O&M Consultancy: Challenges and Opportunities in Isolated Regions

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The profession of Orientation & Mobility (O&M) in Australia has grown considerably in recent years. The introduction of graduate and postgraduate courses in O&M has to some extent focused on increasing services for rural areas. However, the majority of O&M specialists are still concentrated in the larger capital and regional cities around Australia. This paper will examine the challenges and opportunities a consultancy model of O&M can offer communities that are geographically isolated from the larger cities.

Introduction

Vision impairment, as a low incidence disability, can be isolating across a number of domains; social, cultural, economic, and participation in community life. Combined with geographical isolation, the impact of vision impairment can be significant. Finding creative solutions in orientation & mobility (O&M) service delivery is needed to ensure equity of service provision is achieved for people with vision impairment living in rural and remote areas. The O&M consultancy model outlined in this paper has been designed for children aged from birth to 18 years, to respond to a growing population of children with vision impairment living in Southern Tasmania. The children participating in the consultancy O&M program are enrolled in Department of Education schools in the Southern region of Tasmania.

Tasmania is isolated from the mainland states of Australia by Bass Strait. The resultant geographical isolation has at times impacted on the provision of services and supports that match those enjoyed on the Australian mainland. The O&M consultancy program has been designed to ensure that children from the southern region of Tasmania receive access, as much as possible, to specialist resources, on a par with their peers in the mainland states.

In 2007, The Department of Education Tasmania, Vision Impairment Service (VIS) initiated the development of a consultancy O&M model designed to reflect the department’s commitment to an educational approach over the more traditional rehabilitation model of O&M service delivery. Although research is limited in early childhood O&M, what has been established is the importance of adopting a broader definition of O&M for young children with vision impairment (Leong, 1996; Pogrund & Rosen, 1989; Skellenger & Hill, 1997). Today, there is a greater demand for O&M specialists with dual qualifications in O&M and teaching to address the unique developmental needs of young learners (Wells, 2008). VIS recognised the importance of securing specialist O&M services for
children that would meet the Southern Region’s expanding population needs.

The VIS Southern Region covers an area from Oatlands to the southern-most tip of Tasmania. Children with vision impairment are currently enrolled in 14 state schools and two preschools. VIS provides home-based O&M services for babies and infants. All children on the VIS high needs register range from having severe low vision to total blindness. The priority for the O&M consultancy program is to identify, design, and implement individual O&M programs for each child. Children on the multiple disabilities register within the Education Department also receive O&M program support. Other school systems (Catholic, Independent) can request O&M support provided the services are funded from those schools.

**Consultancy and Collaboration**

The O&M consultancy program’s success over the past three years is underpinned by strong collaborative processes. The willingness, support, and long term commitment of the VIS Southern team members and families have ensured success and the continued growth of the program. The O&M consultancy program started with two children. Due to the success of the collaborative partnerships and sharing information, the program has flourished and now has 18 children receiving O&M across the southern region. Families in the program gain an in-depth understanding of O&M, recognise that O&M is an important and valued component of their child’s educational profile, and take an active role in reinforcing O&M skills within their child’s daily routines. Emphasis is on encouraging the children and families to understand that becoming an independent traveller begins with becoming an active mover (Cutter, 2007). New families enter VIS with O&M offered in conjunction with the other services presented to families as part of the expanded core curriculum for students with vision impairment.

Collaborative partners in the Southern O&M consultancy program include; the child and family members, VIS State Coordinator, three VIS Resource Teachers (RT) Southern, Consultant O&M specialist, Consultant Paediatric Physiotherapist (specific to vision impairment), Consultant Paediatric Low Vision Clinician/Teacher, School Principals, Class Teachers, and Teacher Assistants (TA).

**Program design**

*Initial phase:* The development of policy and procedural guidelines, an O&M curriculum, and scaffolding the O&M curriculum within the Health and Wellbeing curriculum for the Department of Education, Tasmania were the first tasks established. These focal areas provide the foundation for the model.

Parallel with this activity was an intensive education program that focused on building a knowledge base of O&M as a key curriculum area. Parents/caregivers perform an influential and valuable role in promoting O&M positively within the family unit and the broader community. This role significantly influenced the education component of the consultancy model.

Many different programs operated simultaneously, for example; parent education sessions, school based information sessions, O&M skills sessions for parents,
teachers and teacher assistants, and VIS Resource Teacher training programs. It was crucial for the consultancy model of O&M to be effective that all those supporting the O&M programs had the information and tools necessary to maintain the program between the consultancy visits. Through the sharing of knowledge, the families and schools were able to confidently advocate for their child with regard to O&M needs.

Development phase: A functional O&M assessment for each child on the high needs register was conducted during this phase. Each family then had the opportunity to discuss the outcomes and decide whether or not O&M was a focus for their child’s educational profile and IEP. Initially, the majority of families did not proceed any further with formal O&M training, but did stay connected to the program through the education sessions. Those who did embrace the opportunity began the journey towards promoting age-appropriate independence for their child. Creative and flexible delivery styles of O&M emerged to meet the unique needs of this small community. Recognising the importance of building social connections within this community group helped shape the various O&M programs on offer. In addition to these individual programs, a number of group programs were offered each term.

Through the evident success of those in the program, gradually other families decided to participate in the formal O&M program. It is important to note that each family’s needs are unique and each O&M program is designed in partnership with the child and family. Allowing families the time to process new information and move forward at their own pace, has in the long run, benefitted the program. This positive result is demonstrated through the consistent growth in numbers in a very small geographic area.

Maintenance Phase: This phase was successful due to the hard work and diligence of the families and VIS resource teachers. They continue to drive the O&M program day to day. Teachers must also take an active role, embedding O&M curriculum within each child’s school program, and facilitating links with O&M activities undertaken in home and community settings. Both have e-mail and phone access to the O&M consultant as required. Prior to each consultancy visit, the VIS State Coordinator and the O&M consultant plan and prioritise the O&M schedule for each of the children, the group programs and discuss any new referrals.

During the consultancy visits the O&M specialist provides:
- A review and update each child’s O&M IEP as required;
- Assessment of new students to VIS;
- An evaluation of the current O&M program for each child;
- Training and support to the class teacher/teacher assistants (with the support of the VIS resource teacher) regarding new O&M skills added to the child’s O&M program;
- Education sessions for families and schools;
- Group and individual O&M programs;
- Identification of areas/children to prioritise for the next consultancy visit.

Future directions: The O&M consultancy program’s continued growth will eventually necessitate appointment of a full time O&M specialist/teacher being appointed to meet...
the O&M demand of the Southern Region. Until that time, the consultancy model (duration and frequency of visits) may need to increase to ensure that the demand on services does not diminish the high quality programming being delivered.

**Challenges**

Setting up any new program presents challenges, both anticipated and unexpected. Many of the anticipated challenges related to building a knowledge base of O&M as a key curriculum area for students with vision impairment and the provision and delivery of the technical skills required in O&M. For example, (i) ensuring the 1:1 consultancy time, whether or not that was with the child, the family, school staff, or a combination of all three, was used constructively and (ii) ensuring that the O&M program, the structure and lesson plans were clearly defined, practiced, and implemented with the consultant O&M specialist prior to the end of each consultancy visit.

The unexpected challenges lay within the consultant O&M specialist understanding the social and community dynamics of geographically isolated or remote communities. Tasmania, as an island community, is a place where most people know one another and are connected directly or indirectly to the family with which the mobility specialist may be working. The southern region of Tasmania includes Hobart, a large city that is uniquely different from mainland cities. The pace of day to day life in rural settings is far more relaxed than life in mainland cities, so attempting to work a full schedule might not always eventuate. Flexibility to adapt to schedule changes is vital. Many families have the support of extended family members nearby so the need for developing early independent O&M skills is not as heavily emphasised as it is on the mainland, although, because of the consultancy program, this is changing over time. The other challenge that directly impacts O&M is the lack of public transport infrastructure in Tasmania. Services are limited with complex interchange points challenging children’s navigation and personal safety.

**Opportunities**

The success of the O&M consultancy model in Tasmania presents an alternative format for O&M service delivery in communities that are geographically isolated. O&M specialists working as members of an educational team are ideal. O&M is recognised as part of the expanded core curriculum for students with vision impairment. Providing this service across the educational, home, and community settings is far more cohesive than O&M provided by a separate agency, often driven from a rehabilitative perspective and provided in one domain.

Positive outcomes for the Southern O&M program include:
- Promotion of a positive framework for O&M;
- Development of peer and family support networks within the vision impaired community;
- Development of collaborative partnerships;
- Provision of opportunities for strengthening social competence;
- Reduction of stereotypes/stigma associated with the use of mobility aids;
• Self and parent advocacy;
• Building community connections.

**Conclusion**

Australia is a vast country with an expanding population and with many remote communities. A consultative model of O&M might well not meet the needs of all geographically isolated communities. However, consideration of such a model is warranted if the needs of children and/or adults with vision impairment are being negatively impacted upon by ‘the tyranny of distance’. O&M specialists are generally in short supply across Australia. The consultancy model of O&M provides an opportunity for experienced O&M specialists to broaden their profile of service delivery, while helping to build the foundations for O&M service delivery in communities that might otherwise miss such an opportunity. Using O&M specialists with extensive experience, strong collaborative practices, and good leadership skills is fundamental to generating successful outcomes.

**References**


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