

# Deaf-Blind Education

THE JOURNAL OF THE INTERNATIONAL ASSOCIATION FOR THE EDUCATION OF THE DEAF-BLIND

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One of the deaf-blind pupils at the Rafael Pavilion in Holland. Ton Visser discusses some of their methods on page 4.

ALSO IN THIS ISSUE:

In **AUSTRALIA** *Aerobics and Talking with Pictures*

*Sculling for Students in* **WEST GERMANY**

*Rehabilitation in* **POLAND** and the **GERMAN DEMOCRATIC REPUBLIC**

plus **REVIEWS** ● **RESOURCES** ● **CONFERENCES**

## Editorial

Welcome to the second issue of *Deaf-Blind Education*. With your help, we hope to produce this journal every six months, and send copies to all parts of the world.

As we become more established, I hope that you will find *Deaf-Blind Education* developing its own distinctive style. Working with deaf-blind children can be a lonely activity, and many people feel very isolated in the schools and units across the world. The journal should become one source of support, of information, ideas and inspiration. It is important for all of us to realise that we are not alone, and that our work is appreciated.

I hope also that *Deaf-Blind Education* will not become too academic or technical. Who does the real work with our children? It is simple — teachers, carers, parents, social workers — not university professors. So we wish to try to keep the pages simple and factual.

We welcome contributions from people from any country. These contributions can cover any of the following:

● **Country Reports** — What is the general situation for deaf-blind children and young people in your country? How many schools or units are there, and where are they? What trends can you see developing? See Friedrich Pape's article on page 15 as an example.

● **School/Unit Reports** — What is your establishment like? What do you do there? Are there any new developments? Lenette Swart's article on page 16 is an example of this. Please send some photos too.

● **'Practice' Articles** — Are there any special activities or programmes that you are doing? How do you assess vision? Are you using a special communication system? Look at Helen Jolley's article on page 13.

● **'Theory' Articles** — Some papers have a wider significance, outlining a whole approach. Tom Visser's article on page 4 is an example here.

We also welcome any small news items. The more we can tell each other, the more we can help each other to develop.

One last point . . . it would be too easy for us always to fill the pages with reports from countries who think they have 'got it right'! Please do not think your service is too small to write about. If you are working with one deaf-blind child, miles away from any special services, then we want to hear from you just as much as if you are sitting in a nice new building.

I look forward to hearing from you.

Paul Ennals

# Chairman's Report

I am pleased to report that the executive of the IAEDB have been active since Poitiers. Through their activities we are making the IAEDB a more effective voice to develop programmes and services for the deaf-blind. The Executive Committee met April 8 to 10 at the Imperial College in London in conjunction with the European Planning Committee. Each of the committee meetings was very productive and each of the IAEDB sub-committees established a time line for future action leading up to the next conference. For those IAEDB members who are not familiar with the organisation's financial operations it should be pointed out that all members of the executive attend such meetings at their own expense. The strength and importance of the executive was clearly illustrated by the fact that executive members from ten countries and three continents attended the spring meeting.

The Constitution Committee under the chairmanship of Bryndis Viglundsdóttir led the executive through several brainstorming sessions designed to consider the objectives of the IAEDB and the process for the selection of the Executive Committee members. The committees have planned a time line which includes the publication of the first draft of the new constitution in the February 1990 newsletter. The committee has also made careful plans to consult the general membership about various aspects of the new constitution prior to this date.

The 1991 Planning Committee under the chairman of Sonia Jari provided the executive with valuable information and insights into the upcoming 1991 conference. The committee pointed out that inexpensive accommodation would be available. Such accommodation would cost approximately 350 Swedish crowns (£35/\$60) per week and meals would cost about 75 Swedish crowns per day. Thoughtful consideration was being given to the establishment of the conference fee so that it would reflect the realities of the cost of holding the conference and yet not be so high as to inhibit attendance by individuals.

The executive spend considerable time in discussing the question of interpretation from the official language of the conference (English) to other languages. As the costs for interpretation add significantly to the cost of holding the conference

we would appreciate any input that the general membership may wish to make on this topic. If you have any comments about the need for translation into languages other than English please write to Sonia, c/o Sense and the secretary-treasurer will see that your comments are forwarded to her for consideration.

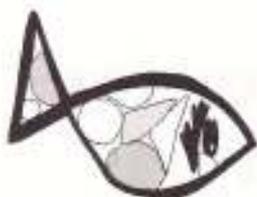
Mike Collins provided leadership when the executive considered the IAEDB's international role, particularly as it pertained to assisting in the development of services in countries with no or emerging services for the deaf-blind. It was pointed out that a number of agencies are already involved, as are individuals within the IAEDB. Unfortunately, often there was a lack of communication among those providing support for such countries. Mike has agreed to head up a committee which will make recommendations to the executive at the September meeting as to how IAEDB can be more effective in this area.

As part of IAEDB's 'International Action', Rodney Clark our secretary-treasurer is attempting to establish a directory of contact persons in each of the countries throughout the world. He will be writing to various members of our organization asking them if they can supply the names of contact persons in specific countries. If Rodney writes to you please take the time to identify a contact person and send the information to him.

Rodney is providing excellent leadership in this whole area of international service. He will be meeting with representatives of various international and national organizations to co-ordinate IAEDB's efforts and to provide direction for the utilisation of IAEDB's resources through placing individual IAEDB members in contact with other organisations.

The executive felt that the IAEDB membership constitutes a valuable pool of knowledge and talents which should be made available to other organizations and countries who are developing or providing services for the deaf-blind.

I am sure both Rodney and Mike would be very happy to receive your comments about IAEDB's role in the international arena. I am sure they would also be interested in beginning a list of individuals who would be prepared to assist in the development or implementation of programmes for the deaf-blind in



## The IAEDB Constitution Committee

Members of the committee: John McInnes, Keith Watkins, Jacques Souriau, Bernadette Kappen, Rodney Clark and Bryndis Viglundsdóttir. The Constitution Committee met in London last April 8-10. All were present except Keith Watkins.

The first formal meeting was on Friday. During the discussion the fact that the structure and certainly the size of our organisation has changed markedly was recognised; the constitution of IAEDB should, like any other constitution be a guide regarding major issues the association is concerned with whereas the changeable factors should be stated in the bye-laws.

Having discussed ideas regarding the constitution at length the committee identified several topics that should be addressed in the constitution. Only two topics were, however, chosen to be discussed by the full executive the following day. These were:

1. The objects of the IAEDB, and
2. Electing the members of the executive.

The group was divided into three smaller groups all of which discussed these topics at length. The



Bryndis Viglundsdóttir

members were asked to discuss and come up with recommendations as to what the purposes of IAEDB should be, what it should and should not, must and must not be involved with and what the role of the Executive Committee should be now and how to elect it. At the end of the discussion the following ideas were presented:

### Objectives

IAEDB should:

- make known the variety and diversity of programmes throughout the world;
- promote interaction between all

- professionals and families;
- gather and disseminate information on research, staff development/training and programme methods;
- promote the rights of the deaf-blind in the community;
- promote basic research in the field of deaf-blindness.

### The Executive Committee:

- guidelines regarding the role and responsibility of the Executive Committee members should be developed;
- before the World Conference elections should be held country by country from the group of all paid members;
- each country will decide on how the elections will take place;
- elections might be conducted through the mail system, votes be sent to the secretariat, counted and decision announced.

Much more time is in fact needed for discussions and the next formal meeting of the Constitution Committee will be this Autumn in England.

The following schedule for the remaining work on reviewing the Constitution was presented:

### 1988

April: Such beginnings as have now been reported.

### 1989

August: A meeting during the European Conference in the UK.

### 1990

February: A draft of the Constitution will be printed in *Deaf-Blind Education* again for the purpose of soliciting advice from all the members interested.

April or Autumn: committee meeting in Iceland.

### 1991

February: The new Constitution printed in *Deaf-Blind Education*.

August: The chairman of the IAEDB presents the Constitution for ratification at the World Conference.

The co-operation on the project has so far been excellent and most enjoyable and I am looking forward to sharing more thoughts with you.

Bryndis Viglundsdóttir

### Chairman's Report (continued)

other countries.

The IAEDB Executive was saddened to learn of the resignation of Jes Kryger as the Director of NUD Centre in Denmark. He has provided valuable leadership in the Nordic countries and internationally. His presence in the area of services to the deaf-blind will be sorely missed and while we wish him well for the future we hope that he will continue to take an active interest in the IAEDB and the welfare of the deaf-blind.

We are pleased to welcome Marjaana Suosalmi from Finland as the new Director and look forward to the continuing international involvement and cooperation of NUD.

The first issue of *Deaf-Blind Education* had reached the membership of the executive prior to the Executive Meeting. All members of the executive were

unanimous in their praise of the quality and the format of the magazine. Paul Ennals and his staff have done an excellent job in their production of this first issue. When Paul met with the Executive Committee, he suggested several areas in which he felt small improvements could be made prior to the second issue. The content, philosophy, layout and purpose of the magazine were discussed at length. The Executive as a whole felt that Paul and his staff had done an excellent job of translating previous discussions into reality. I am sure I speak for all members of the IAEDB when I say well done. We look forward to future editions with high expectations.

As a final note I would like to wish all members of the IAEDB, family and friends, SEASONS GREETINGS and a HAPPY AND PROSPEROUS NEW YEAR.

John McInnes

# Educational Programming for Deaf-Blind Children

## — Some important topics

I want to present our view of deaf-blind education as it has been developed within the Deaf-Blind Unit called 'Rafael' of the Institute voor Doven at Sint-Michielsgestel over the past 25 years under the guidance of Dr Jan van Dijk. Therefore this is mainly a synthesis of a number of recent publications from our department.

When discussing the development of programmes for deaf-blind children, first of all it is very important to distinguish between:

- the congenitally deaf-blind child (normally Rubella children);
- the child, or young adolescent with acquired deaf-blindness (e.g. the Usher Syndrome children).

A recent evaluation of 'The Intervenor Programme' of Wilson and Clark seems to confirm that both types of children require a completely different approach. I would like first to discuss a number of important aspects of the development of programmes for congenitally deaf-blind children, and subsequently explore the programmes for children with acquired deaf-blindness.

### The congenitally deaf-blind child

At the basis of the programmes for this type of child lies the acceptance of Van Dijk's deprivation theory. His study of 1982 shows that within the population of Rubella children, being born with a bi-lateral cataract appears to be an important predictor for the development of stereotyped forms of behaviour such as 'moving hand before the eye', 'stereotyped light gazing' and 'repetitive rocking'. Besides this, the development of the stereotyped behaviour 'moving hand before the eye' seems to occur mainly within the group of low-birthweight children. The conclusion of van Dijk's study is that children who, from birth onwards, do not possess full use of their distance-senses, develop stereotyped behaviour patterns to compensate for the lack of this sensory (mainly visual) deprivation. In this way the child attempts to keep his damaged organism in balance with his

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At the International Conference in Poitiers in 1987 Ton Visser presented this paper. Ton has been the Principal for many years of the Rafael Pavilion, the school for deaf-blind children at Sint Michielsgestel in Holland. The school has been seen as a pioneer of new educational ideas of deaf-blind children and receives visitors from all over the world. Ton has lectured in many countries and has been involved in supporting the development of services to deaf-blind children across Europe. Now he is planning for the building of a new purpose-built deaf-blind school within the grounds of Sint Michielsgestel.

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environment. This balance between the child and his environment is very delicate. Anyone who knows these children is aware of the fact that even the slightest change in their environment can very easily excite and over-arouse these children. This leads to headbanging, biting their own fingers and arms etc.

We can distinguish between two main questions in the education of these children.

The first is: *How can I encourage the child to show interest in the world outside his own body?* In other words, how can I encourage the child to start paying attention to the world around him, so that he may learn from it and his cognitive development will start?

When choosing the activities that we will do with the child to encourage an increase in attention to the outside world, we need to start from the specific, stereotyped behaviours that the child displays. Careful observation may be needed to select this first activity.

The second question is: *How can we, in our activities with the children, try to establish certain patterns both in the separate activities (e.g. certain movement games on the lap) and in the order of the different activities.* This is to

give the child a chance to form certain ideas of the ways in which the different activities are built up. This makes them recognizable and predictable to the child. Important in this whole process is that the child always takes up a central position and that the adult keeps reacting to the child, and keeps ordering the activities of the child.

These two approaches — reacting to the child and ordering the activities — form the basis for the growth of attachment and the development of communication in the deaf-blind child.

### The development of attachment behaviour

In literature on the subject of the development of attachment behaviour a distinction is made between children who are 'securely bonded' and children who are not.

Characteristically, educators of securely bonded children are able to react sensitively and responsively to the signals of their child. They are able to respond quickly and adequately to the behaviour of their child. Because of this the child develops the very important feeling of mastery and competence. He develops the sense that he is able to influence his environment through his signals. This again makes his social environment accessible and predictable and the child will feel increasingly stimulated to use this actively.

This process continually requires the parents to interpret and react adequately to the, initially, very undifferentiated behaviour of the child. Also in the education of non-handicapped children this is a learning process; child and educator have to get used to each other. Freedman stresses particularly that learning how to 'read' each others facial expressions appears to play an important role in this process.

In her beautiful studies, Fraiberg described which problems occur in the education of blind children in this respect. Because particularly the facial expression of the blind child is rather undifferentiated, educators were often found to have problems in reading the signals of their child correctly. For instance:

whether the educator is recognized by the child, which objects the child prefers, etc. Even when a blind baby reacts to the mother's voice with a smile, this reaction of the child generally is no cause for social interaction such as reaching out with the hands in order to be picked up. In her publications, Fraiberg pays a lot of attention to the 'reading of the hands' of blind children. By intensive study of the slightest movements of the hands of the blind child, she could interpret the emotions and intentions of the blind child. For example, she found that holding one toy a little longer than another is an indication of preference for the one toy. In 'visual' behaviour, wanting to have something almost always involves fixing the eyes on the object of desire. Fraiberg stresses the importance of making educators of blind children aware of this, because otherwise they will not notice the signals of their blind child, or interpret them wrongly.

Now back to the deaf-blind child. The behaviour of the young deaf-blind child often is so deviant, responsivity so low and care so demanding, that the question arises: *How can we, despite these negative factors, still establish a secure contact between the congenitally deaf-blind child and his educators?*

For this, it is essential first of all that the idea is formed in the deaf-blind child that his educators are also 'beings': often the child is fully absorbed in his own physicality and has now to realise that others are more than his extended arm.

We need the child to form ideas, representations, of the interactions which a certain adult will start with the child. As already indicated, these interactions will mostly have to be based on the stereotyped behaviour that is shown. The educator will, as it were, join in the game with, for example, the light.

These reciprocal games should always be played by one and the same person, in the same place and at the same time. This will enable the child to react effectively to a coming event, when he is in the same situation again. These schemes of events, in which the

educator plays a clear role, are the basic modules of representation. By structuring these routines one builds up a chain of expectancies (Vygotsky, 1983).

To support the memory of the child for this, it is important to profile the educator as much as possible. In order to establish this, the educator who wants to start a



certain activity with a child, announces himself by giving a certain signal. This signal can be a certain motoric activity which he or she does together with the child; for instance letting the child make a few somersaults if that is what he likes. It can also be that a certain characteristic feature of the educator is pointed out to the child, —for example a long ear-ring, a silk shawl — which are always worn by this particular adult, when engaged in an activity with the child, and which is frequently pointed out to the child. These objects of reference proved to be very important for the children in our department, in establishing person-permanence. When leaving, the object which represents the adult is put away together with the child.

If development of attachment behaviour in the education of a deaf-blind child is to be successful, it is essential that when the deaf-blind child transmits signals, these signals are also received and responded to by the person who, it is hoped, will be accepted by the child as the attached person. In the theory of bonding, the responsivity of the educator is considered to be essential. In the education of deaf-blind children, development of responsivity is only possible when enough hours can be spent with the child individually and undisturbed.

We have to bear in mind that the signals to which the educator should respond often are so hard to read, so subtle, that only someone who knows the child really well will manage to give the child the feeling that he is being understood. By this feeling of being understood, the child will increasingly enjoy the activities and hopefully increasingly

attach to the person who gives him this feeling.

I should emphasize that responsivity does not mean that the educator should immediately respond to every need of the child. On the contrary. But the educator should let the child know: 'I understand what you mean', and he or she should also let the child know right away and clearly whether or not, whatever the child asks for, can be done. If the educators indiscriminately comply with every request the child

makes, this can easily lead to learned helplessness in the child. The child is not taught how to control his needs and how to handle his environment and will consequently feel helpless and depressed. It is our experience that without supporting them adequately, attachment behaviour in the deaf-blind child will hardly ever develop. In a recent publication, Schneider-Rosen points out how much this also goes for other complicated educational situations.

## Communication Development

From the description of the development of attachment behaviour it has already become clear how much the development of attachment behaviour and communication development are related. We need to ensure that the primary needs of the child (eating, drinking, washing etc) and the primary interests of the child (light-gazing, hand-waving etc) are met within a regular and predictable programme. This makes it easier for the child to form an idea, or representation, of the activities. The more that these activities have the child's interest, and the more they occur at predictable times, the faster will be this process of forming images and the sooner will the child develop anticipatory behaviour and

communication.

From these activities we can expect the child to develop the desire to indicate things; to make clear what the child expected or wanted to happen. This process can be intensified by changing a familiar chain of activities or events, for instance by leaving something out. In such a case the child will react with a certain astonishment, since what the child expects to happen does not happen. This astonishment will often be expressed in increased restlessness in movements and mobility of the child. We see a so-called orienting reaction. We hope that in this situation the child will feel that something is needed to 'balance the situation' and will try to indicate this to the adult one way or the other. A communicative attitude has developed; the child will become active on the basis of his need to make something clear to the other person. It will be clear that in this stage of development everything depends on the ability of the adult to 'receive' and interpret correctly the signals given by the child, which certainly are still very vague. When, from the point of view from the child, this starting of communicative behaviour is immediately followed by the reward of being understood, we may expect that, for the child, the relation between 'I do this' and 'I can get that done with it' is most clear. In the same way we may assume, that in indicating what he wants to be done or wants to have, the child will in this way become more active. The child will feel increasingly competent in this. Basically we see the principle of operant conditioning at work here and not those of a strict Stimulus-Response model, in which the children can easily remain very passive. For an S-R model always requires a certain behaviour of the adult (S) in order to evoke a response (R) in the child. In the further process of communication development, the principles of operant conditioning will gradually be exceeded and the whole approach will more and more get the characteristics of the conversational model, in which we see continuous reciprocal interactions. The adult

reacts to the child and the child to the adult again, etc.

A last aspect of communication development in deaf-blind children that I want to discuss is the choice of the communication code or codes. Certainly initially, many deaf-blind children show a severe retardation in their motor development. Consequently it is obvious that



these clumsy children have big problems with communication codes which require well developed motoric skills. This is a very important point, because opting for a communication system for these children, which requires too many non-existent motoric skills, will frustrate these children, increase their fear of failing, increase their stereotyped behaviour and, most of all, often make these children very passive.

Also the answer to the question, 'Which communication code?' or combination of communication codes is most suited for a particular child will have to be 'read' from the child, so to speak. A teacher-directed model, a model in which the teacher selects one communication code for all children, can only fail.

### The use of observation methods

In the discussion on the development of attachment behaviour and the communication development in congenitally deaf-blind children, I emphasized the need to be able to 'read' from the child which approach he needs. The basis for all decisions one makes regarding the programme for a specific child lies in good observations of the behaviour and the way of learning of the child. It is

not possible to discuss here the many good observation methods available which can support and supplement the daily observations which are made by parents, educators and others. Neither is it possible to go further into the many possibilities offered by application of the single-subject design in order to find out which approach would best

be suited for a child, and/or to find out whether or not a particular approach has been successful. We will certainly come back to this, since this diagnostic and evaluative instrument has again shown its value in two research projects that have been carried out in our department.

### The child and young adult with acquired deaf-blindness

The group of children and young adults with acquired deaf-blindness is mainly made up of deaf children and deaf young adults who in their adolescence have also become visually impaired, or even totally blind. Many of them suffer from Usher Syndrome.

In many ways their programmes differ from those for the congenitally deaf-blind child. A first requirement for the programme is that it should be carried out in an environment that is able to guide and support these children adequately (rather than frustrate them). The core of the programme and guidance should give the child, in our opinion, an insight into his own handicaps and teach how to reflect on them. With good supervision and guidance many prove capable of doing this. Giving them this insight and ability to reflect appears to be possible from the age of 12 years onwards. In this respect it can be very important to start early with the mobility programme. Besides teaching the child the skills he will need to function as a visually impaired or possibly even as a blind person, starting the mobility training offers good opportunities to start talking with the child about many things that have become or will become important for him. This prevents the child from having all sorts of negative experiences for which he cannot find an explanation himself,

such as falling over objects that were left on the floor, bumping into objects that are wide or stick out without reason. The child may easily start to think of himself as stupid and clumsy and become discouraged and dependent.

Earlier studies by Hallgren, Onken and Parnicky show that about 25% of the older deaf persons with Usher Syndrome have serious psychiatric problems. The question that arises here is whether this is a medical problem; should these problems be seen as part of the Usher Syndrome or a psycho-social problem: have these persons developed all kinds of defence mechanisms to protect themselves from a recurrent feeling of dependence,

helplessness and depression? A recent survey of the 'American R.P. Foundation Fighting Blindness' shows that 72% of the questioned young adults with Retinal Degeneration, (of whom 'only' 18% are also hearing-impaired) indicate that their Retinal Degeneration seriously affects their social life in many ways. Exactly the same

number indicate that they would like to receive support and counselling from someone who knows about their specific problems. A point of special attention is the vocational choice of these children. This study also shows that one should be very careful not to exclude this group of people from certain professions or vocations beforehand.

Inexpert advice in this matter will limit the possibilities of people with acquired deaf-blindness even more than they already are.

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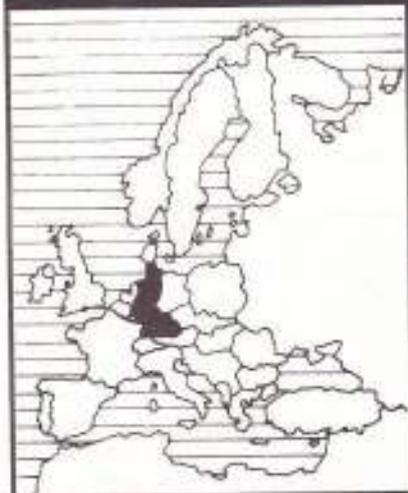
**Sense** — The UK Deaf-Blind and Rubella Association — held their Annual Weekend Away in September. This extraordinary occasion sees over 500 people coming together for a weekend of talks, discussions, exhibitions and social activities. Included in the group were 19 deaf-blind adults who were exploring ideas for using HASICOM (Hearing and Sight Impaired Communication Systems), where computer terminals enable braille users to link through the telephone to other users, and to information bases.

The Weekend Away brings together parents, teachers, carers, social workers and children. By holding all the activities together, the weekend underlines the importance of all groups participating in the education and care of the deaf-blind child.

This year Sense welcomed guests from Japan, DDR, West Germany, Holland, France, Iceland, Sweden and Finland.



## WEST GERMANY



# Sculling for Deaf-Blind Students

The Bildungszentrum for Deaf-blind in Hanover-Kirchrode was built in 1972 as an independent private facility for deaf-blind children and adults. In 1983 the school department was extended. There are now 91 students, boys and girls, between the ages of five and 21 years. The children are educated in groups of four or five, each group has a teacher and four or five care staff.

Students from the Bildungszentrum enjoy sculling; that is rowing in a light, fast sport boat. Anke Grauel explains the benefits of this activity.

Our students joined the Hildesheim Sculling club in 1986. They take part in the club's activities and scull (row) regularly every Friday on a branch of the Mittelland canal. They use standard two and four seat sculls (boats) with, in addition, a coxswain who steers the boat. Other students from local high schools (Gymnasien) train for this traditional sport at the same time.

The climax of our sculling activities were two special excursions to the Starnberg Lake in 1987 and this year to the Eder Lake.

You will want to know how deaf-

blind students can do this activity which demands high motor skills? First let us look at the handicaps of the students. Thirteen deaf-blind pupils take part. Of these, three are totally deaf-blind, one is blind-hard of hearing and nine have poor hearing and sight. Eight were damaged by congenital rubella and have other disabilities — such as motoric retardation. One has Usher Syndrome. Nevertheless all belong to the more able group of students in our school.

### Why choose sculling when there are many other suitable sporting activities available?

It would appear to have the following things against it:

- preparing the boats takes a lot of time
- cleaning and maintaining the boat after sculling take time and effort
- the equipment is expensive (a sculling-four, fully equipped, costs DM20 — 25,000 (more than £6,300))
- there has to be open water nearby
- it is a seasonal activity and needs good weather.

But we scull because:

- it is very flexible. You can do it individually as well as in groups of between 2 and 8 scullers
- it can be enjoyed by students with different levels of performance/achievement
- you can carry on doing it up to an advanced age
- it is a very beneficial exercise for the whole body, especially the heart and circulatory system
- the steady change of tension and relaxation has beneficial psychological effects
- sculling gives the students important bodily experiences (use of energy, balance, but also muscular strain and sore hands)
- regular sculling is good for the posture
- it helps improve the sense of balance
- the posture of the head is trained (blind people)
- physical endurance is increased
- our deaf-blind students enlarge their social experience; by preparing for the sculling excursions, in joining in the club's social activities and taking part in the joint upkeep and maintenance effort during the winter
- sculling supports our contacts with non-handicapped people
- responsibility is entrusted to handicapped persons as every seat in the boat has its special task
- regular sculling helps to reduce the student's fears
- the boat gives blind people the opportunity for full physical exertion without problems of orientation and insecurity
- even totally deaf-blind students receive new impressions and experiences of the natural environment



- during sculling the deaf-blind student experiences himself as a full and adequate person.

### How does communication take place in the boat?

We do not use optical or acoustic aids in the boat. Totally deaf-blind students act as the 'stroke man'. All important sculling commands are passed on by tactile stimulation e.g. tapping twice on both hands means 'stop sculling'. Those with some sight and hearing are instructed by gestures and during breaks from sculling information is passed on by 'Lorme' (a hand alphabet for deaf-blind people). Attendants sit in each boat to maintain communication links and to ensure that the children do not feel isolated.

We are proud that a team of four student scullers under an experienced coxswain can maintain the sculling stroke by sight and hearing impressions

## The Jobst and Anna Wichern Foundation

Situated in the town of Tensbüttel in the state of Schleswig-Holstein in West Germany this home, school and training centre accommodates 42 severely multi-handicapped deaf-blind and blind children and adults.

The Centre was founded in 1976, its occupants live in nine co-educational groups, selected according to ability. Besides their loss of sight and hearing most are mentally retarded.

The students follow individually designed training programmes involving simple, repetitive steps to learn daily self-care, bathing and domestic skills. Besides this they learn educational and vocational skills. Each is set personal short and long range achievement targets. These are mainly:

- advanced self-help skills,
- elementary music and movement



*A sculling-four on Lake Eder. On board are three deaf-blind students and our school's director Mr Bunck. Everyone enjoyed preparing for and taking part in the journey which lasted three days and covered 20 kilometres.*

and also by using vibratory and kinaesthetic stimuli.

We have found the best training method is to teach the students to scull in an artificial pool and then transfer their skills into the real situation, correcting any errors there. We use a 'sculling-two' boat with an experienced sculler in seat 1, the deaf-blind as stroke man and the leader as coxswain.

We tried to train some beginners last term directly on open water but it doesn't really work with those who are frightened or who have greater motoric difficulties.

therapy — starting with sensory-motor integration,

- training as perceptual, auditory and visual therapy,
- training to improve bodily and fine gross motor movements.

There are facilities for gymnastics, hypnotherapy and swimming.

The age range of the residents is from young children to mature adults, half of the residents are over eighteen years of age.

In 1987, four extra housing units were built for twenty-two adults, each unit consists of single and double bedrooms, living room, kitchen, dining and recreational rooms.

At present five of the young adults are working in a vocational skills centre, where a structured programme helps to create a sense of independence. The ratio of student to training staff is 1 to 3.

**A. Gravel**

## A School for Deaf-Blind Children in Würzburg

It may not be necessary to give geographic data of Würzburg, since the last ICEVH-Congress (for the blind) took place here last year. This town in the north of Bavaria and in the middle of West Germany has a long tradition in the education of the blind. Due to the efforts of a Count of Bentheim in 1853 a foundation was started to take care of the blind of the region. In 1973 an important decision changed the direction of the work of the foundation: Blind children of normal intelligence would henceforth be educated mainly in Munich and Nuremberg, while Würzburg would provide intensive school training for multiply handicapped and visually impaired children.

Since there was a need for adequate services for these children, the old buildings quickly came to the stage where they could no longer cope with the growing number of children from all over the country. In 1982 we acquired additional space on a hill in the suburbs of Würzburg.

### Facilities

Now the foundation has diversified and offers the following services:

- a boarding school for the partially sighted
- a boarding-school for the partially sighted with learning difficulties
- a boarding-school for the multiply handicapped and visually impaired, with a department for the deaf-blind
- an early intervention service, which provides parents of multiply handicapped and visually impaired children all over Bavaria with home based programmes
- a service for the partially-sighted, who are integrated in elementary schools, high schools and other special schools.

### Multiple Handicap

The largest group of children provided with special services are those with multiple handicaps and visual impairments (75%). Forty of those children are also deaf or hard-of-hearing. They belong to the group of the deaf-blind. Most of our deaf-blind children and juveniles are severely mentally retarded, suffer from additional problems such as cerebral palsy (30%) and have developed

behavioural problems. The percentage of children who have no residual sight is unusually high (55%).

Congenital rubella caused the impairments and handicaps in 75% of children. Fortunately the percentage of 'rubella-children' drops in children younger than 10 years; only five of twelve children of this age group are rubella damaged; our youngest 'rubella-children' are seven years old.

'Amaurosis\*', hearing problems, behavioural problems and additional handicaps may strain both pupils and educators, parents and teachers in the common effort to pave the way for the best possible life for each one of them.

### Our work continues . . .

Besides training mobility, the fine and gross motor systems, the auditory and visual residual capabilities and daily life routine techniques, we emphasise 'body-centred methods', which require little or no engagement from the child itself, such as massage-techniques, basic stimulation or reflex zone massage-concentrating on the feet only.

Referring to the main problem of deaf-blind people, the development of a sufficient communication system, we relate to the methods developed in the Centre for the Deaf-Blind in Hanover and at St Rafael in St Michielsgestel in the Netherlands over a long period of work with this group.

As half of our pupils are more than 16 years, it is vital that we formulate a concept for them to cope with life after school. Nearly all of them will not be able to participate in ordinary industrial production, even if it is organized specially for disabled persons, such as 'Werkstatt für Behinderte'. Because of this, the Bavarian government has created a programme called 'Förderstätte' (programme of advancement), which drops minimum requirements as to quality of product and time used to produce it. Since this programme is new, we will be the first to develop its form and contents. By autumn 1989 we expect the first group of deaf-blind adults to live and 'work' in an functioning group of the 'Förderstätte'.

### Hanne Pittroff

\*Amaurosis: Loss of sight without apparent lesion of the eye, as from disease of the optic nerve, spine or brain.

# The Changing Scene for Education of the Deaf-Blind in Australia

Before the nineteen sixties there were few recorded cases of individual deaf-blind children recorded in Australia. These were the adventitious deaf and blind children who were provided for in programmes for the blind. As in the United Kingdom, USA and other countries, children who did not fit the traditional categories of deaf or blind were usually refused entry to schools for the deaf and schools for the blind.

In 1941 an Australian doctor, Sir Norman Gregg, published a paper based on his research which established a definite association between rubella in pregnancy and congenital cataract. Over the next few years in this country the association of maternal rubella with various congenital defects such as deafness, heart disease and mental retardation was widely explored and reported throughout the world.

However, it was more than twenty years after Gregg's discovery that comprehensive education programmes for deaf-blind children were designed and implemented in Australia. Faced with the problem of providing an education for a growing number of multi-handicapped rubella children, the various education authorities accepted the broad definition of deaf-blind adopted in the USA and the United Kingdom during the 1950's.

Once it had been decided that provision should be made for these deaf-blind multi-handicapped, services were rapidly developed. Teachers were sent overseas for special training. Administrators visited various countries to investigate and report on strategies, methodology and technology being used to educate the deaf-blind.

The greatest influence on educational provision in this country has come from the USA, especially from Perkins School for the Blind. Still, there has also been strong influence from Condover Hall School for the Blind, England and St Michielsgestel Institute for the Deaf, Holland.

In 1961, Dr Edward J Waterhouse, then Director, Perkins School for the Blind, visited South Australia. While in Adelaide he

## THE AUTHOR

Keith Watkins is the previous Chairman of IAEDB, and has been closely involved with the development of services for deaf-blind children throughout the world. Here he looks at the present pattern of services in his own country, Australia.

met with a large group of parents, teachers and administrators to discuss the education of deaf-blind children. As a result of this meeting a teacher, Miss Beryl Payne, was sent to Perkins for a one year's course commencing in September 1963. On her return, Miss Payne took charge of the Deaf-Blind Centre at Gilles Street Public School in the city of Adelaide. To assist her in developing the programme she had a teacher from the regular school and two teachers' aides who were trained nurses.

Administrators in the most populous State, New South Wales, saw large-scale, long-term planning for the development of services for deaf-blind children as most desirable. Two new schools, one for the blind and one for the deaf were established jointly by



the NSW Department of Education and the Royal NSW Institute for the Deaf and Blind Children in 1962. These were built by the institute on the same campus at North Rocks in suburban Sydney. By late 1965, planning was well advanced for extension of the school for the blind to provide a Deaf-Blind Department. In 1970 the institute started a separate programme for 'trainable' deaf-blind children.

During the 1970's the deaf-blind movement spread to other States. In 1970 the Queensland Department of Education sent a teacher to Sydney for training. Upon his return to Brisbane in 1971, he developed a unit in Narbethong, School for Visually Handicapped. Again in 1970 the Education Department of Victoria started a day school programme for deaf-blind children at the Mornington Special Education Centre in Melbourne. Dr Jan van Dijk of St Michielsgestel Institute for the Deaf, Holland, spent two

## Follow-up Study of Dr van Dijk's Survey

In 1982 Dr Jan van Dijk spent twelve months working with a group of Education Department psychologists at Mornington Counselling, Guidance and Clinical Services, Kew, Victoria, Australia, assessing one of the largest samples of Rubella children undertaken in the world at that time. The results of this research are published in the book, *Rubella Handicapped Children*, reviewed in the last edition of *Deaf-Blind Education*.

Now, ten years later, the Deaf-Blind Care Association, Victoria, under the leadership of Ruth Carlin, in conjunction with Van Overbeek Stichting, Netherlands, is supporting a follow up study of the original

population in order to assess the progress of the participants in the initial research.

Areas receiving attention are language development, articulation, mathematical computation, autistic behaviour, normal skills, acquisition, and behavioural problems.

Preliminary results suggest that the progress shown by the majority of rubella deaf children is unlike the development of the rubella deaf-blind children where many learning and behavioural problems continue to be important.

**Heather Hewitt,**  
Chairman Pacific Region

lengthy periods at this centre to assist in its development.

The Australian scene illustrates very well the international influences that have shaped education services for the deaf-blind around the world. Very strong international links have been forged in this field of education, particularly through the activities of the IAEDB.

During the 1980's several factors have been introduced into the Australian scene. These have resulted in fairly dramatic changes in direction. At the start of the decade another dimension was added to the service delivery system for the State of New South Wales. In 1980 the Royal New South Wales Institute for Deaf and Blind Children completed a special school for multi-handicapped blind children at the North Rocks Centre. Its programme for deaf-blind children had been subsumed in this very large, generously equipped and well-staffed school. It is a private sector school built and operated with liberal subsidies from both State and Federal Governments.

By 1984 there were 107 places in this school with 20 filled by children having both vision and hearing problems. Hence the State with the largest population found itself well down the track towards the elimination of specific programmes for the deaf-blind.

The States and Territories with relatively small populations have never established specific facilities for the education of deaf-blind children. Here cases have been placed in existing special education programmes such as those for blind, deaf or intellectually disabled children. Included are: Tasmania, Northern Territory, Australian Capital Territory, and the vast geographical expanse of Western Australia where distances are often measured in thousands of kilometres.

Now, the more populous States have turned sharply in this direction too. The New South Wales Department of Education programme at North Rocks Central School for Blind Children has evolved into one basically for multi-handicapped blind children with the deaf-blind included. It is now similar to that of the Royal New South Wales Institute for Deaf and Blind Children described above. Other deaf-blind children in this State continue to be educated in a variety of special education settings.

In South Australia, where the specific programmes for

education of the deaf-blind started in this country, there is now no special school or unit provided for such children. Some deaf-blind children who are not progressing satisfactorily in another special education environment attend Kilparrin Teaching and Assessment Unit in suburban Adelaide. This Unit provides for a range of multi-handicaps, particularly in the sensory areas.

Victoria saw the phasing out of the Mornington programme for deaf-blind children in the late 1970's. The deaf-blind children were placed in an annexe at the Carronbank Special Education Centre at Kew, operated by the Department of Education. Another group of deaf-blind children continued on a residential basis at the Children's Cottages, Kew, operated by the Mental Health Authority. The Royal Victorian Institute for the Blind programme for deaf-blind children was

subsumed in a separate residential centre for blind children with multiple disabilities as early as 1970.

Queensland has taken a similar pathway to the other States. Following a Department of Education review, dramatic decentralisation of services for the blind, partially seeing and deaf-blind from Narbethong School for Visually Handicapped Children occurred by the end of 1986.

Along with the swing to integration of the deaf-blind into programmes for children with multiple disabilities has come an increased integration within the mainstream of education. As predicted at the 1984 IAEDB Conference in New York: 'There seems little doubt that as we progress through the 'eighties more and more children with special needs, including the deaf-blind, will be educated in regular schools.' (Watkins 1984)



**Sense-in-the-Midlands (United Kingdom)** has now accepted 26 students into its Further Education and Rehabilitation Department, and has begun building work to make space for a further ten students. It has also opened a new Family Centre, offering support to 90 families in the Midlands who have a young deaf-blind child under the age of seven years.

## Australia (continued)

On the same occasion it was pointed out that we cannot avoid the

'overwhelming evidence of the great impact of environment on the individual's development and manifest level of functioning . . .'

Certainly, the Australian scene reflects these views. Throughout this country there are many children with dual or multi-disabilities being successfully educated in special units attached to regular schools. Included here are children with combinations of vision, hearing, physical and intellectual problems. In New South Wales, for example, it is the policy of the Department of Education that:

'every child with a disability must be able to attend their regular neighbourhood school where this is possible and practical and in the best interests of the child.'  
(Education Gazette No. 1, February 4, 1988).

Again, as described earlier, the first education programme for the deaf-blind in Australia was attached to a regular school in Adelaide, South Australia,

Yet another factor of change in the Australian scene was the rubella immunisation campaign. The virus was not identified and cultured in the laboratory or blood tests for assessing the individual's susceptibility or immunity developed until 20 years after Gregg's 1941 discovery (Menser, 1976). Following the rubella wave throughout the Western world in 1964-65, there was renewed interest in the virus. Research was expanded around the world, including that by Dr Jill Forrest and Dr Margaret Menser at the Children's Medical Research Foundation, Royal Alexandra Hospital for Children, Sydney.

By 1971 the Commonwealth Government of Australia had made available a vaccine to immunise teenage girls against the virus. Forrest and Menser (1975) pointed out that this campaign involving 12 to 14 year old schoolgirls, 'allows 60-70% of girls to acquire natural immunity before they are vaccinated'.

Clearly, by the 1980's the vaccination programme was having the desired effect. Figures supplied by the New South Wales branch of the National Acoustic Laboratories (March, 1984) show a

definite decline in the number of deaf children presenting for hearing aids, and a dramatic decline in the number of rubella children. For example, in 1969 there were 35 rubella cases out of 293 deaf children fitted with hearing aids. In 1983 there were no rubella cases of the 13 deaf children fitted. Moreover, there has been a corresponding decrease in the number of deaf-blind children presenting for enrolment at North Rocks Central School for Blind Children. In fact, both the Institute School and the Department of Education School at the North Rocks Centre show rapidly falling numbers for the deaf-blind, with no new enrolments in recent years.

If the trends discussed here continue, and there is every indication that they will, the early 1990's will witness a very different Australian scene to that of the past quarter century. There will be very few children designated deaf-blind; the small number with vision and hearing impairments will be educated in programmes for the multi-handicapped; and often they will be found in programmes within the mainstream education.

Dr Keith Watkins

## Carronbank School — Aerobics are fun!

Last year we at Carronbank introduced aerobics into the school programme. I learnt dancing for many years and have taught aerobics for seven years. I thought I could use these skills and adapt them to meet the needs of our students.

The students were multi-handicapped young people, all with a hearing and visual loss. These students had been involved in a dance programme and aerobics was seen as a natural extension of it. We are told to consider the age appropriateness of our activities and aerobics was seen to fit this criteria. It covered a range of skills; social interaction, motor development, body awareness, physical education and it was a great way of combining physiotherapy exercises into the programme.

Many of the staff were surprised at the enthusiasm of some of the students. Some who had limited concentration could attend for up to 30 minutes! A student with cerebral palsy showed her determination to be involved; there were many exercises she had great difficulty with physically

**Carronbank is a Ministry of Education School in the state of Victoria for multiply-impaired deaf-blind students. The majority of our students are rubella affected, although we have other students where the cause of their disabilities is unknown, or not attributed to rubella.**

and this often frustrated her, but she persisted and seemed to gain great satisfaction in being able to do each movement. Aerobics became a personal challenge for her.

Some students with behavioural problems reacted well and it seemed to have a calming effect - perhaps even tire them - so aggressive or violent behaviour certainly declined when aerobics was taught. I have found physical activity is a great benefit for these students.

Students with autistic behaviour also profited. One boy who had shown little enthusiasm for socialising, became more aware of others and reacted to them during an aerobics session.

Anyone wandering into the room during this session would wonder whether the teachers were gaining more benefit than their students! This was especially evident when the blind students joined in and their teachers had to work co-actively. I say 'work' because it was very hard work for those teachers to manipulate the student's limbs, and at the end of the session it was often the teachers who were more exhausted! The speed the exercises were carried out had to be adjusted as many of the students and staff had difficulty keeping up.

Whether it was the physical contact or movement is unknown, but they did enjoy it!

Aerobics promotes increased awareness of body and self, efficiency of movement, health and well-being. Certainly for many of our students aerobics has been beneficial. Some of the older, independent students have gone on to join in aerobic sessions in a gymnasium and to see aerobics as a leisure activity.

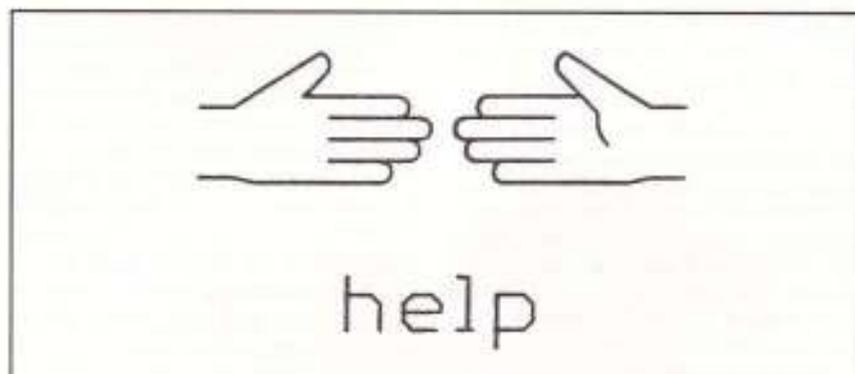
Kate Gee

**AUSTRALIA**

# Talking with Pictures

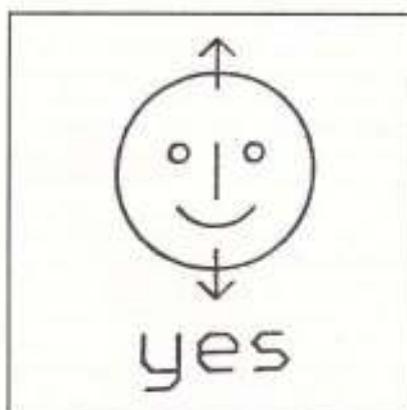
Any new ideas that improve communication are always welcome. Here, Helen Jolley from Carronbank School in Australia describes how they have developed the use of pictographs with great success.

Establishing communication is a primary aim of our education policy and sign language has always played a major role. However we are finding that using the COMPIC system in conjunction



with speech and signing has helped some of our students to communicate with greater simplicity and accuracy.

COMPIC is an abbreviation for Computer Pictographs for Communication. The COMPIC project evolved from the Victorian Symbol Standardisation Committee, and the aim was to develop a means of standardising



the set of pictographs used with adults and children with severe communication impairment. A team from Swinburne Institute of Technology provided the technological and graphic expertise and the speech pathologists on the Symbol Standardisation Committee provided theoretical and clinical

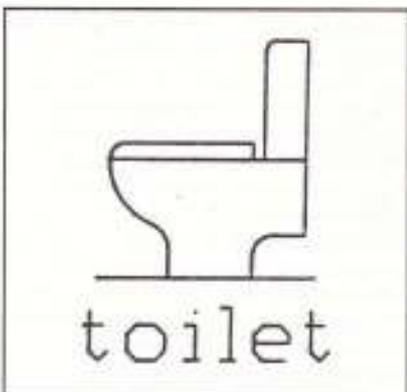
expertise.<sup>1</sup>

Our recent experiences bear out an observation made by Dr Jan van Dyck<sup>2</sup>, who believes that pictures are an important aid to memory for 'deaf-blind youngsters'.

The COMPIC pictures are clear, simple outlines with a high degree of 'guessability'. Students soon learn to associate activities with the pictures, which they can use to 'transmit' and 'receive' messages. The printed word

underneath the picture assists anyone who can read to understand the message, so the system can be used in the wider community with people who do not know the student, e.g. in shopping centres, on public transport, and so on.

Some students who have mastered signs, but cannot understand or sign longer messages, have quickly learned to 'read' COMPIC sentences of three or four words. We are making 'books' about students activities and interests and developing a recorded language for students who, in the past, may never have learned to read in a traditional way.



One student learned only three signs in a year of teaching and would not use them appropriately

all the time, but he is using about 15 COMPIC pictures to communicate purposefully after only six weeks. He uses them in four different settings and his frustration level (not to mention the teachers') has dropped noticeably. We started him with simple photographs, but he made the link between the photos and the COMPIC outlines within two or three days, so we have stopped using the photographs.

Different symbol systems have of course been used for many years but the great advantages of COMPIC are the ease of consistent reproduction, the economy of the system, the availability of four sizes and the simplicity of the outlines which make them ideal for the visually impaired. Thickening outlines, or adding colour detail for greater contrast, are very simple modifications.



At present there are about 600 pictures which will soon be extended to nearly 1000. As it was originally designed for physically disabled students we find that there are some words for actions and activities that we need but which are not currently available. It is not difficult to 'invent' personalized pictures in the spirit of COMPIC and we have done this when the need arises.

We are very enthusiastic about the success of the system with some of our students and suggest it as a worthwhile supplement to signing and speech.

**Helen Jolley**

1. COMPIC Computer Pictographs for Communication. Produced by the Victoria Symbol Standardisation Committee and Swinburne Institute of Technology. Swinburne Ltd. 1986

2. 'Working with Deaf-Blind Children and Adolescents' by Dr Jan van Dyck *Taking Sense*, Vol. 33, No. 4, Winter 1987, pp 7-9

# The Rehabilitation of children in Poland

The specific needs of deaf-blind people, both children and adults, have been understood and taken care of only in the last ten years — that is much later than the needs of those who are only sight- or only hearing-impaired. There were previously very few cases of successful rehabilitation.

From a questionnaire sent out by the Polish Association of the Blind, in co-operation with the Polish Association of the Deaf, it was discovered that the number of the deaf-blind in all age groups in 1984 amounted to 1,500 persons. Poland's population in that year was over 37 million, the number of deaf-blind persons registered with the Polish Association of the Blind in 1987 was 640, including 38 children under 15 years of age. It is hard to tell if the numbers of the registered deaf-blind adults or the children are closer to the respective actual ones: the data traditionally collected by the Polish Association of the Blind seem to be more exact with regard to the blind adults having also hearing impairment, while the data compiled by the Polish Association of the Deaf are probably more reliable with regard to the deaf children and youth having also sight-impairment. The Polish Association of the Blind has set up a system of permanent, up-dated registration of deaf-blind persons.

In Poland we have no specialised educational centre for our deaf-blind children and youth and the possibility of setting one up seems rather distant. Statistics on deaf-blind children and youth with additional impairments (mainly mentally retarded) placed in various care institutions are missing.

For a few deaf-blind children, whose general development level permitted their incorporation into the system of special education, a class of five to seven deaf-blind children was set up at the Educational Centre for Blind Children in Bydgoszcz. Originally it was assumed that the enrolled children should be the ones that are blind with loss of hearing, but the majority of the children admitted are deaf with loss of sight, in our opinion educational methods appropriate for them should draw more on methods of deaf education than on those of

blind. Efforts are being made to set up a class of deaf-blind children at the Education Centre for Deaf Children in Cracow. We believe that similar classes should be organised at schools for hard-of-hearing children and at the centres for the deaf, hard-of-hearing and mentally retarded.

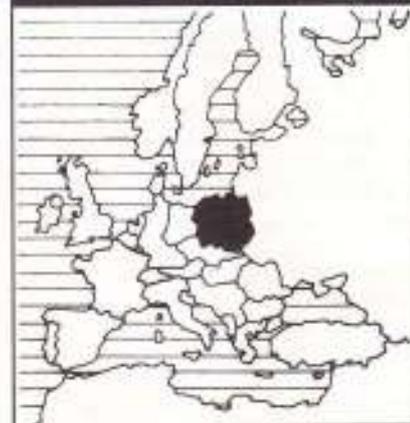
In Poland deaf-blind educationalists are very few and so are rehabilitation specialists for deaf-blind adults. There are no special studies in deaf-blindness at the university colleges training staff for various groups of disabled persons.

In this situation, the Department for Studies on Blindness and Low Vision at the Head Office of the Polish Association of the Blind, designs and organises every year, a fortnight's course for deaf-blind adults and children. These courses, within the limited human and material resources they command, provide an opportunity for small groups of the deaf-blind, to take a short but rather intensive rehabilitation. There is also an element of staff training and gaining experience in rehabilitation and organisational work. Such courses, organised since 1985 by the Polish Association of the Blind, with the assistance of the Polish Association of the Deaf, are available for up to 40 deaf-blind participants at a time. These are the basic statistics concerning participation:

Year	No. of adults	No. of Children
1985	26	-
1986	23	15
1987	29	7
1988	29	9

Indicators for children do not consistently grow. Part of the problem is with the deaf-blind children who are also mentally handicapped. This additional handicap gives them very few chances to profit from rehabilitation procedures envisaged for the short-term courses we are running. Since the number of potential candidates is limited, the formula of a joint participation by adults and children has been adopted. Participants who come from all over the country are accompanied by their guides,

## POLAND



most often family members, and children by at least one parent.

When children are accepted for the courses we examine their psychic and physical development as closely as possible and carry out a complex programme of rehabilitation which includes:

- provision of visual aids and training of residual vision;
- provision of hearing aids and training residual hearing;
- training in various methods of communication, corresponding to perceptive possibilities of children;
- speech training;
- exercises stimulating general developmental capabilities;
- gymnastics and motoric games;
- training in independent living skills;
- educational outings and excursions.

Lectures are given to parents of the deaf-blind children and they are involved in rehabilitation work with the children. Having an opportunity to meet deaf-blind participants they can learn what should be useful for rehabilitation of their children and what should be avoided.

The courses are also organised with the aim of establishing permanent links of co-operation with the specialists invited to work on the courses — to raise qualifications of those beginning work in the deaf-blind field — to collect data for planning future courses and to accumulate experience for the elaboration of a comprehensive scheme of rehabilitation and aid for the deaf-blind in Poland. The same tasks are served by our international contacts and collecting information from abroad.

Józef Mendrun  
Izabela Budzynska

GERMAN DEMOCRATIC  
REPUBLIC

The Oberlinhaus in Babelsberg, Potsdam is one of the GDR's Rehabilitation Centres for physically handicapped and deaf-blind people, with a special orthopaedic department. It is run by the Protestant Church.

The emphasis of the rehabilitation is put on the medical, educational, occupational and social rehabilitation of the physically handicapped people. The work with deaf-blind people, which began in 1887, is being carried out at present in a house which is over 70 years old. There are 25 carers working with 32 deaf-blind people, of whom 23 are totally deaf-blind, five visually or hearing impaired with an additional physical handicap, two blind with a developmental delay and two severely speech impaired. The capacity of the home in no way meets the demand for care for deaf-blind people in the GDR. At the last count in 1985 there were

## The Oberlinhaus Rehabilitation Centre

over 35 deaf-blind children and young adults alone to be looked after. For this reason the state schools for deaf children in Berlin, Halberstadt and Dresden began educating their deaf-blind children in small groups of 3-5 children in extra units. At the Oberlinhaus there are 12 children and young adults between five and 21 years, and eight are deaf-blind. The basis for all the work is individual educational and self-care programmes with the aims of defining an area of work, encouraging the greatest possible independence, building up appropriate methods of communication and promoting a healthy, happy social climate in Oberlinhaus, in which the deaf-blind children and young people are integrated with the deaf-blind adults.

Parallel with this training for independence in the social sphere, daily education and information programmes of work are followed. This work has been supported since April 1987 by a state qualified and state appointed teacher of the deaf. Through training of various skills, we try to prepare the young people for a suitable work place at the Oberlinhaus or near their home. We try to develop the individual gifts and abilities of each child, to enable him to keep to as purposeful and independent a routine as possible. The age range of people living in the home facilitates a lifestyle approaching



family life, which gives each person experience with people of different ages. This way the strengths and weaknesses of the individual residents are complemented in a meaningful and mutually satisfying way.

With mutual self-affirmation through helping each other daily, and through community celebrations, the residents experience this community as a supportive and positive way of living. We are however concerned about the further development of this community lifestyle spanning different generations of residents. Are we misjudging the position or is it a fact that we have come to expect less in terms of capability from young deaf-blind people in 1988 than from those who were growing up 50 or 60 years ago? The change towards concrete living expectations for deaf-blind people growing up now is one of the challenges facing us from now on.

Friedrich-Wilhelm Pape

### European Usher Syndrome Study Group

The fourth annual meeting of European Usher Syndrome professional workers took place at the Paul Dolin Centre near Toulouse, France, on 14/15 May. Four administrative subjects were considered:

- How to encourage more European countries to join the Group.
- How to obtain funding to pay for administration and to assist workers to attend the meetings who could not fund themselves.
- How to explore links with world associations serving deaf and blind people.
- It was agreed that the Group should seek a formal link with the International Association for the

Education of the Deaf-Blind (IAEDB). Eleven papers were presented — I can only report on some which were of special interest to me.

Yveline Guesdon reported success in the treatment of a man in her unit at La Varenne, France. Two years ago this man's profound state of stress seemed to be beyond the help of therapy. Now, after changing their approach, the team report that this Usher Syndrome sufferer is beginning to enjoy life in that he is eating well, trying to communicate and starting to laugh and make fun.

Marc Surrus report on the work he is doing with disturbed and depressive young adult men at the Spermalie Institute in Bruges, Belgium, gave us an insight into the world of young deaf men who are facing loss at a time in their lives when their contemporaries are looking forward to new

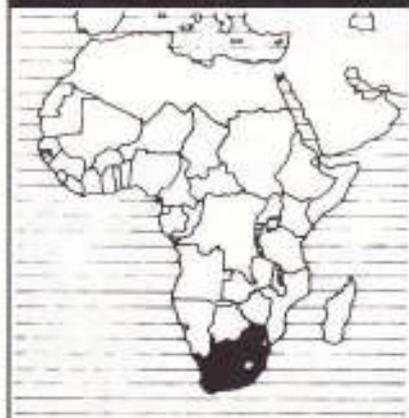
opportunities. For example, young people with Usher Syndrome may not drive, may find difficulty in making relationships with the opposite sex and may lose mobility at a time when they would naturally want to be exploring these areas of life more fully.

Next year England will be host to the Usher Syndrome Study Group meeting which will take place on the weekend of August 4 — 6 1989 just before the European Conference of the IAEDB.

A special meeting will be held on the afternoon of Sunday 6 August (2.30 — 5.30 pm). This will be open to people with Usher Syndrome, relatives and interested professional people.

For further information contact me, Mary Guest, at Sense, 311 Grays Inn Road, London WC1X 8PT, UK.

## SOUTH AFRICA



# The Deaf-Blind Department at the Pioneer School, Worcester

The first deaf-blind department in South Africa was initiated about 1946 by the Kuitlwanong School for the Deaf. In January 1959 a deaf-blind department was established at the School for the Blind, Worcester. (In 1981 the name of the school was changed to Pioneer School). In the past 30 years, 44 deaf-blind pupils received their training at the school.

## Teacher training

All teachers receive regular teacher training at colleges and universities. This may be followed by in-service training at the school, specialised courses at university level in the education of the auditory handicapped, the visually handicapped, the mentally impaired or in remedial teaching. Where possible teachers have participated in training courses at the Perkins School in the USA or at St Michielsgestel in the Netherlands. Teacher's aids receive in-service training at the school.

## Causes of deaf-blindness

**Rubella:** 31.8% of past and present pupils are deaf-blind as a result of maternal rubella. All of these pupils are profoundly deaf (more than 85dB hearing loss) and had congenital bilateral cataracts. 9.1% developed glaucoma and 13.8% congenital heart defects.

Several pupils suffering from less severe auditory and visual handicaps resulting from maternal rubella are not in the deaf-blind department but are coping in the classes for the blind and partially sighted. The deciding factor in these cases seems to be the degree of hearing loss. Though all these pupils had bilateral or unilateral cataracts and have to wear hearing aids, they have all acquired natural speech. Where a deaf-blind department is in the milieu of a school for the hearing impaired, the opposite seems to be the case, viz the degree of visual loss being the deciding factor for placement in a separate department for the deaf-blind.

An interesting impression is that the degree of mental impairment in the rubella group at the Pioneer

School seems less severe and less generalised than in the majority of children suffering from the rubella syndrome in departments for the deaf-blind observed in Europe and the USA. This has, however, not been scientifically investigated. As the incidence of children with rubella syndrome in South Africa is more sporadic and not mainly the result of epidemics as in Europe and the USA, it may be speculated that the virulence of the virus may also have been less severe.

**De Toni-Fanconi syndrome:** 18.2% of past and present pupils suffer from this syndrome. The symptoms are congenital kidney malfunctioning resulting in nephritis and concomitant vitamin D resistant rickets. This is accompanied by progressive sensory deafness and retinitis pigmentosa causing total visual and hearing loss in early adolescence. General growth is retarded, the condition is progressive and general life expectancy is short.

In spite of the severe physical and sensory deprivation, these children have, contrary to the rubella-group, normal mental ability with normal personal, social and behavioural development. They are amongst the stars in a deaf-blind department, acquire inner language, have different forms of receptive and expressive communication and can make relatively normal scholastic progress.

**Usher Syndrome:** 6.8% of the students of the deaf-blind department suffer from progressive auditory loss and retinitis pigmentosa. In these cases the onset of the auditory loss was earlier and more severe than the visual loss. Pupils with Usher

Syndrome whose visual loss preceded the auditory loss and who acquired speech in the normal way, can manage to cope with the help of FM auditory equipment in the regular classes for the blind and partially sighted.

**Encephalitis/Meningitis:** 9.1% of the pupils lost their sight and hearing as a result of encephalitis and meningitis.

**Prematurity:** 6.8% of the pupils had Retinopathy of Prematurity accompanied by deafness.

**Other syndromes:** The remaining 27.3% suffered from various labelled or atypical syndromes. In these cases the sensory losses sometimes include loss of the tactile sense as well as muscular dystrophy, skeletal malformations, deformities, etc.

## Accommodation

Class groups vary from three to four pupils per teacher with a teacher aid per class.

Pupils who are unable to communicate through the spoken language are accommodated in a separate hostel for the deaf-blind. House parents and their family reside in their own flat in this hostel. Teacher aids also live in the hostel and follow a roster for night, school and afternoon supervision on a 24 hour per day basis. This system ensures continuity in the programme during and after school hours.

The classrooms are in the same building as the hostel.

Pupils with sufficient command over the spoken language are accommodated in the hostels for the blind and partially sighted pupils. This gives them more opportunity of experiencing normal conversation.

Pupils whose parents live locally, stay at home and attend school and extra-mural activities in the same way as their sighted peers.

During school holidays some pupils are escorted home on trains and cross-country buses; others fly home. Pupils whose homes are close enough, go home during week-ends.

### School programme

The school and hostel programme is geared round the main objective of providing the means for each individual pupil to become a happy, adjusted, independent adult within the framework of his or her potential.

As soon as the school is aware of a deaf-blind baby in a family, contact is established in the form of supportive availability. Parents and child are invited to spend a few nights in a flat on the school grounds. This gives them the opportunity of observing the programme in the classroom and hostel, to meet teachers, mobility instructor, nursing sister and where necessary, the ophthalmologist. At the same time the child is observed by the professionals and practical advice may be given. Large distances between home and school often necessitate follow-up to be through correspondence, phone calls, newsletters, library information exchange, contact meetings at various capital centres for parent groups, other interested individuals and senior staff members.

Pupils are normally enrolled at the deaf-blind department from age four and stay to roughly age 20.

Communication varies from speech to writing-in-the-hand, finger-spelling, formal signing and natural signs. The lower functioning group learn self-help skills and the communication of basic needs. In the more advanced class groups formal graded academic work is incorporated in the general independence programme.

All pupils are instructed in activities which can lead to some form of employment. In the majority of cases ex-pupils of the deaf-blind section find employment and accommodation at a nearby workshop for the adult blind. Activities include weaving, making clothes-pegs, machine operating, piece-work (e.g. punching, folding, sorting, packing, etc., at a braille printing press).

Pupils are encouraged to join in sporting and extra-mural activities

with groups outside the deaf-blind department. Hobbies and interests to occupy their leisure time are encouraged.

A closely knit, organised and programmed pattern of living such as is usually found in a deaf-blind department, may lead to robbing the child of his initiative and his inclination to make his own choices. Children who are deprived of the necessity of solving their own problems by too

early and too much intervention by caring adults, form the habit of relying on the adult to think, plan and decide for him. The multiply handicapped person must also be permitted to face problems and then be given every possible chance to cope with them himself. Every solution found by himself leads to learning and this again contributes to personal growth and real independence.

Lenette Swart

## Corsi per genitori

### [COURSES FOR PARENTS]

A correspondence course for the parents of deaf-blind children has been available since 1977. 82 families have made use of this facility so far.

For further information contact:  
Servizio di Consulenza  
Via Druso 7  
38100 Trento  
Italia



### Directory of Computer Programmes

The Nordic Staff Training Centre for Deaf-Blind Services have produced a Directory with information about computer programmes designed for disabled people.

Further information is available from the Centre at Sletsgade 8, DK-9330 Drønninglund, Denmark.



Bryndis set Dr Waterhouse the following questions:

*In 1962, how did you visualise the future of deaf-blind people?*

*What were your goals and dreams?*

*Do you have any words of advice to the people attending the 1991 conference?*

"Let me dispose of the last question first. I think that anyone who has been out of touch with deaf-blind affairs for as long as I have should refrain from offering advice which would almost certainly be inappropriate to the times.

In 1962 the future of the deaf-blind looked promising in the United States and a few European countries, but steady progress was not assured. The programme at Perkins which had flourished in the 1930's came near to collapse for shortage of teachers during the war and in the years which followed. It was not until 1955 when a training programme for teachers of deaf-blind children was established with the co-operation of Boston University that things improved. From three teachers and five pupils in 1954 there were thirty three children and a staff of twenty two in 1962. Would the time come when it would collapse again?

But growth elsewhere in the US was disappointing. Only four other schools had programmes, bringing the American total of pupils served to around a hundred. This showed no signs of changing. Fears that many children were being neglected were confirmed later by Anette Dinsmore who gathered statistics for the American Foundation for the Blind. Her figures showed that at least one hundred more were getting no schooling of any kind.

I had very little knowledge of conditions abroad. What I had was horrible. There was a programme in Japan and Chan Poh Lin had come to Perkins from Singapore. The rest of Asia was silent. In South Africa there were separate programmes for

whites and blacks, and nothing yet for coloureds. Here too, the remainder of the continent had nothing to report. Brazil had recently opened a school.

Where were all the rest? It had been suggested that in many undeveloped lands a deaf-blind infant would not survive to school age. It might be a century, or perhaps several centuries, before the future of the deaf-blind could be secured world-wide.

In spite of the dark unknown, plenty was happening in 1962, and our goals were simply to further them in every way possible. Two great needs were teacher training and public education, and to further these, a Seminar on Teaching Deaf-Blind Children was held which brought together about forty delegates from eleven countries. Oscar (Mike) Myers recognised the need and called a meeting at Condover Hall School in England, where he was Headmaster. There he gave guidance to our discussions and afterwards he issued a report on what happened. He and his wife Renée were excellent hosts and Shropshire in July was an ideal site where, when the sun shone, we gathered on the lawn.

The preceding decade had seen a lot of action for the blind on an international level. In 1952 the International Conference of Educators of Blind Youth (ICEBY) met first in the Netherlands, and then again in 1957 in Norway. On neither occasion was anything discussed relating to deaf-blind children.

Adults fared better. At its first meeting in 1954 in Paris the World Council for the Blind appointed a Committee on Services for the Deaf-Blind. When the Council next met at Rome in 1959, each delegate received a small book containing the Committee's report. It included an extensive account of the methods of communication used by deaf-blind men and women and a valuable set of proposed 'Basic Minimum

Services for deaf-blind persons throughout the world'.

This book must have opened many minds, especially among delegates from lands where deaf-blind people were as yet undiscovered. The impact it made was particularly effective because it was presented by Richard Kinney who had an exceptionally clear voice although he was deaf and blind.

The Committee had accomplished something important which was likely to be of value for a long time to come.

One reason why July 1962 was an appropriate time for a seminar was the third meeting of the ICEBY which was scheduled for August. As noted above the ICEBY had ignored the deaf-blind at its first two meetings. Indeed there were members of the programme committee who quite vigorously opposed public discussions of the subject. This was an attitude I had confronted also at the meetings of the Conference of Executives of American Schools for the Deaf. Since the matter was usually rapidly dismissed one could only suppose that there was a great ignorance of deaf-blind education which created fears that it involved problems that were uniquely difficult. For me, 'public education' began inside the field itself. Perhaps Condover could produce something which would encourage a change of attitude.

The delegates came to Condover for a different reason. They came to learn more about deaf-blind education, and that is what they did. Some had been doing it for over ten years. Probably in the schools represented teaching improved from knowledge gained in the discussions.

When I received the questions Bryndis asked I found I did not remember a single thing discussed at the seminar. Not because there was nothing worth remembering but rather so many things have happened since. Mike's report

## On the Spot

On the Spot will become a regular feature in Deaf-Blind Education. Here an experienced practitioner in the field will put some questions to a colleague from abroad. We hope this section will provoke discussion, and help to bring us all together. For this first time, Bryndis Viglundsdottir set the questions. Bryndis travelled from Iceland in 1962 to the first International Meeting at Condover Hall School in England, and there she met Dr Edward Waterhouse. Dr Waterhouse has been called the 'powerhouse of the beginning of world-wide education and better life for deaf-blind people, who tirelessly travelled the world promoting their cause'.

brought much to mind. I think it is quite accurate.

The collective knowledge of the group was unmatched at the time, and it was freely shared. Yet, looking back over the twenty years I wish we might have given some thought to the dead weight of ignorance lying over the field of deaf-blind education. We were, I fear, absorbed in our own problems.

The report of the August meeting of the ICEBY shows that resolutions were passed on more than forty topics. Not one of them dealt with the deaf-blind. Mike's report shows that no resolution dealing with the deaf-blind was passed there either. Condoover delegates who went on to Germany could easily have presented resolutions from the seminar, but there were none to present.

One conclusion was reached at Condoover. It was that the group would meet again in three years. A door to the future had been left open and the future was full of promises.

The delegates at Condoover met without any name. There was nothing to identify them. They arrived, and left, calling themselves simply 'the seminar'. How very naive we were, but how delightful it was.

Edward J Waterhouse  
June 1988

## The British Columbia Resource Programme

In January 1987, the British Columbia Resource Programme for Deaf-blind Children, in Canada, opened its doors. Two classrooms are located within Brighthouse Elementary School in Richmond, BC with a group home, 'Alexander House', a kilometre away. Six children from around the province attend weekdays and return home to their parents each weekend. The children presently range in age from six to 15.

The group home is an old two-storey home with a huge backyard. Donations from John Gerwing and CDBRA have supplied the group home with toys and an old trampoline for all to enjoy.

Teachers, Janene Seabrook and Jane Sikorski, work with three students and one intervenor in each classroom. These intervenors also staff the group home to provide continuity in the child's programme. Nita Wardlaw is the programme coordinator.

Future plans call for additional staff to form an assessment and consultation team to serve the remaining identified deaf-blind students (approximately 33) who are being served in their home communities.

The group home and classroom location in a local elementary school

provide opportunities for both a home-like atmosphere and integration with non-handicapped children.

A total of 40 children of school age in British Columbia have been identified as having the combined loss of vision and hearing.

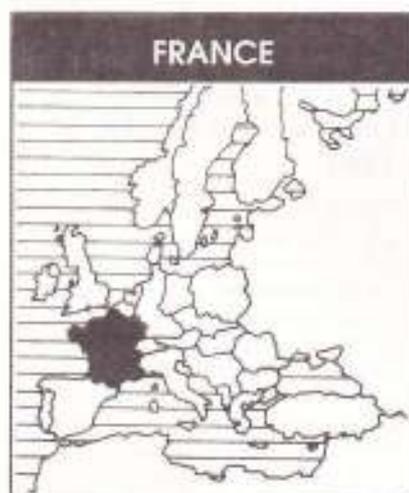
### The Programme

**24 hours/day:** Staff aides (called intervenors) rotate between the school and group home to provide maximum consistency between school and evening programming. The classroom teachers set the goals and instruct intervenors in their implementation in both class and group home settings.

**Total Communication:** The primary goal is the development of communication skills. Adapted Signed English is presented either visually or tactilely, supplemented by speech, amplification, pictures and all other aspects of Total Communication.

**Family Involvement:** Throughout the child's stay in the Richmond programme, the family must be involved as an essential component to help the child transfer school skills to the home and to facilitate the eventual return to the home community.

Source: *Intervention* Spring 1988



## Deaf-Blind Population

M. Henri Falvre in a speech to the AGM of ANSPA on 17 October 1987 estimated that the deaf-blind population in France was 300 to 400 children and more than 2000 adults although he thought that the identification of deaf-blind people in the community was less systematic than in neighbouring countries. Proper educational facilities for many deaf-blind children was lacking; similarly, for adults, there was a lack of

provision of services such as occupational centres and home visiting.

Geographically Paris and its environs and the South-Western region of the country were relatively well provided with facilities. Elsewhere, apart from some small units, the map shows no existing provisions whatsoever.

## Facilities for Deaf-Blind People

This list of centres for deaf-blind people was published by ANSPA (Association National Pour les Sourds Aveugles) in a recent newsletter.

### ● CAT Jean Moulin

Opened on 7 April 1986, under the aegis of Entraide University in Paris (The University of Mutual Help), offers fifteen adult residential places at the Centre itself and twenty day places at the CAT.

● **The deaf-blind centre for adults** in La Varenne (St Benoit - Poitiers) receives 39 people between 20 and 53 years old. Ten are independent non-resident, ten live in supervised apartments and nineteen are fully cared for

residents.

● **The Larnay Centre for Adults** at Poitiers accommodates 27 deaf-blind people, of whom nine are over sixty years old.

● **The Lapeyrouse Centre** (Dordogne) caters for deaf-blind people between the ages of 44 and 59 years, who specialise principally in repairing chairs. An extension of the centre is under consideration.

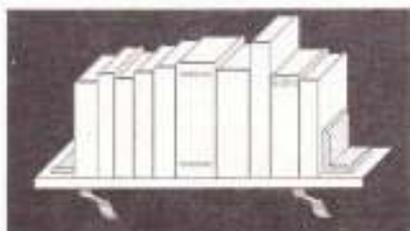
● **The Chevreuse** young deaf-blind centre takes in about 40 youngsters from three to eighteen years.

● **The Centre for Special Education for the Deaf-Blind** at Larnay cares for 26 children from four to 18 years old. A project for adults is being examined.

● **The Institute for the Development of Hearing and Communication** of Toulouse, (BRAX) accommodates 23 deaf-blind young people from age four to 20 years. A project to house young adults is being prepared.

● **The Educational Centre Sainte Odile**, at Besancon, takes deaf-blind children from 11 to 17 years old.

● **The Centre for Toddlers** in Paris looks after pre-school children between two and six years old.



### Deaf-Blind Infants and Children

by John McInnes and Jacquelyn Treffry

Children with serious impairment of both vision and hearing, or multi-sensory deprived children, are fortunately few in number but, therefore, their special needs can be all too easily overlooked. This book seeks to meet these needs by offering practical help to their parents and to all those professionals who work with them.

Although the authors aim the book at helping children with a combined vision and hearing impairment it nevertheless contains insights and ideas which will be of use to those who work with a wide range of mentally and physically handicapped children with additional sensory impairments. And much of what is written will apply to multi-sensory deprived children whether in school or in hospital or at home. In short, while the original target of the authors is a very small, seriously handicapped group of children, this contribution is of much wider applicability.

It is based on first-hand day-to-day experience of working with multi-

sensory deprived children and their parents and teachers. Although the number of these children is small their problems and needs are great and the demands they make upon their parents and families are often exhausting. John McInnes and Jacquelyn Treffry are in no doubt about the vital role parents have to play in helping their children to understand and interact with their environment. They are equally in no doubt about the help and support parents need in this difficult and often frustrating task.

McInnes and Treffry, using their wide experience in Canada and the help and advice of workers with these children in the USA, have produced a detailed, step-by-step, developmental programme which can be adapted and modified to meet individual needs. There can be no single programme to meet the needs of these children. Each child is unique and demands an individually designed and structured programme which covers all his or her needs for twenty-four hours a day, 365 days of the year. Throughout their book they demonstrate how the aims and objectives they seek to realise have to be continuously reviewed, modified and adapted, to meet individual need. As they say, 'initially, it is the environment that is being structured to meet the needs and level of functioning of the child rather than the child being forced to conform to the demands of a hostile environment or a set programme.' Because the programme advances along developmental, rather than chronological, or theoretical, lines it is comparatively easy for readers to relate what is being described to the appropriate level of development of the children with whom they are concerned.

The book is divided into ten chapters. Chapter 1 outlines the problem of multi-sensory deprivation, discusses rubella (the leading cause of multi-sensory deprivation), and sets forth the basic assumptions which form the foundation of our approach. Chapter 2 focuses on programme structure and the creation of an effective environment for its delivery. Chapters 3 to 9 examine in depth each of the six programme areas: social and emotional development; communication; motor development (gross and fine); perceptual development; cognitive-conceptual development; orientation

and mobility; life skills. Each chapter contains background information, general suggestions, and specific areas of focus, with suggested methods and activities which will prove useful to encourage development. Chapter 10 presents answers to the three questions most often asked by parents. There is a glossary at the end of the text which provides explanations of some of the terms used. These terms are presented in bold-face type when they first occur.

This is a classic book, which should sit on the shelf of all who are interested in work with deaf-blind children. Published by Open University Press, 12 Cofferidge Close, Stony Stratford, Milton Keynes, England.

and  
University of Toronto Press, 5201 Dufferin Street, Downsview, Ontario, Canada M3H 5T8

or  
33 East Tupper Street, Buffalo, NY 14208, USA.  
ISBN 0-335-10185-2 1982  
Price: approx US \$30.00

### Untranslated Texts Available

We have Russian language texts available of the following articles from the *Journal Defectologia*, the organ of the Pedagogical Academy of the USSR.

1. Neurophysiological mechanisms of vision and hearing disorders in children. L.A. Novikova
2. On the concept of 'artificial development' of human psychology in the education of the blind. S.A. Siratkin and E.K. Shakenova.
3. Marshall and Usher Syndromes — hereditary forms of the blindness-deafness. G.P. Bertyn, M.S. Pevzner and P.A. Mareyeva.

Photocopies of these articles will be supplied if requested from the Assistant Editor.

### The 10th International Conference in Sweden in 1991

This Conference will take place in July or August at Ekeskolan in Örebro. Ekeskolan is a state special school and a resource centre for visually impaired people with an additional handicap; it is situated 200 kilometres from Stockholm. Accommodation will be available at the University. The Conference will be limited to 400 participants.

A planning committee of four people has been formed from IAEDB executive members representing the various Nordic countries. They will advise the IAEDB Executive Committee, who have overall responsibility.

The Nordic Committee welcomes suggestions about subjects and speakers for the Conference which should be sent to:

Elizabeth Abouda  
Ekeskolan  
Box 9025  
700 09 Örebro 9  
Sweden

# '89 WARWICK

## A conference on Sensory Impairment with Multi-Handicap Current Philosophies and New Approaches 6 - 11 August 1989

The IAEDB, in conjunction with Sense and the Royal National Institute for the Blind, are organising a European Conference at Warwick University, from 6 - 11 August 1989. Details of this Conference, plus an application form, are included with this issue.

The main conference theme is 'Sensory impairment with Multi-Handicap'. This theme was chosen in recognition of the fact that there is much that educators of deaf-blind children can learn from developments and philosophies of work with multi-handicapped blind and multi-handicapped deaf children.

### Programme

There are a number of different approaches to the education of deaf-blind children being followed in different European countries. One of the main aims of this conference will be to examine some of these approaches in detail, and to try to discover what are the different implications of these approaches, and where the different philosophies overlap.

In particular the Programme Committee have identified three philosophies for study. Jan Van Dijk will present his philosophy and the implications of its approach from Holland. Representatives of the Moscow Institute of Defectology hope to attend to describe the Soviet approach, in particular as seen at the school at Zagorsk and the Experimental Unit in Moscow. Professor Chris Cullen will describe and discuss the Behaviourist approach.

There will also be a wide range of talks and workshop presentations, offering discussions and descriptions of new practice on a number of themes, including:

- working with other professionals;
- the child with a degenerative condition;
- sensory stimulation;
- staff training;
- sex education, awareness and abuse;
- working with families.

Papers are invited on these and on other themes.

### Other Events

There will also be an Exhibition, both of equipment and of different schools and institutions.

The Conference will be preceded by the European Usher Syndrome Study Group, whose meeting will take place from 4 - 6 August at Warwick. On Sunday 6 August, there will be an afternoon conference on Usher Syndrome, which will be open to people who are not members of the Study Group.

### The Venue

The Conference will be held at the University of Warwick, three miles from Coventry. Warwick is one of the United Kingdom's newest universities and has an attractive rural setting. Tours will be arranged to local beauty spots such as Stratford-upon-Avon and the Cotswolds.

For details of registration and for abstract forms, please contact:  
Conference Associates Warwick '89  
Congress House  
55 New Cavendish Street  
London W1M 7RE, UK  
Telephone: 01-436 0531  
Telex: 934346 CONFAS G  
Facsimile: 01-936 7559

### Correspondence Course for Parents

In late autumn of this year, the John Tracy Clinic, based in Los Angeles, California, will have completed their revision of the *Correspondence Learning Programme for Parents of Young Deaf-Blind Children*. This programme originally published in 1973, has served hundreds of families worldwide. It is available free of charge to parents, or those people acting as parents, to young deaf-blind children. This programme, available in English and Spanish, is highly individualised. The course covers basic information about hearing and visual impairments, parent attitudes, communication skills, self-help skills, gross motor and fine motor development.

Parents receive lessons and appropriate learning steps according to their child's needs. The staff of John Tracy Clinic sends personal letters in response to parents reports and offer support and guidance to the families. Bound copies are also available to professionals at a minimal cost.

To enroll in the course (or for further information) please write to: Sandra Meyer, Ed.D., Director, Correspondence Education, John Tracy Clinic, 806 West Adams Blvd., Los Angeles, California 90007, USA.



The new one-year course for teachers of multi-sensory impaired children started this October at Birmingham University, England. There are five students from Britain, and one from Malta: Carmen Cascun, pictured above.

## The Oscar Myers Award

Each year that there is a suitable nominee, Sense makes an Oscar Myers Award at its Weekend Away and Annual General Meeting. For newcomers to the international deaf-blind scene, Oscar 'Mike' Myers was one of the founding fathers of deaf-blind education in the UK, for it was he who founded Pathways, the first UK deaf-blind unit at Condover Hall School in the West Midlands of England in the early 1950's.



The award is made to someone who has made a significant contribution to the development of services to deaf-blind children in the UK. This year it was awarded to Olive Whittingham who retires next March after a life-time of service in education, latterly as a member of Her Majesty's Inspectorate (of schools).

Olive Harrison as she was then, was a member of the staff of Elmete Hall School in Leeds, Yorkshire when the families of local deaf-blind children were pressing for specific educational provision. A specially-designed unit was built and Olive was its first Teacher-in-Charge. The unit prospered, with a positive and able staff group who provided sound programmes based on developmental philosophies.

Since that time, Olive has supported and helped many families and professionals. She has recently been involved in the creation of the new Rebecca Goodman Centre for deaf-blind children at Whitefield School in East London and has also been crucially involved in the joint Sense/Department of Education and Science project to achieve nationally co-ordinated provision of education for deaf-blind children. This four-year project is about to reach its culmination in the production of a Government paper prescribing ways in which these objectives may be obtained.

## Letter from Brazil

Since my last report to the World Conference of the IAEDB in Poitiers, I am currently working with two young people. I am providing orientation to Roberto Ezias, a deaf-blind young man who studied at my special school until two years ago. I am also working with a young deaf girl of 16 years, who has never been to school and who is totally uneducated. I continue to try to ensure good provision of education through attending the board of the Anne Sullivan Municipal Foundation. Late last year, I participated in a seminar for the deaf in Belo Horizonte City, together with Maria Francesca, a deaf-blind lady. Maria gave her statement of life as a deaf-blind person and was a great success. I also gave a speech on the duties and rights of a guide for deaf-blind people.

Recently I have been teaching orientation to a group of actors who are preparing a play about Helen Keller. It is based on a history of her adult life written by a young newspaper woman and I have been given permission to translate it into English. I will send it to Deaf-Blind Education when it is finished.

Finally, I participated in an International Womens' Day last March. It was a beautiful ceremony in Sao Caetano do Sul where our school is located. The ceremony paid homage to the achievements of women in the past. I was asked to speak about my



colleague, Neusa Barsetto who studied at Perkins in 1970 and who died in 1980. I gave a brief speech about her and about our programme. I was given some wonderful orchids which I presented to Neusa's mother — it was a wonderful — and a very emotional — occasion.

I should like to ask the IAEDB to consider helping deaf-blind programmes in undeveloped countries which would help us enormously. Might this be possible through a programme of visits by leaders in the field? This would be very important to stimulate our authorities in supporting and developing the special programmes we are trying to promote here.

Nice Tonhozi de Saraiva Loureiro  
Sao Paolo  
Brazil

## A Japanese Mother Invents 'Manual Braille'

*Satoshi Fukushima gave this talk at the 13th National Convention of the American Association of the Deaf-Blind (AADB) at Baton Rouge, Louisiana, earlier this year.*

Hello, friends. My name is Satoshi Fukushima. I was born on 25 December 1962. I lost my sight at nine and lost my hearing at eighteen. Now I am completely deaf-blind.

Since I lost my hearing at eighteen, I have been using a means of communication named 'manual braille', which my mother happened to devise. It is a means to talk to the deaf-blind by lightly touching the three fingers of both hands, index fingers, middle fingers and third fingers, each corresponding to dots of the braille; that is, the speaker touches the deaf-blind person's fingers just as he touches the keys of the Perkins Braille.

This method is very useful for the Japanese deaf-blind because we do not need spaces to write Japanese. And, if we make a space sign [such as the dot 4 or by touching with the

thumb or the little finger], we can also apply it to English with the contractions and abbreviations. So I think it has a possibility to become an efficient means of communication all over the world besides finger spelling and the American sign language.

I went to university with the assistance of this manual braille and interpreters. Now I am majoring in the education of deaf-blind children at the graduate school of Tokyo Metropolitan University.

My supporting group was created in 1981. This group has been working for training interpreters and sending them out, and raising money to hire interpreters. The records of this group has been published in Japan. I hope they will be translated into English.

The Japanese environments surrounding the deaf-blind are very severe. Only two students including myself were able to enter the college. I am quite lucky.

I would like to make a lot of friends among you. Thank you.

Satoshi Fukushima

## Courses at Eskeskolan, Sweden

Eskeskolan, the special school and resource centre at Örebro will be running 27 courses during the school year which stretches from September 1988 to June 1989. Most courses last for three days and are open to people from anywhere in Sweden.

Some of the planned courses are:

- Care staff courses for people working with deaf-blind children, including a course for people from the whole of the Nordic area who are concerned with children and young adults suffering from Usher Syndrome.
- A course for people working with deaf-blind children, 0-10 years old, who have just started to communicate.
- A course for teachers working in ordinary schools and special deaf schools.
- A weekend together for deaf/visually impaired children and their parents, and another for parents with deaf-blind pre-school aged children.
- A weekend meeting of siblings (brothers and sisters) of pupils at Eskeskolan

A special staff training scheme will begin this year. This will be spread over three years (about 280 lessons) and will include such subjects as sign language, mobility, communication and deaf-blindness. This course grew out of last year's eleven week staff training which was supervised by Kurt Vinterhøj from Denmark.

## European Definition of Deaf-Blindness

The European Committee on Services to the Deaf-Blind, met in Madrid, February 1988 and produced this, provisional, European Definition of Deaf-Blindness.

A person is deaf-blind when he/she has a severe degree of combined visual and auditory impairment resulting in extreme communication, information and mobility problems.

Deaf-blindness is a handicap presenting other difficulties than those caused by blindness or deafness alone.

Accordingly, a deaf-blind person needs special facilities to overcome these difficulties in daily living, and in education, work and social activities'.

Source: *The International Newsletter of the Deaf-Blind*, March, 1988.

## Executive Committee of the IAEDB

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## Deaf-Blind Education

Deaf-Blind Education will appear twice yearly, the two editions will be dated January-June and July-December, and publication will be early in each period.

The editor will be pleased to receive articles, news items, letters, notices of books and coming events, such as conferences and courses, concerning the education of deaf-blind children and young adults. Photographs and drawings are welcome; they will be copied and returned.

All written material should normally be in the English language and may be edited before publication. It should be sent for publication to arrive by mid-January and mid-July for the first and second annual editions.

Opinions expressed in articles are those of the author and should not be understood as representing the view of the IAEDB.

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## World List of Publications

This is the basis of a list of journals we are compiling which, with the help of our correspondents, we will expand (and correct if necessary) to include all publications which deal wholly or largely with deaf-blindness. Publications listed should be of professional standard. Sample copies will be welcome at our office in London.

Title	Country of Origin	Language of Text	English Digest	Frequency of Publication	Organ of	Address
<i>The Deaf-Blind American</i>	USA	English	N/A	Quarterly	American Association of the Deaf-Blind	AADB, 814 Thayer Avenue, Silver Spring, Maryland 20910, USA
<i>Intervention</i>	Canada	English	N/A	Bi-annually Spring/Fall	Canadian Deaf-Blind & Rubella Association	Intervention, 71 Limberlost Crescent, London, Ontario N66 2E1, Canada
<i>Le Messager</i>	Switzerland	French	No	Monthly	ASASM — Swiss Assoc for the Deaf-Blind	ASASM, Ave de Provence 16, 1007 Lausanne, Switzerland
<i>L'Arcobaleno</i>	Italy	Italian	No	3 times per year	ANIGESCP — Italian Deaf-Blind Dual Handicap Association	L'Arcobaleno, ANIGESCP, Via Drusa 7, 38100 Trento, Italy
<i>Defektologia</i>	USSR	Russian	Yes	5 times per year	Academy of Pedagogical Science — Research Methods Journal	119834, GSP Moscow, G-121, Pogodinskaya Ul. 8, USSR
<i>Bulletin de Liaison de L'ANSPA</i>	France	French	No	Quarterly	National Association for the Deaf-Blind	ANPSA, 37/39 Rue Saint-Sebastien, 75011 Paris, France
<i>The International Newsletter for the Deaf-Blind</i>	UK	English	N/A	3 times per year	World Blind Union	The National Deaf-Blind Helpers League, 18 Rainbow Court, Paston Ridings, Peterborough PE4 6UP, England
<i>NAT-CENT News</i>	USA	English	N/A	3 times per year	Helen Keller National Centre	HKNC, 111 Middleneck Road, Sands Point, NY 11050, USA
<i>Talking Sense</i>	UK	English	N/A	Quarterly	Sense — The National Deaf-Blind and Rubella Association	Sense 311 Gray's Inn Road London WC1X 8PT, UK
<i>The Nordic Newsletter</i>		Danish Norwegian Swedish & Finnish	No	1 - 2 times per year	The Nordic Staff Training Centre for Deaf-Blind Services	NUD, Slotsgade 8, DK-9330 Dronninglund, Denmark
<i>Nordic Directories (Books)</i>		Danish Norwegian Swedish & Finnish. Some might be translated into English.		2 - 5 new directories on various themes yearly	The Nordic Staff Training Centre for Deaf-Blind Services	NUD, Slotsgade 8, DK-9330 Dronninglund, Denmark
<i>Nordic Publications (Articles)</i>		Danish/ Norwegian/ Swedish & Finnish. Some in English.		3 - 6 new publications yearly	The Nordic Staff Training Centre for Deaf-Blind Services	NUD, Slotsgade 8, DK-9330 Dronninglund, Denmark