

- › **Annex C** (QS: p32-40) specifies in detail the expected specific knowledge, understanding, practical skills and strategies, ways of professional working, and standards of professional practice to be demonstrated by an habilitation worker at the two levels of practice, HS and HA.

The QS, as a whole, define and specify what children and young people with visual needs, and their parents, should expect from the habilitation workers involved in their training.



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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