The Missing Link: A Collaborative Approach to Early Childhood Orientation and Mobility

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The current role of the Orientation & Mobility (O&M) instructor routinely involves working with young children (birth to 6 years). The inclusion of this population to the caseload of O&M instructors brings with it unique challenges. Young children’s primary means of learning comes in the form of play, yet O&M traditionally tends to focus on skill specific instruction. For young children who are blind or vision impaired the ability to move out into space independently and with confidence will impact greatly on their learning experiences. This paper will examine the need to embrace a collaborative approach when working in early childhood O&M, with an emphasis on the significance of O&M instructors working with paediatric physiotherapists.

Since the introduction of formal orientation and mobility (O&M) training in the mid 1940’s, the role of the O&M instructor has greatly diversified. Infants, toddlers and preschoolers who are blind or vision impaired now regularly receive formal O&M training. This specialised area of O&M is still evolving, and requires understanding the process of O&M development as opposed to purely instruction based learning (Skellenger & Hill, 1997). Leong (1996) outlined the need for research to support the current trends in O&M services for infants and young children. It is widely acknowledged that a broader definition of O&M for young children has evolved to include concept development; sensory development; motor skills; and beginning formal O&M skills (Leong, 1996; Pogrund & Rosen, 1989; Skellenger & Hill, 1997).

Currently in Australia, O&M training for young children who are blind or vision impaired focuses on the acquisition and progression of O&M skill development. However, though somewhat modified, the training remains similar to that of the adult learner. Skellenger and Hill (1997, p. 407) stated “… it is important that O&M with preschoolers not become a “down-sizing” of processes which have been employed with adult learners”. In order to achieve best practice in the field of early education, the value and necessity of collaboration with families and across disciplines from early interventionists, preschool teachers, specialist therapists and the O&M instructor is vital (Correa, Fazzi, & Pogrund, 2002).

The O&M instructor in Australia has mostly worked in isolation. This is partly a result of the nature of the work, and the geography, as many services cover large regions
with vast distances between clients. O&M instructors are unique in that they provide training across a diverse population from young infants through to the elderly, single to multiple disability (OMSAV, 2008). The majority of O&M instructors in Australia are employed by a small number of specialist agencies designed solely to provide expertise in the area of O&M. The main service providers of O&M in Australia include Vision Australia and Guide Dogs agencies. There are also various State and Territory Education Departments that employ some individuals with dual qualifications in O&M and teaching. Given the increase in demand for O&M services for infants, toddlers, and preschoolers the need for dual qualified O&M instructors/early childhood educators warrants examination in Australia. Pogrund (2002, p. 1) reports “There has been a continued increase in the number of children who need to be served, a continued shortage of professionals qualified in both visual impairment and early childhood education…” Until such time that the limited number of dual qualified O&M instructors/early childhood teachers is recognised, it is important that agencies promote a willingness to participate in the collaborative process with other professionals and organisations with expertise in the many areas that encompass early childhood development.

Working with young children requires an understanding of the complexities of early childhood development. Providing early intervention services, including O&M, to young children who are vision impaired requires an understanding of the unique ways in which vision impairment affects learning (Pogrund, 2002). The first 5-6 years of a child’s life provides the greatest potential for learning, with each area of development interconnected. Skellenger and Hill (1997, p. 407) stated that “Much of what the individual will become is rooted in the experiences and learning that occur in the early years of life.” Play is the work of children. Through play children explore the environment around them. Movement through the environment enables the child to actively experience and gather information about the objects and people around them. Strickling and Pogrund (as cited in Bunker, 1991) recognise this as an essential component of development for all children. With this in mind, O&M instructors need to develop training programs that match the developmental needs and the mobility needs of the young learner.

For the young child who is vision impaired the ability to move safely through the environment with confidence is influenced by gross motor skill development and beginning O&M development. Anthony, Bleier, Fazzi, Kish, and Pogrund (2002, p. 350) note “Gross motor skills dictate the way in which a child moves through his or her environment”. Vision loss may impact early childhood development in the following ways: decreased motivation to move and explore, decreased muscle tone and strength, decreased ability to balance and decreased incidental learning through play and observation, all of which form the foundation for O&M skill development. Early movement experiences are critical to promoting efficient and graceful movement (Strickling & Pogrund, 2002). Working collaboratively with physiotherapists offers the young child who is blind or vision impaired the opportunity to improve upon these skills, both in quantity and qualitative excellence (Anthony, 2003). It affords the O&M instructor an opportunity to witness directly an alternative
perspective on movement through the sharing of knowledge and expertise.

Such O&M skills as guiding, trailing, squaring off, upper and lower body protection, the ability to negotiate uneven surfaces and unfamiliar environments, the use of Adaptive Mobility Devices (AMD’s) and long canes all require underlying motor development prerequisites. These include: proprioception to be aware of the body’s position in space; balance to negotiate changes in surfaces, steps and slopes; postural tone and strength to support the body movements through space; good shoulder stabilisers, arm and wrist strength to manipulate and control the long cane. The ability to change and monitor the body’s movements/directions as necessary require a combination of good postural tone, balance, and the use of the vestibular and proprioceptive systems. The combination of all of these skills will not only impact upon the child’s ability to confidently interact and engage with the environment as a child, but also set the tone for the future life stages to follow.

O&M instructors observe children moving through space to determine how vision impairment is affecting the child’s ability to move through the environment. What is often overlooked by O&M instructors, who have limited knowledge of early childhood development, is the importance of also observing the child’s quality of movement. It is important that the child can get from A to B, or negotiate the steps, however it is of equal importance how the child performed the skill. Some of the motor differences in children with vision impairment include walking with a wide base of support with the toes pointing out, non purposeful head movements such as swaying or rocking of the head, weakness of arm muscles, pronation at midfoot (rolling foot inward), persistence of the arms in high guard, excessive movement through the trunk while walking and walking on the toes, all of which, over time, may become habitual. If these compensatory patterns of movement are “repeatedly used over time, the child is at risk for physiological change in his or her muscles; some may lengthen and some may shorten to accommodate the compensatory posture” (Anthony et al., 2002, p. 352).

Recognising that the performance of O&M skills is more than technique alone calls for a collaborative approach in order to best meet the needs of the child. At present the link between O&M and physiotherapy for young children who are vision impaired appears widely undervalued in Australia. Paediatric physiotherapists specialising in vision impairment aim to promote independent movement in babies and children, improve muscle tone and strength, particularly postural tone and strength in the upper and lower limbs and to improve balance (Lambert, 2007). All of these skills directly support and provide the foundation for the successful acquisition of O&M skill development. “Promoting motor development in young children with visual impairments leads to a higher probability of success in developing mobility skills, social skills, and daily living skills, as well as improved health and fitness” (Strickling & Pogrund, 2002, p. 288). Working collaboratively with paediatric physiotherapists is therefore an essential component of any early childhood O&M program. Strickling and Pogrund (2002, p. 322) note “Instead of working separately on occupational therapy, physical therapy, or O&M goals, the child will be better served if team members confer with each other.
and with the child and his or her family and develop child-centered goals”.

Currently in Australia there exists University training in O&M that tends towards the traditional discipline-specific approach to O&M. Although there is an increasing awareness of the need for physio-based perspectives, which have, to some extent been included, the majority of lectures tend towards the traditional approach to O&M. The challenge facing O&M programs today is to respond to and reflect the current changes in early childhood education at an academic and practical level. Agencies developing and sustaining such programs should also examine how they can further the collaborative process at a grass roots level. Staff participating in the collaborative process has an opportunity to achieve “greater consistency of approaches for instruction and reinforcement, expanded opportunities for teaching and learning, more sharing of ideas, and increased support for O&M services” (Fazzi & Petersmeyer, 2001, p. 330).

So that O&M instructors can move beyond the barriers of working in isolation with young children who are blind or vision impaired, a greater understanding of the value of the collaborative process is required. “For blind children, as for all children, the freedom to move, to be self-amused, and experience the joy of movement is fundamental to being human” (Cutter, 2007, p. 5).

References


